

**McLaren Northern Michigan**  
**Behavioral Health Competency: Social Worker/Therapist**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Competency</b>	<b>Demonstrates Without Assistance and can Verbalize Rationale</b>	<b>Initial of Preceptor or manager</b>
1) Demonstrates critical thinking skills.		
2) Demonstrates the ability to perform discharge planning assessments of patients in caseload: <ul style="list-style-type: none"> <li>A. Completes patient assessment of potential needs.</li> <li>B. Evaluates information received during assessment.</li> <li>C. Includes patient, family representatives in discharge plans.</li> <li>D. Maintains confidentiality of patient information.</li> <li>E. Implements a comprehensive discharge plan.</li> <li>F. Documents assessment and plan in Cerner.</li> </ul>		
3) Demonstrates the ability to initiate collaborative relationship with nursing, physicians, and health care professionals and third-party payors. <ul style="list-style-type: none"> <li>A. Understands our role in relation to other team members.</li> <li>B. Demonstrates the social worker role in patient care conferences.</li> </ul>		
4) Demonstrates ability to identify patient/family learning needs and directs teaching according to standards of care.		
5. Demonstrates ability to develop early and comprehensive discharge plans. <ul style="list-style-type: none"> <li>A. Demonstrates knowledge of available community resources and eligibility criteria for these services.</li> </ul>		

<ul style="list-style-type: none"> <li>B. Demonstrates knowledge of insurance coverage and benefits.</li> <li>C. Demonstrates knowledge of the following roles: <ul style="list-style-type: none"> <li>a. Social Worker</li> <li>b. Utilization Review Specialist</li> </ul> </li> <li>D. Completes discharge planning interventions as follows: <ul style="list-style-type: none"> <li>a. AFC/Assisted Living Placement</li> <li>b. ECF Placement</li> <li>c. Behavioral Health Services</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>6) Demonstrates the ability to meet patient outcomes within appropriate length of stay and appropriate utilization of resources. <ul style="list-style-type: none"> <li>A. Demonstrates an understanding of Intensity of Service.</li> <li>B. Demonstrates an understanding of levels of care &amp; utilization review process.</li> <li>C. Demonstrates understanding of role in IPC management.</li> </ul> </li> </ul>		
<ul style="list-style-type: none"> <li>7) Successful implementation of a therapy group.</li> </ul>		
<ul style="list-style-type: none"> <li>8) Able to demonstrate nonviolent physical intervention. (CPI/AEGIS)</li> </ul>		
<ul style="list-style-type: none"> <li>9) Assumes responsibility for continuing education/professional development related to area of practice. <ul style="list-style-type: none"> <li>A. Attends Continuing Education Programs</li> <li>B. Completes mandatory education yearly.</li> <li>C. Utilizing MBR library and/or healthcare literature, policy/procedure manual, department references.</li> <li>D. Develop goals for professional growth on an annual basis.</li> <li>E. Maintain professional interactions.</li> <li>F. Demonstrates knowledge of responsibilities of nursing and ancillary departments.</li> <li>G. Adheres to the philosophy and goals of MBR.</li> <li>H. Demonstrates an understanding of the Social Worker/Therapist in responding to emergency and disaster procedures consistent with MBR's hospital policy in a real or simulated situation.</li> </ul> </li> </ul>		

10) Demonstrates knowledge of the age specific needs of the population served realizing the specific needs of that population.		
11. Demonstrates understanding of Recipient Rights.		
12. Demonstrates appropriate documentation in Electronic Medical Record.		
13. Responsible for regulatory standards related to Social Worker.		

Orientation and performance of these experiences is verified by the signature of the employee, preceptor, and Manager/Director upon completion of orientation.

Orientee

Date

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\_\_\_\_\_

Manager/Director

Date

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\_\_\_\_\_

Preceptor

Date

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