



Core Competencies for
Spiritual
Health Care
Practitioners

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Introduction

BACKGROUND

Manitoba Health has employed a provincial spiritual care co-ordinator since 1998. In 2007, the position was reviewed and reaffirmed. It was determined that a key priority of the position and the department's work would be to assess and establish the relevance and contributions of spiritual health as a program within Manitoba's health care system. Another priority for the position was the examination of how spiritual health care is delivered with the context of other health care disciplines. In the same year, Manitoba's Health Programs and Services Executive Network (HPSEN) and Manitoba Health approved the terms of reference for a Spiritual Health Care Management Network. The network has since been established – formalizing spiritual care into the provincial health care model of communication, service delivery and evaluation.

Also in 2007, the Provincial Spiritual Care Advisory Committee was created to represent the cultural, religious and spiritual diversity of Manitoba's population. Its goal is to assist in envisioning and enabling the effective development of spiritual health care in the province.

With the introduction of new regional health authority (RHA)-based spiritual health care positions, the provincial spiritual care co-ordinator began to work on a competency document on spiritual health care provision. The Spiritual Health Care Management Network supported this project. It had become evident that the RHAs and other health care institutions would find this information helpful for a more comprehensive understanding and more effective staffing. In December 2008, HPSEN and Manitoba Health supported the establishment of the Spiritual Health Care Core Competency Ad Hoc Working Group.

The working group members represented a diverse group of stakeholders, including those who offered particular perspective or expertise in deliberation and formation of the document. The working group defined the essential purpose of this document. The purpose is to provide RHAs and other interested groups with a basic understanding of spiritual health as a particular aspect of health care and to define the competencies of those providing this kind of service.

FOCUS OF DESCRIPTION

As the work progressed, it became clear that a spiritual health care core competency document could not address all of the professional levels of spiritual health care application. The document, therefore, identifies the essential core competencies required to provide spiritual health care directly to clients. This aspect of health care is like many others. It is expressed through various levels of responsibility, including volunteer training, volunteer provision, related staff, direct-client care, department co-ordinators, educational and internship supervisors and directors.

WHY ARE COMPETENCIES IN THIS AREA OF HEALTH CARE IMPORTANT AT THIS TIME?

With the continuing establishment of spiritual health care positions throughout the province, one of the primary goals of this document has been to respond to:

- What type of spiritual care practitioner would I want to visit me?
- What qualities inform or create effective spiritual health care?

The primary focus of spiritual health care is person-centred care. The responses focus on the competencies that enable spiritual health care practitioners to become the support that clients, families or significant others would want to receive during their health care journey. A primary goal for this document is to give RHA management a tool to develop position descriptions. It will serve as a tool to recruit staff, to monitor and assess competencies, and to assure quality care and leading practice in this field.

In this context, competencies, not standards, are particularly applicable. The area of spiritual health care is a rapidly changing discipline.¹ The development of a document that is focused exclusively on an absolute definitive set of criteria or skills for this practice of health care is not recommended. That work is vital but best relegated to professional groups who will be responsible for academic and clinical evaluation and accreditation.

To be clear about this particular aspect of health care, defined competencies and measurements are required to evaluate the applied practice of spiritual health care:

“Competencies are considered to be an effective approach to capturing all that an employee brings to their job. Competencies are being used by many private organizations, within the federal government and by many provincial and municipal organizations. They provide the ability to look beyond acquired knowledge, skills, and abilities and include behaviours. In the past, the focus has been to a large extent on what an individual brings in the way of ‘hard’ or ‘clinical’ skills...the competency model builds on past practices by providing a better way to capture both ‘hard’ and ‘soft’ or ‘transferable’ criteria.”¹

The Manitoba Corporate Competency Catalogue further states:

“competencies are the characteristic of an individual that underlie their likely performance or behaviour at work. Competencies may include a person’s aptitudes, intelligences, skills, abilities, knowledge, experience, physical competencies, styles, personality, principles values, attitudes and interests”.²

Core competencies or critical competencies are what most people who work in spiritual health care need to be effective in helping a health care region or facility meet its objectives of quality care. These competencies are transferable and generic and apply to how work is accomplished. They can therefore be applied or transferred to many jobs.

This document also contains some work-specific competencies (ex: rituals, ceremonies, healing rites, spiritual health care staff workshops) that describe the main function or the purpose of the work. They are unique and apply only to spiritual health care practitioners. Not everyone in health care requires them.

SPIRITUALITY AS THE CORE OF SPIRITUAL HEALTH CARE

Spirituality is a word and concept that is difficult to define and must be seen in a broad, historical context. The current cultural context is a time of change that has given rise to discussion about the differences and connections between spirituality and religion. There is an emerging population who identifies itself as spiritual but not religious. For this group, religious language can become obsolete, often with no common stories, symbols or concepts for talking about spiritual health care.

¹ Manitoba Civil Service Commission, Manitoba Corporate Competency Catalogue, 2006, p. 5.

² Ibid.

This shift suggests a major intersection in the practice of spiritual health care. Some spiritual practices requiring integration are the cultivation of attentive presence, loving kindness and compassion. As well, scientific research shows that genuine spiritual healing can be achieved through forms of complementary energy practices (ex: reiki, healing touch, mindfulness meditation). While the current standards of health professions do not provide these models of care, these new factors impact spiritual health care training and delivery.

It is acknowledged that spiritual health care is a broader term than religious care. For many, spirituality is expressed through religious practice. Religious care is well established and will continue to be provided. The current health care environment requires innovations in training for, and delivering, spiritual health care. Spirituality goes beyond particular religious practices, finding expression in a more inclusive, relational and embodied form. Such integration constitutes a major paradigm shift because the secular addresses the spiritual and vice-versa. They are no longer seen as opposing philosophies.

Defining spirituality presents a paradox because it means trying to think what is unthinkable, or striving to put into words what is beyond words. Many people believe that spirituality itself cannot be found, reached or attained – that it is our essence, that we are it.

There have been many attempts to define spirituality, including an attempt by The Rev. Clayton Thomason, Assistant Professor of Spirituality and Ethics in Medicine at Michigan State University and renowned bioethicist. He presents a form of shared language when he writes:

“Spirituality may be thought of as that which gives life meaning and draws one to transcendence, to whatever is larger than or goes beyond the limits of the individual human lifetime. Spirituality is a broader concept than religion. Other expressions

of spirituality may include prayer, meditation, being in community with others, involvement with the natural world, or relationship with a transcendent reality. Religion may be one expression of spirituality, but certainly not all spiritual persons are religious. One needs look only to the nearest 12-step program to meet persons for whom a profoundly healing spiritual life need not be expressed in the language or symbols of religious tradition. Rachel Naomi Remen, MD suggests that spiritual is that area of human experience to which religion attempts to connect us through doctrine, ritual, and practice. ‘Sometimes it succeeds and sometimes it fails’ she observes. ‘Religion is a bridge to the spiritual, but the spiritual lies beyond religion.’”³

Much-referenced professional medical education authors, Andre, Foglio, and Brody, place inclusive spirituality in a health care context when they write:

“... We prefer the view of Hiatt (1986) and Carr (1994) who point out that for all its strengths, the biopsychosocial model lacks an overall integrating framework. The spiritual dimension ought to be identified with that integrating framework and not with any specific ‘level’ of systems functioning with the model itself. Thus, our proposal is not for ‘bio-psycho-social-spiritual’ model to replace the original formulation. Rather the biological, psychological, and social dimensions of one’s life are all aspects of spirituality.”⁴

This quote shifts spirituality from having a component of health to being the context of health.

³ C. Thomason and H. Brody, 'Inclusive Spirituality', *Journal of Family Practice*, vol. 48, no. 2, February, 1999, pp96-97

⁴ J. Andre, J. Foglio, and H. Brody, 'Moral Growth, Spirituality, and Activism: The Humanities in Medical Education' in *Educating for Professionalism – Creating a Culture of Humanism in Medical Education*, D. Wear and J. Bickel (eds), University of Iowa Press, Iowa City, 2000, pp. 81-94

Working definitions

To provide the foundation for any expression of core competency in this area of health, these questions must be addressed:

- What is spiritual health?
- What is spiritual health care?

The terms and titles used in spiritual health care have been evolving. Following are the definitions the working group used when writing this report.

SPIRITUAL HEALTH

Spiritual health addresses the wholeness of what it means to be a human being. As the Manitoba government's Spiritual Health Care website (www.gov.mb.ca/health/mh/spiritualhealth/) states:

"...people seeking meaning in order to live authentically with each other is an important component of holistic health care. This meaning can become a particular set of spiritual beliefs, guiding the ultimate purpose of our life." Spirituality contributes to health in many ways. It is how a person searches for meaning, through religion and/or belief in God, through relationships with family, or participation in naturalism, rationalism, humanism, and the arts. Spirituality impacts how people need health care as well how health care practitioners understand health and illness."

In caring for the whole human being, there is need to focus on each aspect of what makes a person human. The most visible aspect is the physical body. The second aspect is that of thinking, engaging our minds. The third aspect is feeling, which emerges in emotions and forms the dynamic energy of our relationship. The fourth aspect is the spiritual. Its definitions are constantly evolving as understanding of this vital area of health care changes.

Healing is rooted in the concept of wholeness. A physical illness may be a symptom of a deeper and more complex need for healing the whole person. In health care, there is growing awareness that spiritual care is an essential aspect of care for the whole person.

SPIRITUAL HEALTH CARE

Spiritual health care responds to questions that arise in times of change and crisis. Clients, families, friends and communities are impacted in these times of health crisis. Questions that affect clients and those around them may include:

- Why me? Why us?
- What caused this?
- What do I do now? How can I go on?
- Who am I now? Is there a plan in this? How do we live with this?
- What does it mean to our family?
- What about finances, work, the future?

Spiritual health care can provide compassionate companionship when people are dealing with these questions. The needs of those in transition determine how spiritual health care is delivered. The practitioner's role is to listen to those needs as they are expressed. It is also to help all those involved understand the spiritual dimension of this change and the holistic nature of care.

Spiritual health care is about addressing concepts such as meaning, purpose, self-worth, respect, integrity, authenticity, compassion, empathy. It finds its expression in word, image, ritual, nature, art, mystery and appreciation for the miracle of life.

Spiritual health care is rooted in ancient teachings, theories and emerging research that tackle the most basic questions of life. Many spiritual traditions teach that when one part of the self

is weakened, sick or struggling, the person may experience a profound sense of emptiness and loneliness that leads to emotional, mental or physical illness. Statistical studies and medical research now confirm that illness in one part of self affects the person's total wellness.

THE SYSTEMIC STRUCTURE OF SPIRITUAL HEALTH CARE

There isn't an agreed-upon definition for the systemic structure of spiritual health care. In broad terms, it is the organizing structure for how spiritual health care theory becomes visible in practice. The structure of the system will vary given the culture and context it seeks to serve. Various models have been developed, but all of the models strive to fit the health care system within which they function. Models can be administrative, clinical, intervention-based, crisis-focused, linked to organized religious identity, or existential in design. Centres use various languages to describe their services (ex: chaplaincy department, spiritual health services, pastoral care, or spiritual and religious care).

SPIRITUAL HEALTH CARE PRACTITIONER

This designation has evolved as a synonym for the role of chaplain, which had direct religious connotations. The spiritual health care practitioner has a spiritual practice and path, ranging from religious to humanistic expressions. This experience and related education address the practice of particular spiritual health care skills. The practitioner enters into a therapeutic relationship which is directed by the needs of the client or seeker. The practitioner accompanies the individual through the changes and provides active and professional listening. These skills are the key components of spiritual health care practice.

CHAPLAIN AND CHAPLAINCY

A spiritual health practitioner who generally works in a faith-based facility or an institutional setting. This title commonly applies to ministry in these settings – ministry that serve a group of people who are not organized in a religious community, mainly because they're not able to attend (ex: poor health, confinement, imprisonment, military duty).

ORGANIZATION OF THIS DOCUMENT

The order of the core competency cluster list indicates a priority of skills that reflect spiritual health care in general.

A. Knowledge base – preparatory pathways and qualifications

This section defines the knowledge base, pathways of preparation and qualifications needed for this area of health care. It is essentially referred to as the area of occupational preparation. It includes: degrees, diplomas, certificates, professional designations, related experience by occupational and experiential preparation.

B. Core competency clusters

1. awareness
2. thinking skills
3. communication
4. interpersonal
5. leadership
6. accountability (managing for results)
7. self-managing
8. information technology literacy and research skills

The cluster list identifies general and work-specific competencies that apply to the spiritual health care profession.

A. Knowledge base – preparatory pathways and qualifications

Required and preferred (a combination based on regional needs):

Counselling and therapeutic skills:

- basic counselling and personality theories (at least one formal course in counselling or communication)
- basic skills to address counselling from a spiritual perspective
- conflict management, mediation theory and practices

Academic qualifications:

- education in world religious traditions, theology, rites, rituals, philosophy, spiritual pathways of meaning, existential pathways (humanism, atheism, agnosticism), belief systems
- at least one Canadian Association of Spiritual Care (CASC) unit or equivalent course (ex: spiritual direction, spiritual diversity)
- knowledge of grief and bereavement theories
- bio-ethical decision frameworks and professional ethics
- family dynamic theories
- leadership techniques and methods
- teaching, group facilitation, effective communication
- cultural diversity and pluralism understanding (ex: post-colonialism, feminism, formal ethno-cultural education)

Health care fields (basic understanding):

- organizational dynamics in institutional environments (health care), including policy and procedures
- scientific evidence for the impact of spiritual well-being on symptoms, healing, quality of life, dying process
- relationship of complementary healing theories and practices to spiritual care
- dynamics of abuse, trauma-informed theory, care methodologies

- assessment and evaluation methods and protocols
- capacity to navigate areas of various inter-professional vocabulary

Spiritual practice:

- ability to articulate awareness of one's own traditions, world view, spiritual, religious roots
- experience, or recognized accreditation, in a faith community or belief group of one's own persuasion (ex: current knowledge, understanding, experience of his or her own faith community or belief group; practice of appropriate spiritual discipline in accordance with his or her own tradition)
- familiarity with inter-faith dialogues, ecumenism, current literature in spirituality and spiritual care practice

These requirements will vary with the assessment and evaluation of the needs for each position. There may be a need for strong academic accreditation (a degree). There may also be a need to proceed with a combination of inter-disciplinary skills. This document focuses on the specialized skills of the spiritual health care practitioner.

B. Core competency clusters

I. Awareness

a. Self-awareness

Definition: *maintains a well-articulated awareness of one's own understanding of spirituality, spiritual health, how to offer spiritual health care in a diverse, clinical setting*

- demonstrates awareness of one's own changing identity and spiritual traditions
- demonstrates awareness of one's own abilities, boundaries and limits
- assesses one's own stress level in a given situation and the level of one's own health (physical, mental, emotional, spiritual)
- demonstrates awareness of spirit in one's personal search for meaning.

- demonstrates awareness of own agendas for clients, including need to fix, help, save, cheer up
- demonstrates willingness to be present with people in crisis – to sit in darkness and discomfort and respond appropriately to difficult or dark emotions (ex: anger, rage, fear)
- demonstrates intentional exploration of one's own feelings, attitudes, values, assumptions
- demonstrates awareness that the focus of care is beyond one's self and not motivated by self-gratification
- demonstrates awareness of the active dynamic of spirituality in the health care context
- differentiates personal beliefs, morals, values from health care ethics (ex: recognizes a variety of value systems, customs, beliefs, practices co-exist in health care ethics)

b. Reflective practice

Definition: *reflects intention to learn from experiences and demonstrates an ability to discern deeper issues in relationships and situations and willingness to address them appropriately*

- recognizes that everyone has a spiritual dimension
- uses a structured method of practice to reflect on and discuss therapeutic relationships including:
 - his or her own values, beliefs, how they affect attitudes, behaviour to clients
 - personal and professional boundaries that come with developing a therapeutic relationship with a client
 - reconciling personal spirituality with needs and beliefs of others
 - professional relationships and integrity when working with people at vulnerable times in their lives

- uses a spiritual director, mentor, guide to reflect on one's own spiritual growth
- maintains a connection to a reflective community which practices spirituality in accordance with one's own understanding
- reflects theologically or philosophically on one's own professional practice through:
 - spiritual and religious literature
 - praxis or theologically informed practice
 - meditation
 - retreat or pilgrimage
 - literature on personal development
- maintains ability to reflect on, and connect to, the experience of being ill, having surgery, palliative care, dying
- consciously practices being grounded in one's own integrity while focusing on the client's agenda
- nurtures ongoing knowledge of own gifts, growing edges, goals, passion, weaknesses, compulsions, way of being, reacting in given situations
- practices working through one's own wounds as a way of healing
- focuses on being a listening and compassionate presence by exhibiting welcoming openness, non-judgment, hopefulness, honesty, humility, authenticity, client-centeredness, attentiveness, flexibility, encouragement, team play, calm energy
- understands different models of spiritual reflective practice (ex: mindfulness practice, guided meditation, imagery, clinical pastoral education (CPE), clinical supervision, pastoral reflective practice (PRP))
- acknowledges the limits of engagement with people and the need for spiritual self-care

c. Intuition

Definition: demonstrates openness to seeing what is beyond the tangible – insight, perception

- respects inner awareness, urges, connections beyond the rational to wisdom
- demonstrates the willingness to test the accuracy of one's intuition with clients
- demonstrates an innate quality developed through reflection
- demonstrates capacity to comprehend people and problems from a variety of different angles and to pursue creative solutions.
- demonstrates an understanding of the comprehensive "big picture" and takes risks to make that vision visible to others as a potential or opportunity.
- values mystery and the unknown as limitless expression of wonder and wholeness.
- ability to determine/discern the use of/ application of this awareness

2. Thinking skills

a. Analyzing

Definition: *observes, identifies, organizes, and interprets information to understand the work environment, situations, concerns, opportunities*

- gathers relevant information and organizes it in a logical manner
- draws conclusions consistent with a reasonable interpretation of available information
- demonstrates awareness and applies spiritual paradigms (wisdom, consciousness levels, spirituality, action reflection) in health care system
- demonstrates a deeper understanding of specialized areas (trauma, grief, loss, children, mental health)

- recognizes factors that indicate potential opportunities or significant, complex, underlying issues that could require skilled intervention
- recognizes patterns in present concerns and in potential issues, interprets the implications

b. Making decisions

Definition: *commits to a timely course of action using sound judgment, taking into consideration organizational goals, values, resources, constraints*

- makes decisions using established guidelines or commonly accepted practice
- discerns by using reflective, relational approach to decision-making
- makes effective decisions in situations outside established guidelines or where the choices are not obvious
- makes decisions cognizant of a transcendent environment (ex., higher power; flow of energy, life force, God, creator, essence, centre, source of being, relational dynamics)
- makes decisions that can set precedents, are based on complicated alternatives, or require wide support for successful implementation
- supports the framework for strategic decision-making within the organization from the perspective of spiritual health care

c. Solving problems

Definition: *breaks down a problem, situation or process into its component parts; understands the nature of those parts and their relation to one another; generates timely well-developed solutions by examining alternatives, risks and consequences*

- uses basic problem-solving analysis to recognize and define the nature of the problem
- evaluates the nature of the problem, its probable causes, and proposes solutions

- maintains awareness and enhances knowledge of one's own spiritual paradigm and problem-solving processes
- encourages and explores existential questions about life, death, illness and suffering – personally and in relation to others
- applies more rigorous and inclusive forms of problem solving by isolating and articulating both what the problem is and what it is not; to more-effectively narrow the field of probable causes
- goes beyond resolving the immediate problem to make connections to similar situations
- demonstrates humility by recognizing that there are problems that are not solvable

3. Communication

a. Communicating interpersonally

Definition: *listens effectively and expresses ideas, verbally and non-verbally, to achieve understanding*

- demonstrates ability to perform basic counselling (ex: listening, alignment, congruence, empathy, unconditional positive regard, boundaries, open-ended questions, reflecting feelings)
- demonstrates an ability to discern deeper issues within relationships and situations and a willingness to address them when appropriate (intuition)
- maintains an ability to be with or sit with people who are in spiritual crisis (ex: dying, grieving, trauma experience, breaking bad news, difficult questions, strong emotions, collusion, betrayal)
- recognizes the forms in which spiritual need manifests itself in clients:
 - celebration, hope, preservation of dignity, ritual, sacrament
 - guilt, the need for forgiveness, questioning why, searching for meaning, the need to resolve unfinished business

- uses communication skills to provide spiritual health care to clients:
 - active listening including the use of silence, open questioning, reflection
 - awareness of blocks to effective communication including false assurance, leading questions, changing focus, defending colleagues
- assesses the spiritual needs and resources of clients:
 - exploring client's sense of meaning and purpose in life
 - exploring attitudes, beliefs, ideas, values, concerns about illness, life, death
 - affirming life and worth by encouraging reminiscing and narrative
 - exploring the client's hopes and fears regarding the present and future
- facilitates the expression of clients' narratives and stories

b. Communicating in writing

Definition: *expresses ideas in writing in a clear, concise and organized manner for a variety of audiences*

- maintains clinical competency in charting clearly, concisely, effectively to communicate important information
- demonstrates accountability to the employer, agency, organization, community, client through documentation of the spiritual care provided by including, as appropriate:
 - referral source and the reason for intervention
 - spiritual care assessment (resources and needs)
 - planned interventions and desired outcomes
 - referrals to other care providers, as appropriate

- provides timely, readable, descriptively accurate documentation that reflects interdisciplinary involvement in assessment, care planning, intervention that maintains confidentiality
- completes documentation that includes ongoing spiritual counsellor visit notes, community clergy consultations and visits, interdisciplinary team assessments, interventions and the outcomes of interventions as reflected in client and family responses to services
- documents and provides feedback to team members following referral

c. Presenting formally and informally

Definition: *presents prepared information in clear and organized manner to a variety of audiences using appropriate delivery tools*

- presents internal education and training sessions (ex: contributes to the team's or health care facility's continuing staff education and training programs, including volunteer and new-hire orientation)
- presents education and training to external voluntary and health care groups (ex: talks to faith communities, voluntary groups, health care groups about the role of the chaplain, spiritual and religious care)
- demonstrates effective communication including using theories of personality, interpersonal communication, group, system dynamics
- demonstrates ability to provide psycho-spiritual education to the client
- develops, co-ordinates, facilitates public worship, ceremonies, spiritual practices appropriate for diverse settings and needs
- provides appropriate bereavement services and rituals (funerals and memorial services)
- demonstrates an ability to describe a working definition of inclusive spiritual needs and practices

- conducts educational needs assessment to ensure appropriate presentation method (ex: didactic tools, styles, learning and sharing circles, use of narrative)

4. Interpersonal

a. Providing person-centered care

Definition: *works to create person-centred service, solutions*

- ensures needs and goals of client and family are central to planning and provision of spiritual health care
- supports clients' expression of their beliefs, values or emotions
- facilitates gatherings, services, rituals, ceremonies as needed and requested by clients, department, staff
- provides spiritual health resources appropriate to care of clients, families, staff.
- refers to community religious resources based on need
- supports clients in their varied understandings and expressions of life
- identifies language needs and accesses interpreting services

b. Resolving conflict

Definition: *brings conflict, dissent into the open at earliest opportunity to find solutions while maintaining positive relationships*

- recognizes and responds appropriately to conflict in clients and families
- demonstrates willingness to mediate between client and medical personnel, when requested
- encourages, educates, supports interdisciplinary team relationships in the provision of appropriate spiritual health care (ex: guilt, grief, bereavement, stress management, self care)
- maintains ongoing conversation concerning the language, practice, understanding of spiritual health care with stakeholders
- recognizes and responds to clients' ethical values, principles, cultural concerns

c. Respecting others and building trust

Definition: *interacts sensitively, respectfully, non-judgmentally to develop and maintain co-operative relationships; models values of organization; demonstrates integrity in all actions*

- abides by provincial confidentiality laws, requirements of their faith communities, provisions of professional codes of ethics
- functions in a manner that respects the physical, emotional, spiritual boundaries of others
- demonstrates awareness of and practices authority appropriately
- practices spiritual health care relationships with sensitivity, openness, respect
- demonstrates ability to recognize unmet spiritual health needs

d. Working as part of a team

Definition: *facilitates team effectiveness by participating actively in ways that respect the needs, contributions of others*

- works in relationships of collaboration and mutual respect within the health care team
- demonstrates an ability to share information within the health care team
- identifies and develops resources to aid spiritual health care within the unit and team
- understands the skills other members of the multidisciplinary team possess in spiritual health care
- articulates with sensitivity the spiritual, religious, social, emotional concerns of clients, families to members of the health care team
- knows when to refer for more appropriate assistance
- with the client's permission, facilitates referral to other sources of spiritual health care (ex: other members of the health care team or external resources)

5. Leadership

a. Coaching for competency

Definition: *facilitates the ongoing development of individual and organizational knowledge, skills, abilities, attributes*

- facilitates education and training in spirituality and health care
- selects, trains, supervises spiritual health care volunteers
- mentors students
- coaches team members in developing competence in individual skills, tasks
- coaches and mentors others in developing their spiritual health care competence in overall job function
- supports others in development of spiritual health care potential, ensures they are developing to respond to spiritual health care needs
- identifies future organizational, spiritual health care competency requirements, ensures these can be met

b. Creating and innovating

Definition: *cultivates new approaches to accomplish goals, solve problems*

- evaluates, applies research, incorporates it into practice, in collaboration with other spiritual health practitioners, health care teams
- demonstrates interest in new ideas, emerging knowledge, approaches to spiritual health care practice
- actively seeks new ways of facilitating spiritual health care
- encourages spiritual creativity in others, facilitates development of new ideas in spiritual health care
- models an organizational environment that fosters and supports creativity, innovation in spiritual health care

c. Demonstrating political acumen

Definition: *uses knowledge of situations, systems, cultures inside and outside organization to identify potential impact, influence decisions*

- demonstrates awareness of legislation that affects the practice of spiritual health care
- demonstrates awareness, knowledge, spiritual ramifications of social determinants of health, justice, health care
- practices within the policies, procedures of the workplace
- demonstrates understanding of organizational culture
- demonstrates awareness, sensitivity to cultural, religious, spiritual traditions of the community served
- demonstrates an ability to recognize complex spiritual, religious, ethical structures and concerns
- participates in and influences the development of provincial and pan-Canadian initiatives
- understands the dynamics within teams (ex: personality types, mediation skills)

d. Fostering collaboration and partnerships

Definition: *provides an integrated service, works together with individuals, communities, organizations to enhance service*

- functions as liaison for the client and caregiver in a manner that respects confidentiality of clients, multidisciplinary team
- networks to initiate creative links with wider community, as appropriate
- maintains close contact with other disciplines
- makes connections and develops potential for collaborative partnerships between spiritual health care practitioners and religious, spiritual leaders in the community
- works with spiritual caregivers from a variety of traditions

e. Fostering vision, mandate, values

Definition: *models, promotes high personal and professional standards to support organization's vision, mandate, values; shares goals, objectives, ideas to encourage others to work toward the vision*

- understands vision, mandate, values of organization
- promotes, provides spiritual health care within the context of the organizational vision, mandate, values
- participates in leadership on ethical issues
- models spiritual health care practices that enhance conditions that stimulate others to learn, understand, implement the organization's vision, mandate, values
- creates a compelling vision of spiritual health care, ensures a process for implementing and maintaining spiritual health care within the organization's vision, mandate, values

f. Leading people

Definition: *sets example, direction for others by acting as a role model; inspires a positive attitude toward work; motivates others toward vision, goal achievement*

- demonstrates awareness of the sacredness (inherent and unique value) of each created being, shows compassion for all
- demonstrates clear awareness of own role as a spiritual health care practitioner; able to articulate why spiritual health care is significant in a health care setting
- demonstrates healthy level of confidence in role
- models healthy understanding of personal, professional boundaries; awareness of culture, religion, gender, power imbalances that affect individual or group boundaries of client, family, staff, organization
- leads discussion on spiritual health issues within the multi-disciplinary team and act as a leader to implement change and development.

- creates and leads corporate acts that have spiritual significance (ex: acts of remembrance, celebration of anniversaries of institutions, formal opening of new areas of health care)

g. Valuing diversity

Definition: *understands, supports, respects, promotes worth of individual and group differences to benefit individual employees, the organization, community*

- encourages, maintains spiritual health care climate that supports diversity
- shapes workplace cultures, values to create foundation for diversity
- supports access to care for all clients, families regardless of age, gender, nationality, race, creed, sexual orientation, disability, diagnosis, availability of a primary caregiver; economic status
- demonstrates equitable acceptance of people at all levels (ex: spiritually, emotionally, culturally, physically, mentally, socially)
- maintains knowledge, understanding of religions, cultures and their philosophies, beliefs, practices for birth, life, health, wellness, illness, dying, death
- demonstrates knowledge, understanding of humanism, atheism and their philosophies, beliefs, practices

6. Accountability (managing for results)

a. Achieving quality results

Definition: *pursues excellence while achieving results within defined parameters*

- follows established work routines, standards to accomplish tasks
- ensures accessibility of spiritual care services to clients, families, as needed, requested
- functions within common code of ethics for health care providers
- actively seeks, establishes efficient work systems, procedures to meet objectives

- fosters climate of trust that encourages initiatives to improve organizational effectiveness

b. Building strategic performance

Definition: *contributes to organization's strategic performance by developing individual and group goals, aligns them with organizational objectives; monitors, manages, evaluates performance to achieve desired results*

- manages own daily spiritual health care activities in line with established performance objectives, standards
- collaborates to translate health care team objectives into individual performance objectives
- translates organizational goals, strategies into health care team's objectives
- participates in policy review to ensure changes, advances in spiritual health care practice are considered in policy, procedure changes
- promotes integration of spiritual health care into life, service of institution in which it resides
- ensures alignment between organizational strategic direction, spiritual health care resources, practice

c. Demonstrating business acumen

Definition: *demonstrates understanding of current, emerging industry trends, business concepts, marketing, economic development, possibilities and constraints of environment in which service is provided*

- demonstrates understanding of realities beyond institutional walls
- articulates understanding of institutional culture, systems, systemic relationships
- demonstrates awareness of internal, external resources and how they are accessed
- demonstrates knowledge of departmental organization structure, principles, protocols

- demonstrates ability to access policies, procedures, contact lists, financial resources
- understands role in health care setting's major incident plan, works with others to respond to staff issues, events that need communal recognition, action

d. Demonstrating financial responsibility

Definition: *demonstrates understanding of financial management policies, principles, processes, impact of decisions in public sector environment; uses budgeted resources responsibly to contribute to organizational goals*

- demonstrates accountability for own decisions about use of organization's resources
- demonstrates awareness of internal, external resources, procedures, protocols and how to access them
- applies established financial management principles, practices to achieve program objectives
- incorporates financial management principles into operational decision-making, budget preparation to support organizational objectives
- understands effectiveness, efficiency of spiritual health care's contribution toward overall health outcomes in context of organization's financial administration

e. Facilitating meetings

Definition: *uses appropriate interpersonal styles and methods to guides others toward a meeting's objectives*

- conducts meetings and guides discussion on spiritual health care
- attends meetings and participates fully to achieve quality spiritual health care results
- plans meetings that identify potential spiritual health care issues and ways to address them
- demonstrates familiarity with a variety of meeting methods, facilitation techniques,

processes, frameworks and applies them appropriately

- demonstrates that internal spiritual health care meetings model spiritual health care attributes

f. Managing change

Definition: *demonstrates flexibility, effectiveness with changing environments, tasks, responsibilities, people*

- accepts changes in tasks, willingly, as potential opportunity (models the practice of hope)
- works willingly, co-operates with change even if situation is not well defined
- recognizes, facilitates spiritual dynamics and implications of change (ex: support for staff in constantly changing environment)
- facilitates organizational transition proactively
- builds flexibility into organizational structure and systems to facilitate meaningful change

g. Planning, organizing and following up

Definition: *establishes, plans clear course of action, involving others as appropriate; manages activities, monitors results to accomplish specific goals*

- sets work parameters and prioritizes demands by following protocol for such prioritization (ex: prioritizes, calls, emergency referrals, routine referrals and follow-up visits)
- follows up on tasks in a timely manner
- provides spiritual and ethical resource to engage with individuals and the health care setting, including:
 - supports individuals facing the ethical and theological implications of their situations
 - evaluates and reflects on the ethical information provided for clients, family, informal support, staff

- contributes to ethical discussion, committees, and forums within field of practice;
- informs the ethical implications of changes in buildings, local priorities, working practices
- recognizes personal role, responsibility in ensuring compliance with all regulations, requirements for safe, effective working (ex: health, safety, confidentiality, record keeping, reports, in accordance with organizational protocols)

7. Self managing

a. Committing to lifelong learning

Definition: *continuously acquires, applies knowledge, skills, abilities, attributes to enhance performance, growth, employability*

- maintains a conscious practice of formal education experiences, peer conferences, spiritual development, clinical supervision, reading, peer review
- develops and updates knowledge of spiritual health care, religious care, current policy, research on spiritual services; uses this information to promote, develop effective, evidence-based practice
- demonstrates ability to set personal, professional goals, establishes a plan to achieve them
- demonstrates knowledge of self, using personal growth tools (ex: Myers Briggs typology, Enneagram profiles)
- regularly evaluates goals, learning, skills
- develops innovative ways of acquiring, transferring spiritual health care knowledge in complex circumstances; encourages learning in others
- champions continuous learning at all levels, generates new knowledge, develops concepts that radically impact an organization or culture (ex: recognizes necessity of work and life balance for ensuring ongoing effectiveness of health care staff)

b. Displaying initiative

Definition: *motivates self, seeks out, willingly accepts new challenges, responsibilities, assignments*

- follows through with a plan of action, without prompting, to successfully achieve work objectives
- goes beyond basic requirements by availing oneself of opportunities to display initiative in the workplace
- demonstrates ability to work independently with little supervision, taking initiative to connect with clients, families, staff and representing department on a unit with or without supervision
- displays initiative by acquiring the qualities that give authority rather than power (servant leadership)
- challenges self, others to overcome barriers and to adapt to changing circumstances in a positive manner
- demonstrates personal initiative by exhibiting a passion for productive change in the organization (hope)

c. Managing stress

Definition: *maintains stable, effective performance under pressure, demanding challenges*

- responds appropriately and respectfully in stressful situations
- demonstrates awareness of one's own spiritual, physical, mental, social, emotional well-being
- recognizes boundaries, personal limitations, does not personalize issues when dealing with complaints, conflict
- seeks appropriate supports from others when stressed
- integrates personal beliefs, external experiences (ex: handling stress, compassion-fatigue, burnout, vicarious trauma)

- maintains practice of self-care on a regular basis and in the moment (ex: debriefing, quiet time, prayer, meditation, creative expression, mindfulness practice)
- models an appropriate life and work balance that is responsive to changing personal, organizational needs
- develops programs and supports to assist the organization in managing stress

8. Information technology literacy, research skills

Definition: *maintains ability to integrate information technology skills into the problem-solving process*

- recognizes what is needed to accomplish a task, determine whether electronic information technology will help one to do so, be able to use the technology as part of the process of accomplishing the task
- demonstrates ability to use computers, other technologies flexibly, creatively, purposefully
- applies various information technology skills as part of the learning process
- contributes to local or pan-Canadian audit, research within spiritual health care practice, including:
 - assesses spiritual health care competencies regularly
 - audits own use of time
 - contributes to, engages in, pilot studies
 - examines opportunities for researching narrative methodologies to transfer learned knowledge to evidence based spiritual health care practice

Spiritual Health Care Core Competency Ad Hoc Working Group Membership

The Spiritual Health Care Core Competency Working Group is a committee made up of representatives of various schools of spiritual care preparation paths.

(In parentheses – representative role on Ad Hoc Working Group)

Joanne Biggs – Brandon Regional Health Authority - Brandon Regional Hospital: Spiritual Care Provider (recently retired) (Provincial Spiritual Health Care Management Network)

Kathleen Rempel Boschman – Winnipeg Regional Health Authority - Concordia Hospital: Manager of Spiritual Care (Interfaith Health Care Association of Manitoba)

Linda Buchanan – Nor-Man Regional Health Authority - Rosaire House Addiction Centre: Executive Director (Provincial Spiritual Health Care Management Network)

Leah Bueckert – North Eastman Regional Health Authority: Spiritual Health Care Coordinator (Provincial Spiritual Health Care Management Network)

Patricia Frain – Winnipeg Regional Health Authority - Health Sciences Centre: Spiritual Health Care Director (Spiritual Diversity Program)

Aubrey Hemminger – Winnipeg Regional Health Authority - Deer Lodge Centre: Spiritual Care Director (recently retired) (Canadian Association of Spiritual Care)

Patricia Miles – Patricia Miles and Associates: Holistic Health Consultant, Complementary Care (Integrative Energy Healing Practitioner)

Murray Still – Rupertsland Wechetowin: former Executive Director; St. James Anglican Church: Clergy; University of Winnipeg Aboriginal Spiritual Care Program Planning Group: Chair (Aboriginal Representation)

Karen Toole – Manitoba Health: Provincial Spiritual Health Care Coordinator (Chair)

Gordon Toombs – University of Manitoba: Counsellor/Therapist (retired); Interfaith Pastoral Care: Founder; (Involvement in Canadian Association of Spiritual Care, Senior Advisor; experience in realms of spiritual change)

Chris Wells – University of Winnipeg - Faculty of Theology: Registrar (Academic link to programs)

Accrediting and Academic Professional Bodies

<p>University of Winnipeg - Faculty of Theology 515 Portage Avenue Winnipeg, MB R3B 2E9 Contact: Chris Wells Phone: 204- 786-9390 Email: ch.wells@uwinnipeg.ca</p>	<p>William and Catherine Booth University College* 447 Webb Place Winnipeg, MB R3B 2P2 Phone: 204- 947 -6701</p>
<p>Health Sciences Centre Spiritual Diversity Program 820 Sherbrook Street. Winnipeg, MB R3A 1R9 Supervisor: Patricia Frain Phone: 204-787-1795 or 204- 787-3884 Email: PFrain@exchange.hsc.mb.ca</p>	<p>Canadian Mennonite University* 500 Shaftesbury Blvd. Winnipeg, MB R3P 2N2 Phone: 204- 837-4410</p>
<p>Providence College 10 College Crescent Otterburne, MB ROA 1G0 Phone: 204- 433-7488</p>	<p>Menno Simmons College* 520 Portage Ave. Winnipeg, MB R3C 0G2 Phone: 204- 953-3855</p>

**Note: These three institutions are part of a consortium with the University of Winnipeg, Faculty of Theology. Providence College is an expressly-Christian College.*

Information on Canadian Association of Spiritual Care, which is the national organization for spiritual care educational programming and standards, Spiritual Diversity Program at Winnipeg's Health Sciences Centre, and Aboriginal Spiritual and Pastoral Care program is available at the University of Winnipeg (contact info above).

Internships

For information on organization-based internships, contact Manitoba's Canadian Association of Spiritual Care (CASC) supervisors, please contact the following supervisors, listed below (subject to change):

<p>Headingley Correctional Centre 6030 Portage Avenue Headingley, MB R3H 1E8 Supervisor: Yoshi Masaki Phone: 204- 831-4631 or 204- 831-4630 Email: YMasaki@gov.mb.ca</p>	<p>Riverview Health Centre 1 Morley Avenue Winnipeg, MB R3L 2P4 Supervisor: Tim Frymire Phone: 204- 478-6281 Email: tfrymire2@rhc.mb.ca</p>
<p>Selkirk Mental Health Centre 825 Manitoba Avenue Selkirk, MB R1A 2B5 Supervisor: Mary Holmen Phone: 204- 482-3810 ext. 382 Toll free: 1-800-881-3973 ext. 382 Email: Mary.Holmen@gov.mb.ca</p>	<p>University of Winnipeg – Affiliate Site A: Regional Health Authority of Central Manitoba Classroom in Carman or Portage la Prairie. Phone: 204- 786-9390 Email: hritchie@mts.net</p>
<p>University of Winnipeg – Affiliate Site B: Brandon Regional Health Centre 150 McTavish Avenue East Brandon, MB R7A 2B6 Supervisor: George Neufeld Phone: 204- 453-3480 Email: ganeufeld@mts.net</p>	<p>University of Winnipeg – Affiliate Site C: Interfaith Health Care Association of Manitoba & University of Winnipeg 515 Portage Avenue Winnipeg, MB R3B 2E9 Phone: 204- 786-9390 Email: hritchie@mts.net</p>
<p>Victoria General Hospital 2340 Pembina Highway, Winnipeg, Manitoba R3T 2E8 Supervisor: Lynn Granke Phone: 204- 477-3216 Fax: 204- 269-5425 Email: lgranke@vgh.mb.ca</p>	

Resources

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www.cappe.org/dacum/download/DACUM%20Certified%20Spiritual%20Care.pdf

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Health Sciences Centre, Core Competencies for Spiritual Health Specialists, Winnipeg, 2009

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www.ahpcc.org.uk/pdf/compaudittool.pdf

National Health Service – Education for Scotland, Spiritual and Religious Care Capabilities and Competences for Health care Chaplains, Edinburgh, 2008, viewed on 23 November 2010,
www.nes.scot.nhs.uk/media/7220/printersfinalproof.pdf.pdf

Regional health authority – two samples of position descriptions

When writing position descriptions, clearly assess and define the needs and focus on them in the context that the qualifications will be used (ex: co-ordination, direct service delivery; education level).

SAMPLE #1

Position Title: Spiritual care co-ordinator

Position summary: The spiritual care co-ordinator co-ordinates the provision of spiritual care services for the regional health authority (RHA). The co-ordinator supports a climate of spiritual healing and comfort for clients, families and staff and ensures the spiritual needs are met. Acting as a formal and informal resource, the co-ordinator assists the region in addressing ethical, faith-related and spiritual matters. The co-ordinator is responsible for co-ordinating the orientation, education and work of spiritual care volunteers and clergy.

Key responsibilities

- ability to work as an interdisciplinary team member
- demonstrated supervisory experience
- demonstrated leadership, administrative and interpersonal skills
- ability to work independently
- ability to foster positive working relationships both individually and in a team setting
- demonstrated effective communication skills
- demonstrated appreciation and sensitivity toward diverse faiths and cultures

Assessment, care planning, counselling

- respects and promotes the mission, vision and values of the RHA
- assesses spiritual needs of the RHA
- supports and co-ordinates in the participation in interdisciplinary conferences of the clients as requested
- co-ordinates spiritual care to clients, families and staff to ensure the provision of spiritual care, counselling and religious rites
- acts as a liaison for facility staff and clients during times of crisis
- provides a spiritual perspective on ethical decision making about treatment and other health care issues and participates as a member of the regional ethics committee
- ensures the co-ordination of regular religious services for all clients and ensures that sacramental and other needs are met in a respectful environment
- makes referrals to, consults with, and enables other religious representatives to, contribute to spiritual care of clients within the region
- provides short term spiritual care in an urgent situation until other resources can be established
- rosters client connections with their faith communities
- keeps informed about all new admissions to long term care programs and ensures the provision of spiritual care to new residents

Education, human resources

- develops, maintains and interprets policies, procedures and guidelines for the program in collaboration with the spiritual care advisory committee
- contributes to a risk management program for spiritual care
- screens, supervises and provides for the orientation and education of spiritual care providers in co-operation with RHA staff recruits
- assesses the educational needs of spiritual care providers and staff, and participates in planning and organizing the educational sessions in response to the identified needs
- determines the resources required for the regional spiritual care program
- maintains regular contact with all regional sites to ensure ongoing communication and identification of individual facility needs
- participates in workshops, conferences and clinics that will contribute their professional development and proficiency in co-ordinating and providing spiritual care services
- ensures appropriate environment and facilities are available for individual and communal worship
- participates in facility and regional initiatives and committees as required
- participates in other duties as assigned

Qualifications, competencies

Education

University preparation at a graduate level and post graduate certificate in spiritual care consultation and/or Canadian Association of Spiritual Care (CASC) is required. An equivalent combination of education and experience recognized by the RHA may be considered (ex: lay person training programs, Prairie Jubilee program, Institute of Spiritual Leadership Program, Certificate of Theology, University of Winnipeg, Jessie Saulteaux Centre Program).

Experience

Previous experience working in related field is required. Candidate must be comfortable in a health care setting, and working in an administrative and institutional environment. Candidate must be willing to work as part of a team in an interfaith, inter-spiritual, interdisciplinary, multicultural setting.

Other:

The candidate must also be:

- involved in a form of spiritual practice
- self-reflective
- a critical thinker
- involved in ongoing inner work and personal growth
- grounded in the belief that our shared humanity is sacred, regardless of our religious tradition or spiritual beliefs
- able to offer evidence of good standing from a recognized faith or community group or spiritual tradition, or evidence of adherence to a code of ethics by a national professional body (ex: CASC, Spiritual Directors International)

SAMPLE #2

Position Title: Spiritual care co-ordinator

Position summary: The spiritual care co-ordinator co-ordinates the provision of spiritual care services for the regional health authority (RHA), in keeping with its mission, vision and values. The co-ordinator supports a climate of spiritual healing and comfort for clients, families and staff and ensures spiritual needs are met. Acting as a formal and informal resource, the co-ordinator assists the region in addressing ethical, faith-related and spiritual matters. The co-ordinator is responsible for co-ordinating the orientation, education and work of spiritual care volunteers and clergy.

Qualifications

Formal education, training

- university preparation at a graduate level and postgraduate certificate in spiritual care consultation or the Canadian Association of Spiritual Care (CASC)
- an equivalent combination of related education and experience as recognized by the RHA (ex: lay person training programs, Prairie Jubilee program, Institute of Spiritual Leadership Program, Centre for Christian Studies, Prairie Christian Training Centre, Jessie Saulteaux Centre Program)
- evidence of good standing from a recognized faith or community group or spiritual tradition, or evidence of adherence to a code of ethics by a national professional body (ex: CASC)

Special skills, experience

- minimum three years' spiritual care experience working in an administrative health care environment, including supervisory experience
- ability to foster positive working relationships as part of a team in an interfaith, inter-spiritual, interdisciplinary, multicultural setting
- demonstrated maturity and compassion with a dedication to enhance the dignity and welfare of others

- ability to provide spiritual care to clients, families and staff
- ability to act as a resource in providing education regarding spiritual care and ethics within the RHA and in the community
- ability to work independently
- demonstrated effective verbal and written communication skills
- demonstrated appreciation for, and sensitivity to, diverse faiths and cultures
- ability to speak Cree is an asset

Other key skills, knowledge

- valid driver's licence and willingness to travel in region throughout the year
- basic knowledge of computer operation
- residence in, or relocation to, the service area
- physical and mental health to meet the demands of the position

Key objectives and typical activities

- I. Advocates on behalf of the regional health authority including:
 - respecting and promoting the mission, values and goals of the RHA
 - promoting and participating in the master planning, health planning, strategic planning, risk management and continuous quality improvement of the RHA
 - maintaining confidentiality in accordance with The Personal Health Information Act (PHIA), The Freedom of Information and Privacy Protection Act (FIPPA), RHA policies and any other applicable legislation

1. Ensures assessment, care planning, counselling duties are carried out through the spiritual care department including:

- assessing spiritual needs of clients and documenting the assessment in the health record.
- meeting all new admission to long term care programs and ensuring the provision of spiritual care to new residents
- participating in interdisciplinary conferences where one would function as an advocate of the spiritual needs of the client
- contributing to the interdisciplinary care plan and the establishment of goals
- co-ordinating spiritual care for clients, families and staff to ensure the provision of spiritual care, counselling and religious rites as required
- providing a spiritual perspective on ethical decision making about treatment and other health care issues, and participating as a member of the regional ethics committee
- co-ordinating regular religious services for all clients and ensuring that sacramental, memorial and other needs are met in a respectful environment
- making referrals to, consulting with, and enabling other religious representatives to contribute to spiritual care of client
- providing short term spiritual care in an urgent situation until other resources can be established
- fostering client connections with their faith community
- co-ordinating the provision of on-call spiritual services for after hours referrals
- providing essential services during disaster or any other urgent condition

2. Ensures effective and efficient program management/delivery including:

- developing, maintaining and interpreting policies and procedures relevant to the spiritual care department, in collaboration with the spiritual care advisory committee of the particular site (ex: collaboration with the ministers' associations in the region)
- contributing to a risk management program for spiritual care
- recruiting, screening, supervising and providing for the orientation and education of spiritual care providers
- assessing the educational needs of spiritual care providers and staff and participating in planning and organizing the educational sessions in response to identified needs
- maintaining appropriate records and department statistics
- representing the RHA with local faith based communities
- determining the resources required for the regional spiritual care program
- maintaining regular contact with all regional sites to ensure ongoing communication and identification of individual facility needs
- participating in facilities and regional initiatives and committees as required

3. Promotes safety and health in the workplace including:

- understanding and complying with workplace safety and health requirements
- ensuring appropriate environment and facilities are available for individual and communal worship
- following safe work practices and reporting unsafe acts and workplace hazards
- cooperating with the RHA's workplace safety and health committee and others on safety and health issues
- maintaining a good attendance and punctuality record
- maintaining a flexible attitude about changes

4. Ensures ongoing professional development including:

- maintaining and updating professional skills, certification and knowledge, through continuing education programs, literature reviews, publications and conferences
- researching all types of religious and spiritual expression to ensure one is grounded in the belief that our shared humanity is sacred regardless of our religious tradition or spiritual belief
- participating in RHA initiatives and committees as required

Key working relationships as part of the position

- site administrator
- spiritual care community
- clients (patients, residents, clients)
- staff

Decision making responsibilities

- for regional issues
- for goal setting and evaluation
- for daily management and activities of department
- for budget decisions within the RHA policies and procedures

Problem solving responsibilities

- for daily operations of the spiritual care department
- for direction, supervision and support for spiritual care volunteers, clergy, staff
- for planning, in consultation with the appropriate site administrator

Supervisory responsibilities

The spiritual care co-ordinator is responsible for indirect supervision of all activities and participants involved in spiritual care within the RHA.

