**TITLE OF POSITION: MEDICAL SOCIAL WORKER**

**TITLE OF IMMEDIATE SUPERVISOR: DIRECTOR OF NURSING**

**RISK OF EXPOSURE TO BLOODBORNE PATHOGENS – HIGH**

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| **DUTIES** |
| Provide medical social services to patients, in their homes, in accordance with physician orders and under the direction and supervision of the Clinical Manager or another appropriate supervisor. |
| **RESPONSIBILITIES** |
| Assist in the admission process of the patient, to the Agency, by performing an initial evaluation, assessing the patient’s psychosocial status, and evaluating the patient, family, and home to identify socioeconomic, and emotional, factors that will affect the plan of treatment. |
| Assist in development, and implementation, of the interdisciplinary patient care plan, as it pertains to medical social work. |
| Observe, record, and report changes in the patient's emotional, and social factors, that affect the patient's illness, and his/her need for care, and his/her response to treatment. |
| Consult, with the attending physician, concerning alteration of the plan of treatment. |
| Maintain, and submit, written clinical records, as deemed by the Agency, including the initial evaluation, the care plan, and daily notes. |
| Evaluate the patients and family's response to, and effectiveness of, the medical social work intervention. |
| Confirm, on a weekly basis, the scheduling of visits, with the Clinical Manager to facilitate coordination of other staff visits. |
| Participate in Agency activities and committees, when appropriate, to include staff development activities and in-service education. |
| Supervise the social work assistant, once monthly. |
| Participate in discharge planning. |
| Assume responsibility for self-development by continually striving to improve his/her Medical Social Worker practice through formal education, attendance at workshops and conferences, active participation in professional and related organizational meetings, and individual research and reading. |
| **SKILLED MEDICAL SOCIAL WORK SERVICES**  |
| Assess the patient's potential to cope with his/her social and health problems.  |
| Act as consultant, to the members of the health team; assist them in understanding the social, emotional, and environmental factors, related to the patient's health problems. |
| Help patients to utilize the resources of their families and the community. |
| Provide rehabilitative and supportive casework. |
| Assist patients, and their families, in coping with personal and environmental difficulties, which might predispose them toward illness or interfere with obtaining maximum benefits from medical care. |
| **JOB CONDITIONS** |
| The ability to communicate well, both verbally and in writing, in English is required. |
| The ability to access patients’ homes, which may not be routinely wheelchair accessible is required. |
| Hearing, eyesight, and physical dexterity must be sufficient to perform a physical assessment of the patient's condition and to perform patient care. |
| Physical activities will include, walking, sitting, stooping, and standing and minimal to maximum lifting of patients and the turning of patients. |
| **EQUIPMENT OPERATION** |
| Utilization of calculator, multi-line telephone, copy machine, hand washing materials. |
| **COMPANY INFORMATION** |
| Has access to all patient medical records, which may be discussed with Clinical Manager the Administrator, the Executive Director, and the Quality Assurance department staff, including medical records and outside government agencies. |
| **QUALIFICATIONS** |
| 1. Master’s Degree from a School of Social Work, approved by the Council of Social Work Education.
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| 1. Must have, or be in the process of acquiring, certification from the Academy of Certified Social Workers.
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| 1. Two years’ experience preferred, with at least one year of experience in a healthcare setting (hospital, clinic, rehabilitation center, etc.).
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| 1. Must have a criminal background check.
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| 1. Must have current CPR certification. Online certification is not accepted
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| **ACKNOWLEDGMENT** |
| **Employee NAME:** |
| **Employee Signature** | **DATE:** |
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