

TIBBİ SOSYAL HİZMET ORTAMLARINDA SOSYAL İNCELEME RAPORU VE KAYIT¹

Ergün HASGÜL*

**Kastamonu University, ergunhasgul@hotmail.com*

Öz: Sosyal inceleme ve raporlama lisans düzeyindeki her sosyal hizmet okulunda öğretilmektedir ve sosyal hizmet mülakatının önemli parçalarındandır. Müracaatçıyı ve içinde bulunduğu dolaylı ve doğrudan sistemleri tanıma, ilişki örüntülerini belirleme, psiko-sosyal açıdan değerlendirme, yaşadığı ortamda gözlemleme gibi mesleki bir faaliyet amaçlanmaktadır. Sosyal inceleme ve raporlama sosyal hizmetin birçok alanında etkin bir şekilde kullanılmaktadır. Bu çalışmada tıbbi sosyal hizmetin gelişimine, Sağlık Bakanlığı'ndaki mevzuatına, tıbbi sosyal hizmet uygulamalarında kullanılan modellere, tıbbi sosyal hizmet birimlerince doldurulan sosyal inceleme raporunun içeriğine değinilmiştir.

Anahtar Kelimeler: Sosyal İnceleme, Sosyal İnceleme Raporu, Sosyal Hizmet, Tıbbi Sosyal Hizmet

JEL Kodu: M14

THE RECORDING AND SOCIAL ASSESSMENT REPORT IN MEDICAL SOCIAL WORK SETTINGS

Abstract: A social assessment report (often called a social history) focuses on and describes the social aspects of the clients functioning and their situation. Social workers are particularly concerned about the match between client needs and the resources available to meet those needs. Social assessment and reporting are taught in all social work schools that are at the level of bachelor's degree and these are the important parts of the social work interview. An occupational activity is aimed such as acknowledging a client and the situation in which he/she is in that is consisting of direct or indirect systems, determining his/her patterns of relationship, evaluating him/her in psycho-social terms, and monitoring him/her in the environment he/she lives. Social assessment and reporting are effectively used in many fields of social work. The development of medical social work, its regulations in the ministry of health, the models used in practices of medical social work, and the content of the social assessment report filled by medical social work units are mentioned in this study.

Keywords: Social Assessment, Social Assessment Report, Social Work, Medical Social Work

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1. INTRODUCTION

Recordings are accepted as important tools in the social work practice that direct the occupational study, that contribute to the education, and that allow for research and development (Koşar, 1987a: 99). The recording of the studies done with the client system is accepted as beneficial and mandatory in the sense that it both provides the worker to work and it evaluates the work and the policy of the institution and it provides for the continuous development of this institution. Recordkeeping has various forms and contents in the methods of social individual studies, social group studies and studies with the society. Recordkeeping is not an activity left to the social worker's own decision, style and preference. Recordkeeping is an occupational activity (Koşar, 1987b: 35).

Newfoundland and Labrador Association of Social Workers (NLASW) stated that recordkeeping in social work is an important component of the social work practice due to the reasons listed below:

- It is an open expression of the evaluation of social work, its intervention and its being a decision maker.
- It is a professional accountability and transparency to the client and institution in line with legal regulations.
- It is an opportunity for critical thinking and reflection on the subjects of occupational practice and service delivery
- It is a related information for making service delivery and its continuity easier and for terminating the services
- It is an information for the objectives of supervision
- It is a documentation for the research and for the evaluation objectives of the program
- It is an information for quality assurance and risk management
- It is a record for making the interdisciplinary communication and cooperation easier

With this aim, NLASW published The Standards for Recordkeeping in Social Work in 2014 in which the standards are based on the ethics and values of the social work profession and they published it so that it can replace The Standards for Recordkeeping in Social Work they published in 2005. These standards are listed below:

Standard 1: Documentation in social work practice is grounded in the values, ethics and principles of the social work profession.

Standard 2: Social workers maintain records of social work intervention(s).

Standard 3: Social workers ensure records are in a format that facilitates monitoring and evaluation of the social work intervention (s).

Standard 4: Social work documentation shall include a clear assessment, intervention strategy and termination plan.

Standard 5: Social workers protect client confidentiality and ensure that clients are aware of the limits of the confidentiality of social work documentation before initiating the social work relationship and throughout the relationship as needed.

Standard 6: Social workers are familiar with best practice guidelines pertaining to technology use and documentation.

Standard 7: Social workers are familiar with best practice guidelines for completing social work documentation and engage in continuing professional education.

Standard 8: Documentation of community development processes, project planning, policy development, and research is grounded in the values, ethics, and philosophy of the profession, and reflects adherence to the Canadian Association of Social Workers (CASW) Code of Ethics (2005) and the CASW Guidelines for Ethical Practice (2005).

Social workers have to take these standards into consideration while recording the interviews. The records are usually expected to be put into report form by the institution that is worked with or by the demanding institutions in order to come to a certain conclusion and in order to be a guide. On behalf of meeting this expectation, reports are prepared with cross-purposes in all the institutions in which the social work profession is performed. According to their purpose, reports may be prepared in summary or in detail. As professional documents, reports are written in a certain order and in accordance with the writing style (Turan, 2009: 242).

Usually there are two types of reports used in social work practices, these are: Interview Reports and Evaluation Reports. Interview reports may generally be drawn up as process or summary reports. Process report is briefly a detailed record that transfers the interview process and the interaction chronologically as they are and provides for the monitoring of the relationships between the individuals. Summary report is the briefly internalized record of the interview without entering into details. The choice of material to be recorded is important in such reports. What is wanted is that important information, observation and interpretation should be given in essence and by selection (Koşar, 1987b: 41; Kadushin, 1972; akt:Turan, 2009: 242).

When we come at the psycho-social assessment and evaluation reports, these are in the format of concise evaluations of the information acquired as a result of a couple of interviews and in the format of reflection of important aspects of the conducted study. Therefore, they include the conclusion that is reached at the end of the analysis of the information and the problem solving plan to be implemented (Erkan, 1976: 53; akt: Turan, 2009: 242). This report may also take names such as “psycho-social assessment, diagnosis and treatment report” or “social assessment and evaluation report” (Koşar, 1987b: 41). Today, this report is called as the “social assessment report” in its shortest form.

The social assessment report generally provides the following information: credentials, cause of application to the institution, client’s description, living conditions, family relationships and their qualities, cultural characteristics, health statuses, educational statuses, social activities and relations, family backgrounds, personal working contacts, diagnosis and treatment plans. Considering the chronological order, the acquired data are given in the report under the headings (Koşar, 1987b: 41-42).

Social assessment reports are filled in our country in many institutions where social work is practiced. The field of medical social work is one of them. Medical social work is a social work area that social work’s knowledge, value and skills are adapted to patients who have medical care (Zengin, 2011: 29). The medical social work aims to

provide the necessary precautions for the outpatients and the inpatients, who receive treatment, to benefit from the medical treatment as soon as possible in the most effective way and to resolve the psycho-social indications so that the patients regain their social functioning. In the Dictionary of Social Work, Barker (1999: 316) defines medical social work as social work practices that are executed in hospitals and in other medical institutions with the aim of preventing and resolving the psycho-social problems of the patient and his/her family that arouse along with the disease.

1.1. The Medical Social Work Regulations Of The Ministry Of Health

In our country the initiation of medical social works within the scope of legal regulations has started with the Ministry of Health's Regulations for the Operation of Institutions with Beds dated 10.09.1982 and numbered 8/5319. Within the scope of the regulations, it is indicated that social services should be established in hospitals with 16 social workers and the job and authorization definitions of the social workers are made. Accordingly, in 2010 the Branch of Medical Social Works within the General Directorate of Treatment Services is established with the intent of developing medical social practices, and with the intent of planning, inspecting and coordinating them across the country. Following the establishment of the branch, the Directive for the Medical Social Work Practices is published with the Confirmation dated 16.02.2014 and numbered 7645 within the scope of standardizing, activating and generalizing the medical social work practices. The aim of this directive is to determine the principles and procedures regarding the planning, implementation, evaluation and supervision of the medical social works so that the psycho-social and socio-economic problems affecting the treatment process of the health care institutions can be solved in time with the methods and techniques of the social work profession and discipline, and to provide that the social work practices are realized in an effective and an achievable manner with an understanding based on human rights, equality and social justice (Aydın, 2014: 14-15). In this directive, the following items take place in the duties of the social work unit which is opened under the headings "The Formation and the Operation Procedures and Rules of the Social Work Units and the Duties and Responsibilities of the Unit Workers": "When it is necessary, a social assessment is held in the hospital or in the residence, workplace, school or social environment of the patient within the scope of the social work intervention" and "The social worker who holds the assessment prepares a Social Assessment Report". This indicates that the authorization of preparing the Social Assessment Report (SAP) for the client is legally granted to the social workers who are on duty in the social worker staff and who work in the field of medical social work.

1.2. Models Used In The Social Work Practice

Beside the system, ecological, strengthening and conflict approaches, it is also made use of psychodynamic, cognitive, behaviorist, crisis treatment, and duty-centered approaches in the social work practice. The use of all of these approaches changes according to the needs of the client, the potentials of the institution, and the knowledge and skill of the social worker. The evaluation phase of the social work practice is formed entirely and at the level of planning the intervention phase according to the present theoretical differences of the social assessment report, and this phase reflects these differences (Uluğtekin, 2004: 95-106). Various practice models will be given place in this section that should be made use of while preparing a social assessment report and that fit certain theoretical bases of the social work.

1.2.1. Psychodynamic Models

The contribution of psychodynamic theory and practice models is great to the development and origins of the social assessment report. The element of individualism is vigorously emphasized in psychodynamic models. In these models, whose focal point is “the individual and the family”; it is benefited from the extensive body of information of the psychoanalytic theory regarding development, personality, abnormal psychology and treatment. This is decreasingly followed by other psychological, social psychological and sociological information. In these models, in which the social worker-client relationship is widely emphasized, the organizational context is not always important and determinant. The diagnostic and the medical model are in effect in the definition of the requirements, and intrinsic requirements are greatly featured. From the point of view of continuity of social institutions, family problems are seen both as a resource and a center of treatment; on the contrary, the society does not bear such a weight. The element of defensiveness has not developed because of the explanations about the individual resources of problems that have become prominent (Uluğtekin, 2004: 95-106).

There are basically 4 types of psychoanalytic theory and practice, these are: Freudian psychoanalysis, Psychoanalytic psychotherapy, Ego-psychological interventions, and psychosocial treatment. In addition, there are two different psychoanalytic types that are completely away from the Freudian movement and these are: the object relations theory and the self-psychology (Maguire, 2001: 86). Psychosocial treatment is the most commonly used one among these approaches in the clinical social work practice.

Psychosocial assessment and diagnosis (evaluation) are predominant in psychosocial therapy. Relationships and environment of the client are put to observation in psychosocial assessment, they are examined and a conclusion is drawn from them. If necessary, information on the social background of the client is also compiled. The psychosocial assessment provides a temporary opinion of the problem at the beginning of the relationship with the clients; from there on, psychosocial assessment (gathering and organizing information), understanding the diagnosis (thinking about information), and treatment proceed together (Uluğtekin, 2004: 95-106).

In the psychosocial approach, the diagnosis and evaluation of the problem is the focal center of the occupational study. It must be determined what kinds of attempts are needed by examining the problem from different aspects. First of all, it must be investigated where the bottlenecks are and what factors lead to it. Therefore, the social worker needs to know the individual and the environment he/she lives in, and must have detailed information in order to make some analyses about the subject. This process is called “Social Assessment” (Turan, 2009: 254).

The fact that the social workers prepare the social assessment report in the evaluation part by making use of defense mechanisms and periods of psychosexual development, in which the structural and topographic structures of the personality of the client and developmental periods of Freud and Erikson take place, will add important achievements to the quality of the social assessment report.

1.2.2. Behaviorist Models

The element of individualism is strongly emphasized in behaviorist models. It is mostly benefited from learning theories, mostly including the social learning theory, from the point of the element of using information. The relationship between the social worker and the client is important in these models; however, some special processes, especially agreements, are given priority in the relationship. Organizational context is not an important and a prominent element. It is emphasized that a careful and a meticulous evaluation is important in determining the requirements. Social issues are not questioned in terms of the continuity of social institutions; but the support of the family appears to have been used (Uluğtekin, 2004: 98).

The behaviorist approach foresees that behaviors should be evaluated together with the social environment, within which they occur. The relationship between the behavior and the environment can be determined when it is observed under what conditions the behavior is exhibited and what kinds of results it caused. In behaviorist approach, report writing is accepted as an important part of the practice, because the recorded data are based on observations. These reports contain information about the individual, place, time and situations that are relevant to the problem (Turan, 2009: 274).

While preparing a social assessment report, behavioral patterns of the client, his/her family's impact and support on these behaviors, and the relationship between the behavior and the environment are important issues that should be taken into consideration in the evaluation part.

1.2.3. Cognitive Models

The cognitive approach is a relatively new model that has gained wide support among the social workers due to its explicitness, brevity, effectiveness and reasonableness (Maguire, 2001: 86). Social work has transferred the cognitive theory to its practices together with the humanist elements. Thus, in the cognitive model of the social work it is accepted that the client perceives the world not 'wrong' but 'right'. This element of 'acknowledgment' made it easier for the cognitive concepts to be used in social work practices. In the cognitive models of the social work, it is not only benefited from the concepts of humanist theory but also from the concepts of communicational and behaviorist theory. In the evaluation part, the "concept learning" styles and the "cognitive styles" of the clients are tried to be understood. Later, the alteration (intervention) strategies are developed within the scope of the acquired evaluation results. Individualism is important in the cognitive models of the social work that add a helpful "educational element", but the emphasis is on learning and adaptability to environment. The cognitive and the learning theories are primary sources of information. In terms of the element of relationship, focus is on the studies of the client relevant to learning (Uluğtekin, 2004: 101).

The social worker who evaluates his/her client while preparing a social assessment report should be able to properly interpret his/her client's thoughts, feelings and behaviors related to his/her problems while using the cognitive model and should be able to properly reflect these to his/her report.

1.2.4. Strengthening Approach

"Strengthening" uses certain strategies in order to reduce the negative evaluations of the strong groups that target certain individuals and social groups, fight against them,

and reverse these values. During the evaluation phase, the client and the problems are discussed within the scope of concepts such as “self-control”, “rational cognitive control”, “self-conception”, “alienation”, “self-knowledge”, “not being objective but being subjective in face of the problems”, “weakness”, “motivation”, “capacity”, and “opportunity” (Uluğtekin, 2004: 102-103).

The social workers should help the clients to evaluate the factors that cause them to feel weak, to develop learning options in this direction, and to explore the resources that will help them win their strength back. All these efforts make it easier for clients to think that they are not desperate, and in fact the clients start to feel the strength they possess (Duyan, 2010: 198). The preparation of the social assessment report is helpful both in revealing the strong parts of the client and in creating new resources and strengths for the client.

1.2.5. System Models

There are a great number of concepts in the system theory that regulate the quality, functions, interaction and alteration of the systems. The “open/closed system”, the “change/stability”, the “boundaries”, the “feedback”, and the “tension” are some of the main concepts that form the backbone of the theory (Uluğtekin, 2004: 103). Strengthening, which is frequently used in the social work practice, can be defined as the possession of the ability of people, organizations or societies of controlling their own lives (Duyan, 2010: 198).

Besides working with the client within the practice period that includes the efforts for changing, the social worker works also with others. For example, a social worker who is on duty in a juvenile court not only works with the juvenile delinquent but also establishes a relationship with his/her family, friends, school, workplace and also with the judicial and social institutions such as the court, police, hospital, job-creating organizations, youth associations, and social-welfare institutions (Uluğtekin, 2004: 105). Once again, a social worker who works in medical social work environments does not only evaluate his/her client while preparing a social assessment report. By evaluating the client’s family, relatives, school, workplace, healthcare institutions in which the client was treated formerly, healthcare institutions in which the client can be provided with treatment, municipalities, foundations of social help and solidarity, guesthouses, non-governmental organizations, etc. from the systems in which the client is present, the social worker makes sure that his/her client uses these systems in the solution of his/her problems.

1.2.6. Ecological Approach

Ecological evaluation is an inclusionary approach that involves the sum of the information used in the practice. Ecological model is a systematic structure that helps the social workers to make a full examination about a lot of factors that are related to each other in any special condition. The five dimensions of human development, which are physical, emotional, social, cognitive and spiritual dimensions, are evaluated in each of the seven related ecological levels. These levels involve the combinations of the factors that affect the human development, but the restriction between the levels is artificial and each of the levels is in relationship with the other (Derezotes, 2000: 3; Duyan, 2010: 160). Information about the seven levels that the social workers should take into consideration during the ecological evaluation is given below:

- Biogenetic factors: Involves the hereditary and other physical characteristics of the individual.
- Family factors: Involves the characteristics of the close and the extended family of the individual.
- Cultural factors: Involves the loadings put to the qualities of the psychosocial environment of the individual. Psychosocial environment involves the characteristics of the groups to which the individual is related except his/her family members.
- Environmental conditions: Involves the characteristics that affect the quality of life of the individual and that correspond to his/her living space.
- Resources and opportunities: Involves the security, freedom, acceptance, wealth, power, services and consumer goods that can be attained by the individual.
- Self-care patterns: These are the efforts that feed and develop the personal development of the individual. These patterns are related to internal factors such as the internal motivation, level of energy and level of consciousness of the individual.
- Current indicators of development and health: Involve the measurable indicators of developmental growth and welfare condition of individuals, couple relationships, families and the society.

In addition, according to the theory of ecological system there are four systems that are intertwined with each other as micro, meso, exo and macro systems (Bronfenbrenner, 1979: 16-44; akt: Duyan, 2010: 138). Micro-system consists of immediate environments such as family, school, peer group, neighbors and child care environments. Meso-system involves the system that consists of relationships between the immediate environment (such as the house and school of the child). Exo-system is related to external environments that indirectly affect the development (such as the workplace of the parents). Macro-system is related to cultural context (such as eastern culture, western culture, national economic and political culture, and subculture) (Duyan, 2010: 138).

While preparing a social assessment report, the social worker should evaluate the systems as micro, meso, exo, and macro that directly and indirectly affect his/her client by approaching to his/her client with an ecological system point of view. In addition, each of the physical, emotional, cognitive, spiritual and social dimensions of the human development used in advanced generalizing practice should be evaluated by the social worker at seven levels such as biogenetic factors, family factors, cultural factors, environmental conditions, resources and opportunities, self-care patterns, and current indicators of development and health.

1.3. Content Of The Social Assessment Report Prepared In The Medical Social Work Practice

We will evaluate the format of social assessment report that was given in the Directive for the Medical Social Work Practices that was put to operation in 2011. This sample social assessment report consists of eight sections:

1. Personal information of the patient who is subject to examination: In this section, it is given place to information such as the Turkish Republic ID number, name and surname, mother's-father's name, place and year of birth, sex, education, marital status, occupation, job he/she is working in, address and telephone number of the patient.
2. Information resources: In this section, it is given place to the interviewees and to the places in which an interview was held by stating the degree of closeness.

3. Definition of the problem: In this section, it is written in detail why the client applied to or was directed to the social work unit.

4. Medical and physical condition of the patient: In this section, it is given place to the current disease, medical history, institutions in which he/she was treated, chronic disorders of the patient that requires him/her to be treated in a hospital, and to his/her daily activities, diseases that affect his/her social functioning and his/her physical characteristics.

5. Psychosocial state and family status of the patient: In this section, relationships and environment of the client are put to observation in the psychosocial assessment, they are examined and a conclusion is drawn from them. If necessary, information on the social background of the client is also compiled (Uluğtekin, 2004: 95-106). At the end of the psychosocial assessment: 1) it should be benefited from information related to psychoanalytic theory and ego-self psychology in order to determine the dynamics related to personality, 2) the internal and external factors related to anxiety, sadness, anger reactions, which negatively affect the family relationships on the subject of family structure and interaction, should be reviewed, and 3) it should be determined how they interact with each other (Minahan, 1999: 1303). The problem should be analyzed in the light of the acquired data and observations by being examined from various perspectives, and concrete results should be drawn from these data with the help of occupational information and experience. First of all, it should be determined where the difficulties are and the reasons should be put forward. A comparison should be made by finding out how the client behaves in the face of daily events and distresses. Ego functions, that is to say instincts, mentality, behavior criterions, expectations of future, own opportunities, and attitudes related to using environmental opportunities, etc. of the individual should be reviewed (Minahan, 1999: 1305). In addition, the social worker may benefit from the Family Assessment Diagram of Johnson (1998: 116), which was given place by Duvan in his book (2010), while evaluating the family status of the client.

6. Sheltering and economic conditions of the patient: In this section, it is given place to the features of the house in which the client resides, information of movable and immovable realties registered on him/her, size of income of each individual who brings in money to the house they live together, varieties of electronic devices present at their house and observations of the social worker during the assessment.

7. Evaluation: In this section, the social worker should carry out a general evaluation by also taking into consideration the information he/she obtained from above. In this evaluation, the social worker should give place to the data related to the problem, the individual characteristics of the client, the environment and the family depending on his/her own observations. The social worker should form a basis for an intervention by evaluating the client in terms of the models he/she used during the medical social work practice.

Based on the data, it is briefly given place to diagnostic declarations, to problems in the social functioning of the individual and the family by taking the internal and external factors into consideration, to flaws, to relationships of spiritual, physical and social factors that cause for the disturbance of the balance, to interactions between the family members, to defensive and special patterns of behavior that draw attention, and to strengths and weaknesses and their causes (Koşar, 1987b: 42).

8. Conclusion and suggestions: In this section, the social worker should offer the necessary work for the client without giving harm to the client, to the institution he/she works for, and to himself/herself by reviewing the evaluation and the information he/she

obtained from above. For this, he/she should use the opportunities of his/her client and institution, and his/her own occupational information and ability. Furthermore, as suggested by Uluğtekin (2004: 113), he/she offers a system of changing systems, levels of intervention, and a proposal in the context of changing roles, taking into consideration all legal possibilities and impossibilities. Completing with a "stereotypical recommendation" is nothing but disrespect for the client's rights.

2. CONCLUSION

It is important for the social workers to use their knowledge, ability and values in an effective way so that the social assessment report prepared in medical social work environments can be a "social diagnosis". In their reports, they should determine the proper model for their clients. In this study, it is given place to system models, ecological approach, strengthening approach, psychodynamic models, cognitive and behaviorist models that are frequently used in the medical social work practices. In addition to these models, the social workers should also be able to use the model of crisis intervention, the duty-centered model, the role and communication models, the humanist and existentialist models, and the hierarchy of basic needs while preparing their reports. The social workers should be aware of the purposes when they keep a report, get appropriate information for the report, and not fill the report with unnecessary information. They should give place to the non-verbal reactions as well as the verbal reactions of the client. They should use the occupational concepts with a clear and an understandable language. They should avoid using daily expressions and an exaggerated language.

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Extended Abstract

Introduction: Recordings are accepted as important tools in the social work practice that direct the occupational study, that contribute to the education, and that allow for research and development. The recording of the studies done with the client system is accepted as beneficial and mandatory in the sense that it both provides the worker to work and it evaluates the work and the policy of the institution and it provides for the continuous development of this institution. Recordkeeping has various forms and contents in the methods of social individual studies, social group studies and studies with the society. Recordkeeping is not an activity left to the social worker's own decision, style and preference. Recordkeeping is an occupational activity.

Social assessment reports are filled in our country in many institutions where social work is practiced. The field of medical social work is one of them. Medical social work is a social work area that social work's knowledge, value and skills are adapted to patients who have medical care. The medical social work aims to provide the necessary precautions for the outpatients and the inpatients, who receive treatment, to benefit from the medical treatment as soon as possible in the most effective way and to resolve the psycho-social indications so that the patients regain their social functioning. In the Dictionary of Social Work, Barker defines medical social work as social work practices that are executed in hospitals and in other medical institutions with the aim of preventing and resolving the psycho-social problems of the patient and his/her family that arouse along with the disease.

Method: The development of medical social work, its regulations in the ministry of health, the models used in practices of medical social work, and the content of the social assessment report filled by medical social work units are mentioned in this study.

Results, Discussions, Suggestions: It is important for the social workers to use their knowledge, ability and values in an effective way so that the social assessment report prepared in medical social work environments can be a "social diagnosis". The social workers should be aware of the purposes when they keep a report, get appropriate information for the report, and not fill the report with unnecessary information. They should give place to the non-verbal reactions as well as the verbal reactions of the client. They should use the occupational concepts with a clear and an understandable language. They should avoid using daily expressions and an exaggerated language.