

## Job Description/Performance Evaluation

**Title:** Chaplain/Spiritual/Pastoral Counselor

Employer Evaluation

Employee Self Evaluation

**Job Summary:**

Primary function is to provide spiritual care to patients/caregivers of all age groups and perform spiritual assessments, provide spiritual/pastoral support and make referrals to meet the needs of the patient/family.

**Job Classification:** Clinical

**Lines of Authority:** Reports to Director of Nursing

**Job Qualifications:**

- Education: In good standing with denomination or religious affiliation. College degree preferred; Masters of Divinity preferred
- Licensure: State Driver's License
- Experience: Experience in a spiritual or religious organization. One (1) year experience as a Chaplain in a health care institution preferred.
- Skills: Working knowledge of community spiritual resources. Good interpersonal skills.
- Transportation: Reliable transportation. Valid auto liability insurance.

**Environmental and Working Conditions:**

Works in patient homes in various conditions. Occasional exposure to infectious diseases; ability to travel locally; some exposure to unpleasant weather.

**Physical and Mental Effort:**

Prolonged standing, walking and sitting required; requires working under some stressful conditions to meet deadlines and patient/family needs; and to make quick decisions and resource acquisition; meet patient/family spiritual needs.

**Essential Functions:**

**Evaluation**

Assess hospice patient/family to identify spiritual needs and develop individualized spiritual plan of care. Collaborate with local clergy as needed. Assist in development and update of the comprehensive POC.	
Conduct services of prayer, worship and ritual for patient/families, as appropriate, offering different philosophies and belief opportunities to discuss and share.	
Provide individual patient/family counseling, crisis intervention, information and assistance with preparation of advance directives, funeral planning issues and transfer of responsibilities relative to legal and fiscal issues.	
Work with IDT, participating in the ongoing POC, developing, documenting, and evaluating responses to interventions in order to update the POC to meet spiritual needs of patient and family..	
Work with other staff, resolving spiritual/pastoral/ethical issues. Be available for bereavement or counseling needs.	
Use effective interpersonal relations and communication skills to work with family members as needed and to assist in planning for discharge and for bereavement, utilizing local clergy as needed..	
Complete appropriate documentation in a timely manner.	
Assess patient/family response to and satisfaction with care.	
Make visits to patient/family prior to death and be available to family during the bereavement period as needed.	
Meet mandatory continuing education requirements of the agency and participate in inservice programs.	
Promote Agency philosophy and administrative policies to ensure quality of care.	

**Statement of Understanding:** I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate my employment at any time for failure to perform satisfactorily.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Job Description)**

**Evaluation Codes:** 1-Does not meet job requirements/expectations    2-Occasionally meets job requirement

3 -Normally meets job requirements    4-Meets and occasionally exceeds job requirements    5-Regularly exceeds job requirements

**Performance Evaluation Addendum**

**90 Day**

**Annual**

**Date On Site Supervisory Visit Completed:** \_\_\_\_\_ (form attached).

**Comments/Goals Met or Not Met for this evaluation period:** \_\_\_\_\_

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**Employer/Employee Mutual Goals set for the next evaluation period:** \_\_\_\_\_

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**Employee Comments/Response:** \_\_\_\_\_

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(For Employer Evaluation/Employee Self Evaluation)

**Evaluator/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_