



Skills/Experience Checklist

Bereavement Coordinator

- This form is used as a self-assessment of your current skills and abilities.
- This form is also used to document ongoing skill development and skill demonstration results throughout your employment with the company.

Employee Profile			
Last Name	First Name	Middle Initial	Employee Number
Title	Program		
Direct Supervisor (Name)		Hire Date (m/d/yy)	Date Due (m/d/yy)

The instructions below will guide you in completing this form.

 Experience (Clinician: Complete this section)	 Instruction, Review, or Skill Demonstration (Supervisor or Preceptor: Complete this section)
<p>Clinician: Place "X" in the appropriate column using the key below:</p> <p>A = I am competent to supervise this skill. B = I am competent to perform this skill without supervision. C = I need to review this skill D = I need additional instruction on this skill E = I have never performed this skill</p>	<p>Supervisor: Indicate whether or not a review of policies and procedures or instruction is required then document completion in the appropriate columns. If C or D is selected, review of the instruction and possibly skills demonstration is required prior to assignment to applicable patients.</p> <p>Preceptor: Document completion of skills demonstration or indicate NA when appropriate. A date and your initials in the Skill Demonstration column indicate competency has been achieved. <u>Do not date or initial in the Skill Demonstration column until competency is achieved.</u> An additional column is provided for repeat demonstrations.</p> <p>Supervisor or Preceptor: Complete the signature section at the end of this form.</p>

Competency/Skill	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Assessment and Evaluation										
1. Collaborate with members of the IDG to identify family members and caregivers (including facility staff) that should receive bereavement services.										
2. Evaluate the bereaved person's current level of coping and acceptance of patient's death.										
3. Assess for strengths and grief complicators of the bereaved that may mitigate or increase the level of bereavement risk.										
4. Evaluate relevant social history, including prior experience with death, and take into account how it can impact the bereaved's ability to cope.										
Plan of Care (POC)										
1. Integrate assessment findings into an individualized POC based on the needs of the bereaved, including feedback from members of the Interdisciplinary Group (IDG).										
2. Follow, modify, and update the POC based on evolving needs of the bereaved.										
3. Communicate changes in the POC to the IDG.										

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Documentation										
1. Document and meet established frequencies for contact with the bereaved, including mailings, phone calls, and visits										
2. Document to demonstrate how identified needs outlined in the POC are being met, working towards goals.										
3. Document the bereaved person's response to bereavement interventions.										
4. Document all follow-up contact with the bereaved, IDG, and other involved parties										
General Functions										
1. Empower families and caregivers to recognize and develop skills to manage grief.										
2. Refer families and caregivers who need services for complicated bereavement to quality resources within the local community.										
3. Serve as a member of the IDG providing consultation, education, and support on bereavement care										
4. Demonstrate an awareness of, and respect for, the bereaved person's culture, socioeconomic status, religious and spiritual beliefs.										
5. Demonstrate the ability to establish rapport, display genuineness, warmth and acceptance when working with grieving individuals.										
6. Demonstrate a working knowledge of the different world cultures, including philosophies, beliefs, and practices surrounding illness, life, death, and dying.										
7. Under the Medicare Conditions of Participation (CoPs) as it relates to the provision of bereavement services.										
8. Enhance, improve, and expand the bereavement resources available in the local community.										
9. Awareness of other community bereavement support group programs, agencies, and individual practitioners that address issue of grief and loss.										

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10. Recognize own limitations and refer to appropriate IDG member, or to the community, for additional support, as appropriate, for bereaved person.										
11. Collaborate with IDG members to promote ease of transition from patient care to bereavement services for families and caregivers.										
12. Collaborate with staff within all levels of care, including hospitals, Skilled Nursing Facilities (SNFs), group homes, and Assisted Living Facilities (ALFs).										
Infection Control (Bag Technique and Hand Hygiene)										
1. Institute Standard Precautions at all times.										
2. Perform proper bag technique.										
3. Perform hand washing per CDC guidelines										
4. Use personal protective Equipment (PPE) appropriately										
5. Properly handle biohazardous materials										
6. Understand Exposure Control Plan and related responsibilities										
7. Understand responsibilities to report patient infections and communicable disease a. Use correct form										
8. Demonstrate location of Infection Control Policies										

EMPLOYEE: Complete this section

Signature	Date (m/d/yy)

SUPERVISOR/PRECEPTOR: Complete this section

Initials	Print name	Signature	Title	Date (m/d/yy)

COMMENTS:
