

## JOB DESCRIPTION

TITLE: Spiritual Care Chaplain		DEPARTMENT: Hospice and Palliative Care		EFFECTIVE DATE:10/31/06 REVISED: 09/26/12 REVISED: 12-3-2014	
JOB CODE: 166	GRADE: N8	BENEFITS:	FLSA STATUS:	EEO STATUS:	PAGE:

**FUNCTION:** Provides non-denominational spiritual support to hospice patients and their families.

**REPORTS TO:** Bereavement Supervisor

**RELATIONSHIPS:** Hospice and palliative care team, patients, families, nursing homes, hospitals, physicians, other health care providers.

**HOURS:** Full Time

**MANAGES/COACHES:** None

**RESPONSIBILITIES:**

1. Provides counseling to meet the spiritual needs in accordance with the patient's and family's acceptance of this service, and in a manner consistent with patient and family beliefs and desires.
2. Provides consultation with team members and community clergy directly involved with the patient and family.
3. Provides orientation for new hire and ongoing in-services for staff of all disciplines regarding interdisciplinary spiritual care assessment, intervention, documentation, and the role of the chaplain in the team.
4. Participates in IDG to establish and maintain the appropriate spiritual plan for hospice patients.
5. Documents in the patient record all contacts, visits, or interventions per agency standards.
6. Develops cooperative relations with the religious community to promote knowledge of hospice and life care.
7. Provides educational programs and spiritual support to the hospice program, patients/families, and community partners.
8. Provides bereavement support as requested by family, including funeral and memorial services
9. Provides spiritual support to patient's family and staff as requested.
10. Responsible for the Key Performance Indicators (KPI's) established by their manager.

QUALIFICATIONS:

1. Master of Divinity (MDiv) or an equivalent graduate degree that includes theological studies.
2. Strong assessment, interpersonal, ethical, and pastoral skills.
3. Excellent computer skills.

EMPLOYEE ACKNOWLEDGMENT

I have reviewed my job description and agree to perform all duties mentioned to the best of my ability. I understand my job duties may change as the needs of the company change. I further agree to notify my immediate supervisor if I am unable to complete any of my job duties in a timely manner.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date

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