**Communication - Competency Checklist**

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**All Staff**

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

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = 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:**

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**Initials Signature Date**

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

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