

AGENCY
MEALTIME COMPETENCY- BASED TRAINING CHECKLIST

Name:			Date of Dining Plan:	_____ Breakfast	_____ Lunch
				_____ Dinner	_____ Other

Staff:	T = Staff Trained
Title:	C = Demonstrated competent implementation of Competency
Shift:	N = Not correct/requires prompting
Trainer:	N/A = Not Applicable

T	C	N	N/A	Each Competency below must be addressed in columns to the left.
				1. Effective hygiene practices used at mealtime (hand washing etc.)
				2. Dining Plan (D.P.) is present: used by staff and special instructions followed.
				3. Staff utilizes Adaptive Equipment specified on Dining Plan.
				4. Person positioned, aligned and elevated according to instructions on Dining Plan.
				5. Staff is positioned according to Dining Plan.
				6. Staff offers appropriate condiments (see Dining Plan for possible restrictions).
				7. Staff informs person what is on the menu.
				8. Staff re-positions or verbally cues/physically prompts person to maintain proper position according to Dining Plan.
				9. Staff demonstrates appropriate food presentation techniques as stated on Dining Plan.
				10. Staff demonstrates appropriate liquid presentation techniques as stated on Dining Plan.
				11. Staff allows for/offers food when person has cleared mouth and is ready (i.e. the individual is not choking, coughing, vocalizing, crying/upset, refusing food, etc.).
				12. Staff uses verbal cues/physical prompts according to Dining Plan.
				13. Staff demonstrates appropriate social interaction (verbal, gesture, touch) unless otherwise specified in the Dining Plan (e.g., keeping eye contact and/or conversation to a minimum).
				14. Staff cues for proper napkin usage; providing assistance as needed.
				15. Person is offered choices (i.e., “Do you want meat or potatoes first?”).
				16. Staff can identify “triggers” listed on the Dining Plan.
				17. Staff can verbalize what to do if any “trigger” is observed. (try to correct – texture, position, pace)
				18. Staff can verbalize what to do if “trigger” is observed <u>again</u> after attempt to correct is completed (report to nurse/supervisor and DOCUMENT on Flow Chart that it was reported to the nurse and or supervisor).
				19. Is food prepared to proper texture and fluid consistency as ordered.

Comments:	

Staff Signature: _____

Date: _____

Trainer Signature: _____

Date: _____