**Communication - Competency Checklist**

*State logo added here. If not, delete text box*

**All Staff**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = Verbal Test | **Verification** **(Initials/Date)** |
| --- | --- | --- | --- |
| **Competency****Demonstrated/****Meets** **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **General communication/****interpersonal strategies** | Describe:* Speaker or sender
* Receiver
* Right setting (privacy)
* Obstacles (hearing, sight, glasses, hearing aids, etc.)
 |  |  |  |  |  |  |  |
| Describe:* Appropriate language
* Observe for understanding
* Listen
* Eye contact
* Ask questions
* Allow time
 |  |  |  |  |  |  |  |
| Discuss need for effective communication:* Between resident and staff
* Staff to staff
* Resident and Representative
 |  |  |  |  |  |  |  |
| **Communication strategies for residents with sensory, cognitive, psychological or other deficits** | Discuss approaches: * Calm
* Warm
* Smile
* Gentle but firm
* Caring
* Patient
 |  |  |  |  |  |  |  |
| Discuss sensory and communication deficits and approaches and strategies * During cares
* Interviews for assessment
* Meals
* Activities
* Alzheimer’s or Dementia
* PTSD
* Bipolar
* Depression
* Schizophrenia
* Etc.
 |  |  |  |  |  |  |  |
| Identify care plan initiatives:* Glasses
* Hearing Aids
* Communication Boards
* Notebook
* Other
 |  |  |  |  |  |  |  |
| **Common Communication Barriers**  | Discuss common communication barriers:* Language Barrier
* Cognitive Deficit
* Sensory Deficit
* Time
* Distraction
* Pain
* Interpersonal Relationship
* Trust
 |  |  |  |  |  |  |  |
| **Communication with IDT**  | Describe communication process and importance with IDT – interpersonal and professional:* Facility IDT
* Practitioners
* Pharmacy
* Lab
* Acute Care Partners
* Home Health
* Hospice
* Dialysis
* Resident
* Resident Representative
* Etc.
 |  |  |  |  |  |  |  |
|  | Discuss documentation of communication:* Department specific
* Resident grievances
* Change of Condition

If on the IDT – * Progress Notes
* Nurses Notes
* IDT Notes
* Care Plan including Notes and Updates
* 24-hour report
* Meeting Minutes
* QAPI and QAA
 |  |  |  |  |  |  |  |
| Exchange of Information* Professional to professional
* Non-licensed to licensed
* All Staff
 | Describe your role and responsibilities as well as strategies for effective communication during exchange of information:* Resident Rights
* Self Determination and accommodation of needs
* Person-centered care
* Nursing assessment of sensory deficits
* Pain management
* Nursing skills and communication
* Nursing Assistant skills and communication
* Activities to meet interests and needs
* Identification of condition changes
* Use and storage of adaptive devices and equipment
 |  |  |  |  |  |  |  |
| **OTHER:** |  |  |  |  |  |  |  |  |

**References and Resources:**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual, Version 1.16. October 2018: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

LTC Survey Pathways (Download)

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>

**\*I certify that I have received orientation in the above mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

***(Place in Employment File)***

***(PLACE IN EMPLOYMENT FILE)***