

Medical Social Worker

Name	Telephone	Who	o is your recr	uiter?	Date					
Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.										
Proficiency : - 1 = Never Performed Frequency :- 1 = Never	2 = Limited Experience 2 = Sometimes		= Comforta = Often	ble Performing	4 = Proficier 4 = Always	nt				
Human Development, Diversity and Behavior in the Environment										
Assessment/Diagnosis/Treatment Plann	ning	Prof	iciency		Frequency					
Knowledge of effects of environment on cli system behavior	ent 1	2	3	4	1	2	3	4		
Assess family/caregiver dynamics	1	2	3	4	1	2	3	4		
Perform Cultural Assessment	1	2	3	4	1	2	3	4		
Assess support structure	1	2	3	4	1	2	3	4		
Determine Client's eligibility for services	1	2	3	4	1	2	3	4		
Engage Client in intake process	1	2	3	4	1	2	3	4		
Gather client's biopsychosocial history	1	2	3	4	1	2	3	4		
Problem identification	1	2	3	4	1	2	3	4		
Assess strengths/challenges	1	2	3	4	1	2	3	4		
Perform Risk Assessment	1	2	3	4	1	2	3	4		
Assess nature, severity and danger of clier crisis	nt's 1	2	3	4	1	2	3	4		
Assess for suspected abuse and/or neglec	t 1	2	3	4	1	2	3	4		
Assessment of mental and behavioral diso	rders 1	2	3	4	1	2	3	4		
Assessment of addictive behaviors	1	2	3	4	1	2	3	4		
Perform community needs assessment	1	2	3	4	1	2	3	4		
Assist client with community resources	1	2	3	4	1	2	3	4		
Match Intervention with client system need	s 1	2	3	4	1	2	3	4		

Clinical Interventions/Case Management

Therapeutic relationship	Proficiency Fr					Frequency	uency			
Obtain/Verify informed consent for treatment	1	2	3	4	1	2	3	4		
Engage client in treatment plan	1	2	3	4	1	2	3	4		

Intervention process		Profic	iency			Freque	ncy		
Develop treatment/service plan for client	1	2	13	4	1	2	3	4	
Formulate measurable and realistic treatment objectives	1	2	3	4	1	2	3	4	
Ability to modify treatment plan	1	2	3	4	1	2	3	4	
Assist client with grieving process	1	2	3	4	1	2	3	4	
Provide conflict resolution	1	2	3	4	1	2	3	4	
Patient Rights Advocate	1	2	3	4	1	2	3	4	
Coordinate care with pharmaceutical prescriber and provider	1	2	3	4	1	2	3	4	
Provide Case Management Services	1	2	3	4	1	2	3	4	
Consultation and interdisciplinary collaboration		Prof	iciency			Frequence	су		
Facilitate referral process as needed	1	2	3	4	1	2	3	4	
Follow up on referrals	1	2	3	4	1	2	3	4	
Participate in case conferences	1	2	3	4	1	2	3	4	
Conduct court-ordered evaluations	1	2	3	4	1	2	3	4	
Conduct custody evaluations	1	2	3	4	1	2	3	4	
Professional Ethics/Values									
Clinical components		Profi	ciency		I	Frequency	,		
Identification and Resolution of Ethical Dilemmas	1	2	3	4	1	2	3	4	
Documentation of Ethical Issues	1	2	3	4	1	2	3	4	
Mandatory reporting requirements of Ethical Issues	1	2	3	4	1	2	3	4	
Understand legal and ethical issues related to confidentiality	1	2	3	4	1	2	3	4	
Protect and augment client self-determination	1	2	3	4	1	2	3	4	
Supervision									
Ability to:		Profic	ciency			Frequency	y		
Understand roles and responsibilities of other healthcare professionals and support staff	1	2	3	4	1	2	3	4	

Age Specific	Proficiency				Frequency				
Please indicate the frequency with which you provide care for each age group:									
Infant (Birth to 1 year)	1	2	3	4	1	2	3	4	
Toddler (1-3 years)	1	2	3	4	1	2	3	4	
Pre-school (3-6 years)	1	2	3	4	1	2	3	4	
School Age (6-12 years)	1	2	3	4	1	2	3	4	
Adolescent (12-18 years)	1	2	3	4	1	2	3	4	
Young Adult (18-30 years)	1	2	3	4	1	2	3	4	
Mature Adult (30-60 years)	1	2	3	4	1	2	3	4	
Elderly (>60 years)	1	2	3	4	1	2	3	4	

Years Experience in Clinical Specialty :

Most recent facility worked at:

I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.