## MEDICAL SOCIAL WORKER COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date:	
Other:	

## Key for met/not met categories and self-needs assessment:

- 1. Able to perform independently
- 2. Able to perform after review of information
- 3. Able to perform with assistance only
- 4. Unable to perform

## Time frame:

3 months = 3m 6 months = 6m 1 year = 1 yr

\* = Annual evaluation required



Task/Behavior	References:	Α	Date	Instructor Initials	Time Frame		Self-needs Assessment
	A. Review policy/procedure  B. Manufacturer's manual	В		initiais	Frame	met	Assessment
	C. Video review	С					
	D. Skills lab	D					
	E. Written test F. Self-study packet	E					
	G. Direct observation	G					
A. DEPARTMENT OVERVIEW		_				 <u> </u>	
Tour of (PACE program)	Guided tour				3m		
Knowledge of (PACE program) operations, history	Preceptor				3m		
Dress code	Policy #				3m		
Active participation in team process	Direct observation				3m		
Knowledge of chain of command	P&P manual				3m		
Telephone & intercom system	Tour, policy #				3m		
Morning meeting attendance & participation	P&P manual, direct observation				3m		
Staff meeting attendance & participation	P&P manual, direct observation				3m		
IDT meeting attendance & participation	P&P manual, direct observation				3m		
B. DEPARTMENT SAFETY PROC	EDURES	_				<u> </u>	
Emergencies, drills, "911" system	Disaster manual	Г			3m		
CPR/basic life support	Policy #, competency testing lab				3m		
Mandatory training	Policy #, preceptor				3m		
Fall precautions	Policy #, restraint P&P				3m		
Hazardous materials management	Hazardous materials manual				3m		
Restraint use/precautions	P&P manual				3m		
Location of safety manuals	Guided tour				3m		
C. INFECTION CONTROL		_				<u> </u>	
Handwashing	Policy #				3m		
Standard precautions*	Policy #				3m		
Annual PPD/X-ray	Policy #				3m		
Immunizations (PPD yearly)	Policy #				3m		
D. ASSESSMENT OF PARTICIPA	NTS/FAMILIES				L		
Ability to conduct a comprehensive biopsychosocial assessment	P&P manual, direct observation				6m		
Knowledge of family dynamics	P&P manual, direct observation				6m		
Knowledge about illnesses and medications and their psychosocial sequelae	P&P manual, direct observa- tion				6m		



Task/Behavior	References:		Date	Instructor	Time	Met	Not	Self-needs
Task/bellavioi	A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G	Date	Initials	Frame	Wet		Assessment
E. LEADERSHIP								
Quality improvement participation	Direct observation				3m			
Presentations-inside and outside (PACE program)					3m			
F. COMMUNITY & RESOURCE	MANAGEMENT							
Ability to work with a variety of professionals, agencies and systems  Ability to mobilize an array of	Direct observation  Direct observation				3m 3m			
community resources and services								
Ability to identify gaps in commu- nity services and alternative resources	Direct observation				3m			
Ability to identify, coordinate, utilize and develop community resources	Direct observation				3m			
Knowledge of current Medicare & Medicaid rules, regulations and benefits	Direct observation				3m			
G. PROFESSIONAL DEVELOPM	IENT & APPLICATION	•		•		•	•	
CEU's	Professional practice stan- dards							
Ability to educate professional staff and community providers regarding psychosocial factors and family dynamics impacting response to treatment	Professional practice standards, direct observation							
Knowledge of population characteristics to include cultural, ethnic and religious diversity	Direct observation							
Knowledge and application of development theory and age specific issues	Direct observation and self- study packet							
Skills in communication	Direct observation	$ldsymbol{ld}}}}}}$				<u> </u>		
Skills in advocacy	Direct observation							
Skills in counseling to facilitate life changes	Direct observation							
Skills in conflict management and mediation	Direct observation							



	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A B C D E F G		Instructor Initials	Time Frame			Self-needs Assessment
H. PARTICIPANT SPECIFIC CO								
Age specific*	Self-study module				3m			
Cultural diversity*	Self-study module				3m			
	Self-study module				3m			
I. MANAGEMENT OF INFORM								
Communication of transfer and disenrollment information					3m			
Medical record documentation	Medical records manual				3m			
DataPACE	P&P manual				3m			
Confidentiality	P&P manuals				3m			
J. UNIT SPECIFIC COMPETENCIES								
Alzheimer's or other dementia care	Unit learning resources				3m			
K. QUALITY IMPROVEMENT								
Participation in QI process	Direct observation				3m			
Date competency profile completed:  Action plan initiated: Yes No (If yes, please add action plan to competency profile.)  I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.								

Employee signature:

Preceptor signature:

(Attach the competency profile action plan here.)

