



## Skills/Experience Checklist Hospice Medical Social Worker

- This form is a self-assessment of your current skills and abilities.
- This form is also used to document skill demonstration

EMPLOYEE PROFILE			
Last Name	First Name	Middle Initial	Employee Number
Direct Supervisor (Name)	Date Form Initiated	HP Medical Social Worker	
CPR/BLS Card – expiration date	Hire Date (m/d/yy)	Date Due (m/d/yy)	

**The instructions below will guide you in completing this form.**

Sections designated with to be completed by employee. Sections designated with to be completed by supervisor or preceptor.

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

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👤 Previous Experience						👤 Guidelines to Evaluate Competency	📋 Instruction, Review or Skill Demonstration			
<input type="checkbox"/> Required for all HP Medical Social Workers	A	B	C	D	E		Review of Instruction Needed (Y/N/NA)	Review of Instruction Completed (Date/Initials)	Repeat Skills Demo (Date/Initials How Competency Demonstrated)	Supervisor/ Preceptor Comments
	<b>Infection Control</b>							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 diseases a. Use correct form 8. Demonstrate location of Infection Control Policies		
<b>Assessment and Evaluation</b>						1. Identify relevant psychosocial history of both patient and family caregiver 2. Identify the level of acceptance/coping as it relates to the terminal diagnosis of the patient 3. Evaluate symptoms affecting the patient's quality of life, including pain 4. Assess for caregiver needs 5. Evaluate needs, both immediate and long-term, such as assistance with utilities, food, or future nursing home placement 6. Assess for complicated grief and risk factors 7. Assess home, environment, and safety 8. Identify any barriers to care, including lack of social support, limited financial resources, or other environmental factors				
<b>Plan of Care (POC)</b>						1. Integrate assessment finding into an individualized POC based on the reported/perceived needs of the patient/family 2. Follow, modify, and update the POC based on the evolving needs of the patient/family 3. Communicate changes in the POC to the Interdisciplinary Group (IDG)				

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	<b>Documentation</b>							<ol style="list-style-type: none"> <li>1. Demonstrate and document social work visits according to the established frequency</li> <li>2. Document in visit notes to demonstrate how identified needs in the POC are being met/working towards goals</li> <li>3. Document the patient's/family's response to social work interventions</li> <li>4. Document all follow-up contact with the patient, family/caregiver, and other involved parties</li> </ol>		
<b>General Functions</b>						<ol style="list-style-type: none"> <li>1. Provide emotional support to both patient and family/caregiver</li> <li>2. Provide information and linkage to appropriate community resources</li> <li>3. Serve as a member of the IDG, providing consultation, education, and support on social work</li> <li>4. Provide crisis support and collaborate with the IDG and law enforcement, as needed, in cases dealing with abuse, neglect, suicidal ideation, unsafe home environment</li> <li>5. Identify the strengths of the patient/family network and assist in maximizing those strengths around identified goals</li> <li>6. Understand financial entitlements, such as Medicare, Medicaid, Social Security, etc.</li> <li>7. Understand the medicare Conditions of Participation (CoPs) as it relates to social work services</li> <li>8. Assess both the patient and family caregiver for bereavement risk on a routine basis</li> <li>9. Assist with and arrange for placement, including respite care, short-term care, and long-term care</li> </ol>				

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<b>General Functions (continued)</b>						10. Understand what constitutes a “Reportable Social Work Telephone Call” and how to appropriately document one 11. Provide education on the hospice philosophy and information on the dying process from a psychosocial perspective 12. Screen for mental and/or behavioral disorders, including substance abuse 13. Provide culturally sensitive care that takes into account the patient and the family’s unique spiritual and cultural beliefs 14. Collaborate with staff in all levels of care, including hospitals, Skilled Nursing Facilities (SNFs), group homes, and Assisted Living Facilities (ALFs)				

Employee: Complete this section	
Signature	Date (m/d/yy)

Supervisor/Preceptor: Complete this section				
Initials	Print Name	Signature	Title	Date (m/d/yy)

COMMENTS: