



Skills/Experience Checklist

Spiritual Care Coordinator

- This form is 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 an X in the appropriate column using the key below:</p> <p>KEY</p> <p>A = I am competent to supervise this skill</p> <p>B = I am competent to perform this skill without supervision</p> <p>C = I need to review this skill</p> <p>D = I need additional instruction on this skill</p> <p>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. Identify relevant spiritual/religious history of both patient and family/caregiver.										
2. Identify 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 and spiritual distress.										
4. Assess for complicated grief and risk factors.										
5. Identify any spiritual distress indicators present, including loss of faith, shame, and isolation from faith affiliation.										
6. Assess for unmet spiritual and religious needs.										
7. Identify patient's/family's preferred methods of spiritual expression, customs, and beliefs.										
Plan of Care (POC)										
1. Integrate assessment findings into an individualized POC based on the reported/perceived needs of the patient/family.										
2. Follow, modify, and update the POC based on evolving needs of the patient/family.										

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3. Communicate changes in the POC to the Interdisciplinary Group (IDG).										
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. Provide spiritual counseling to both patient and family/caregiver										
2. Serve as a liaison to spiritual leaders and clergy in the local community										
3. Serve as a member of the IDG, providing consultation, education, and support on spiritual care										
4. Ability to refer effectively to other spiritual care resources in the community										
5. Identify the spiritual strengths of the patient/family and assist in maximizing those strengths around identified goals										
6. Demonstrate a working knowledge of the different world religions, including philosophies, beliefs, and practices around illness, life, death, and dying										
7. Utilize different approaches/interventions to provide spiritual/religious support based on the individual needs and beliefs of each patient, family and caregiver										
8. Understand the Medicare Conditions of Participation (CoPs) as it relates to spiritual care services										
9. Routinely assess both the patient and family/caregiver for bereavement risk										

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10. Demonstrate a wide range of skills to discern, assess, and address the complex spiritual and religious needs of patients/caregivers										
11. Recognize own limitations and refer to appropriate IDG members or the community for additional support, as appropriate										
12. Provide education on the hospice philosophy of care										
13. Demonstrate respect for the patient's/family's spiritual or religious preferences										
14. Provide culturally sensitive care that takes into account the patient's/family's unique spiritual and cultural beliefs										
15. Collaborate with staff in all levels of care, including hospitals, Skilled Nursing Facilities (SNFs), group homes, and Assisted Living Facilities (ALFs)										
Infection Control										
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)

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COMMENTS: