

Psychological and social clinical competencies

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in psychological and social care and assessment without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to:				
1. Demonstrate the knowledge and skill in meeting the psychological and social needs				
a) Demonstrate ability to communicate effectively with patients/client	Questioning / observation			
b) Recognises and deal sensitively with social isolation and carer stress	Questioning			
c) Recognise and alert to signs of potential safeguarding issues and how to report	Questioning			
d) Demonstrate the ability to recognise the signs of significant change in mood	Questioning			
e) Demonstrate the ability to recognise the signs of general cognitive deficits	Questioning			
f) Demonstrate the ability to recognise the signs of confusion and potential cause e.g. infection; and inappropriate behaviour and when to report	Questioning			
g) Demonstrate the ability to recognise deficits in sensory perception	Questioning			
h) Recognise when to refer to the health care team / or other agencies	Questioning			
2. Demonstrate ability to provide health care interventions				
a) Demonstrate use of purposeful activities / return to work to motivate patients	Observation			
b) Demonstrate knowledge of local resources e.g. stroke clubs	Observation			

Source

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in psychological and social care and assessment

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Health Care Professional / Assessor Signature	Verifier signature	Comments