



Spiritual Health
Victoria

SPIRITUAL CARE PROVIDERS
(FAITH COMMUNITY APPOINTED)
CREDENTIALLING FRAMEWORK

Spiritual care: Creating more compassionate, person-centred health care

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1. INTRODUCTION

Spiritual Health Victoria (SHV) receives funding from the Department of Health & Human Services (DHHS) and passes a proportion of this to each of the faith community members based on the most current Australian Bureau of Statistics census figures for faith affiliation. This funding is designated to be used for the development of spiritual care services in public hospitals. Each of the faith communities signs an annual Service Agreement with SHV that outlines its commitment to providing spiritual care services in line with current SHV standards and guidelines.

For 2014-2015 DHHS approved a number of key performance indicators for SHV that included the following goal:

To credential providers of spiritual care who are funded through SHV member faith communities.

This goal was developed recognising that SHV is unable to control the quality of care that is delivered “at the bedside” but is able to provide accountability for the quality of the care provider through a process of credentialling.

The development of this framework will facilitate each of the faith communities to put in place a process for the credentialling of faith appointed spiritual care providers (paid positions and volunteers).

PURPOSE OF FRAMEWORK

This Framework is intended for use primarily by the faith community members of Spiritual Health Victoria (SHV) who are involved in the appointment of spiritual care providers to health services through both paid and unpaid (volunteer) positions. The Framework may also be of use to those people in health services with responsibility for ensuring the provision of quality spiritual care.

According to the *Allied Health: Credentialling, competency and capability framework (2014)* a robust process of credentialling and defining the scope of practice is essential to:

- Provide services that are safe and of high quality
- Sustain the confidence of the public and healthcare professions
- To support and embed good practice.¹

The Framework is in keeping with the *Victorian clinical governance policy framework*² that provides four domains of quality and safety: consumer participation, clinical effectiveness, effective workforce and risk management as a construct for strategies to enhance the delivery of care. They also contribute to the implementation of Standards 1 and 2 of the *National and Quality Health Service Standards (September 2012)*³ by ensuring high standards of training, credentialling, competencies, and continuous improvement for spiritual care providers. They fulfil the criteria under Standards 11 and 12 of *ACHS EQulPNational Standards for Service Delivery (11.5) and Provision of Care (12.4)*.⁴

The Framework does not apply to authorised faith leaders (e.g. clergy, rabbis, imams) who are making a specific visit to a member of their own congregation, parish or temple. Ultimately this *Spiritual Care Providers (faith community appointed) Credentialling Framework* seeks to ensure that the spiritual care provided by faith communities is of a quality that contributes to good health outcomes for those people receiving care.

¹ State of Victoria (2014) *Allied health: credentialling, competency and capability framework*
<http://health.vic.gov.au/workforce/employers/allied-health-ccc-framework.htm>

² State of Victoria (2014) *Victorian clinical governance policy framework*
http://health.vic.gov.au/clinrisk/publications/clinical_gov_policy.htm

³ Australian Commission on Safety and Quality in Healthcare (2012) *National Safety and Quality Health Service Standards*

⁴ The Australia Council On Healthcare Standards
http://www.achs.org.au/media/67054/achs_web_version_v4.pdf

2. ABOUT SPIRITUAL HEALTH VICTORIA

Spiritual Health Victoria (SHV) is the peak body enabling the provision of quality spiritual care in all health service settings. SHV works in collaboration with spiritual care practitioners, faith communities and health services across Victoria and is supported by the State Government of Victoria through the Department of Health and Human Services (DHHS).

Our core strategic intents are to:

- Build capacity and accountability for spiritual care to be delivered as an integral part of person centred care.
- Support faith communities, spiritual care practitioners and health services to provide comprehensive and quality spiritual care that addresses the spiritual care needs of the community.

We do this by:

- Working closely and collaboratively with State Government, faith communities, spiritual care practitioners and other service providers, health services, relevant organisations and agencies, Primary Health Networks, education providers and patients, consumers and carers.
- Developing a competent, skilled and accountable workforce.
- Supporting, developing, innovating and evaluating service provision in response to identified needs.
- Being a discerning, responsive, accountable and reflective organisation.

3. GUIDING PRINCIPLES

There is a global move to expand measures of health and wellbeing, quality of life, human development and capabilities beyond conventional clinical and economic measures and inclusive of the spiritual dimension.

The following principles are based on emergent models and understandings of the significant factors that contribute to health, well-being and quality of life.

1. Spirituality is a universal phenomenon
2. Spirituality is one of the domains of holistic health care
3. Spiritual care is respectful of and responsive to diversity
4. Spiritual care is integral to the provision of person-centred care
5. Spiritual care is integral to the provision of compassionate care
6. Spiritual care is a shared responsibility
7. Spiritual care requires a whole of system and whole of organisation approach

4. KEY TERMS & DEFINITIONS

Use of the term “spiritual care”

In this document “Spiritual Care” is used as an umbrella term describing a spectrum of services that can be offered in healthcare settings in response to a person’s expressed or discerned spiritual needs. These services may include the provision of spiritual support, pastoral care, faith based Spiritual Care Providers, religious services and other rituals.

The term “Spiritual Care” is often used and considered as synonymous to “Pastoral Care”. In this document the term “Spiritual Care” is used as a means of emphasising to health services, service providers, care recipients and other stakeholders, the essential point of difference in our services from others involved in vital well-being professions in Victorian healthcare settings e.g. Social work, Counselling etc.

The term “Spiritual Care” is more consistent with the terminology used by state and federal government departments in recognising and defining various aspects of holistic health for Australians.

Spiritual care contributes to the health, wellbeing and the quality of care of patients and families across Victoria. Spiritual Care Practitioners work in partnership with other healthcare disciplines to provide holistic health care which reflects the World Health Organisation’s (WHO) view of health and health care. The WHO recognises the spiritual dimension of health in its definitions of health and palliative care.

What is spirituality?

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred.⁵

Spirituality is individual, subjective and can be expressed in different ways. Some people choose to express their spirituality through religion or religious practice, while others may not. Spirituality can also be described as the search for answers to life’s big questions, such as: Why is this happening to me? What does it all mean? What gives me comfort and hope? Does my life have meaning? What happens after we die?

What is spiritual care?

Spiritual care is a supportive, compassionate presence for people at significant times of transition, illness, grief or loss. Spiritual care is a collaborative and respectful partnership between the person and their health care provider. It is an integral component of holistic care.

⁵ Puchalski et al., *Spiritual Dimension of Whole Person Care: Reaching National and International Consensus*, 2014

How is spiritual care provided?

When faced with significant illness, many people require more than just physical care to help them cope. This care is most often delivered through attentive and reflective listening and seeks to identify the patient’s spiritual resources, hopes and needs. Care is provided from a multi-faith and spiritual perspective offering support, comfort, spiritual counselling, faith-based care and religious services to patients and their families.

Spiritual care professionals are most often employed directly by the institution or in partnership with a faith community and are often referred to as spiritual care practitioners, pastoral care practitioners, chaplains or visiting chaplains. Faith communities across Victoria make a significant contribution to spiritual care services by funding full and part-time positions and providing trained volunteers to add to the breadth and depth of services.

The importance of spirituality in health

Issues of spirituality, faith and religion are important to many patients in Victoria’s health care system. Two in three Victorians nominate some form of religious affiliation with many others describing themselves as “spiritual but not religious”. Regardless of whether religious faith is a part of a person's life, assessing a patient’s spiritual needs can help determine how they perceive health and illness, death and dying and other major life transitions. These perceptions are likely to influence care plans and the person’s ability to cope.⁶

Spiritual Care Provider

SHV has identified six categories of Spiritual Care Providers. A different title or description may be used in individual health services to describe these roles and responsibilities:

| Faith Community Appointed | Health Service Appointed |
|--|---|
| <p>Faith Community Professional Practitioner: an employed Spiritual Care Practitioner funded by a faith community</p> | <p>Health Service Professional Practitioner: Health Service funded and employed practitioner</p> |
| <p>Visiting Faith/Religious Leader: Minister of Religion, Clergy, Imam, Rabbi, Priest, Monk, Elder etc.</p> | <p>Student: Clinical Pastoral Education students and other students under Spiritual Care Department supervision and management</p> |

⁶ Spiritual Health Victoria (2015) *Spiritual Care Providers (Faith Community Appointed) Credentialling Framework*

| | |
|--|---|
| <p>Faith/Religious Community Volunteer: accredited and authorised volunteer from a specific faith community or denomination visiting members of their own faith community.</p> | <p>Spiritual Care Department Volunteer: Spiritual Care Volunteer supervised by the Spiritual Care Department providing universal care</p> |
|--|---|

CredentiaLLing

CredentiaLLing ‘refers to the formal process used to verify qualifications, experience, professional standing and other professional attributes for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments’ (Australian Council for Safety and Quality in Healthcare 2004, p. 3).⁷

Scope of Practice

Defining the scope of practice ‘follows on from credentiaLLing and involves delineating the extent of an individual (practitioner’s) clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support the practitioner’s scope of clinical practice’ (Australian Council for Safety and Quality in Health Care 2004, p. 4).⁸

Competency

‘Competency is the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments’ (National Quality Council 2014, p. 4).⁹

Competency-based training is defined by the Australian Commission on Safety and Quality in Health Care as ‘an approach to training that places emphasis on what a person can do in the workplace as a result of training completion’ (Department of Human Services 2009, p. 8).¹⁰

‘Competency-based assessment is a purposeful process of systematically gathering, interpreting, recording and communicating to stakeholders, information on candidate performance against industry competency standards and/or learning programs’ (National Quality Council 2014, p. 5).¹¹

⁷ State of Victoria (2014) *Allied health: credentiaLLing, competency and capability framework* <http://health.vic.gov.au/workforce/employers/allied-health-ccc-framework.htm> p.10

⁸ Ibid p.25

⁹ Ibid p.51

¹⁰ Ibid

¹¹ Ibid

Capabilities

Capabilities are underpinning behavioural skills that characterise work being performed well (Health Workforce Australia 2013).¹²

Capabilities specify the expected behaviours and attributes of clinicians as they progress through grading structures. They reflect the expanding sphere of influence and control expected of individuals of a higher grading.

Put simply, capability is ‘the ability to do something’. However, the broader definition of the word is more applicable to the workforce and the use of this framework:

‘Capability incorporates the skills, knowledge and attitudes that a person brings to their work. It includes technical, business, personal and professional expertise which can be developed by formal and informal learning, observation, mentoring, guidance, feedback, lifelong experience and reflection’ (Queensland Public Service 2010, p. 150).¹³

5. ROLE OF FAITH COMMUNITIES IN HEALTH CARE

Historically the Christian churches provided religious care to hospitals, aged care facilities and other health services through the work of their clergy, Chaplains (spiritual care providers) and parish/congregational visitors. This was care provided in addition to, rather than as a part of, health care. There have been a number of factors which have led to changes in this historical model including:

- Growth in spiritual and cultural diversity within the Victorian community.
- Increasing interest in spirituality.
- Two in three Victorians nominate some form of religious affiliation.
- Decreasing numbers of people who claim affiliation with a particular faith tradition.
- Increasing numbers of people who identify as “spiritual” but not “religious”.
- Movement towards the direct employment of spiritual care practitioners by health services.
- Increasing interest and growing evidence base for the link between spirituality and health.
- Increased complexity of the health system and requirements for professional and accountable delivery of care.
- Growing evidence base for best practice spiritual care.

¹² State of Victoria (2014) Allied health: credentialling, competency and capability framework <http://health.vic.gov.au/workforce/employers/allied-health-ccc-framework.htm> p.90

¹³ Ibid

The number of faith communities now involved in providing spiritual care is testament to the growth in spiritual diversity represented in the Victorian population. Increasingly there have been representatives from a diverse range of faith communities undertaking education and training to develop competencies and skills for providing spiritual care within a complex health system. While there has been an increasing move towards providing spiritual care that is non-sectarian and delivered by health service employed spiritual care practitioners, the need for skilled and competent providers from faith communities familiar with the internal workings of health services and the contribution they can make to person-centred care is essential. The faith communities are significant providers of the spiritual care workforce.

6. ROLE OF FAITH COMMUNITIES IN THE CREDENTIALLING PROCESS

As significant providers of the spiritual care workforce in health services it is essential that the faith communities are able to provide assurance for the quality of the personnel they are appointing. It is the responsibility of each faith community to ensure that a rigorous process for the credentialling of spiritual care providers (paid and volunteer) is in place and that annual activities reports provided to SHV include adherence to the credentialling process that incorporates the agreed core components. This enables faith communities to meet legal and ethical obligations and demonstrates that faith communities are committed to safety and quality of practice. Of equal importance, processes for credentialling and re-credentialling give spiritual care providers a clear framework of support.

7. CORE COMPONENTS OF CREDENTIALLING AND DEFINING SCOPE OF PRACTICE

8.1 Credentialling

For the purposes of credentialling spiritual care providers (faith appointed) each faith community will need to designate the person(s) responsible for developing and implementing the credentialling process. This may include a representative from SHV.

The credentialling process includes the following core components:

1. Minimum levels of education and training required for the position.
2. Minimum level of experience required for the position.
3. Names and contacts of a minimum of two referees.
4. Police Check and current Working with Children card.
5. Adherence to the Professional Standards of the FAITH COMMUNITY
6. Ongoing requirements for supervision.
7. Ongoing requirements for professional development.
8. Process for annual performance reviews.
9. Evidence of professional indemnity insurance cover.
10. Process for appointment to health services.

11. Process for re-credentialling.
12. Process for responding to concerns or complaints.

Core components for credentialling are in line with industry standards including:

- SHV Capabilities Framework for Spiritual Care Providers (Volunteers)
- SHV Capabilities Framework for Spiritual Care Providers (Professional)
- SHV Spiritual Care in Victorian Health Services: Towards Best Practice Framework

8.2 Defining scope of practice

The scope of practice for spiritual care providers is provided through clearly articulated position descriptions that detail key roles and responsibilities in line with identified levels of education and experience.

Core components for defining scope of practice are in line with industry standards including:

- SCA Standards of Practice
- SCA Code of Conduct
- 10 NSQHS Standards and 5 EQulPNational Standards
- SHV Spiritual Care Minimum Data Set Framework

8. CONCLUSION

Through the implementation of this Framework the faith communities of Victoria are able to demonstrate their commitment to providing safe, quality spiritual care within the context of a complex and regulated health care system.

9. APPENDICES

APPENDIX 1: Audit Tool

| Steps to developing and implementing a credentialling process | Yes | No | In progress |
|--|-----|----|-------------|
| 1. Have you designated the person(s) responsible for developing and implementing the credentialling process? | | | |
| 2. Do you have documented processes for the credentialling of an individual? | | | |
| 3. Do you have an application form for individuals to apply to be credentialled? | | | |
| 4. Have you developed a register/system to keep a record of credentialled individuals? | | | |
| 5. Do you have position descriptions for all paid positions? | | | |
| 6. Do you have position descriptions for volunteers? | | | |
| 7. Do you have documented processes for re-credentialling individuals? | | | |
| 8. Do you have a template for reference checks (verifying experience)? | | | |
| 9. Do you have a template for an annual performance review? | | | |
| 10. Do you have a process for appointment to health services? | | | |
| 11. Do you have a template letter of introduction to a health service? | | | |
| 12. Do you have a documented process for responding to concerns regarding the conduct, health or performance of an individual? | | | |
| 13. Do you have evidence of indemnity insurance cover for individuals? | | | |

APPENDIX 2: Sample Faith Community Credentialling Process Template

Credentialling Process for the FAITH COMMUNITY

1. Introduction

The FAITH COMMUNITY receives funding from the State Government through Spiritual Health Victoria (SHV) for the development of spiritual care services in Victorian public hospitals. Each of the faith communities signs an annual Service Agreement with SHV that outlines its commitment to providing spiritual care services in line with current SHV standards and guidelines.

This credentialling process will enable the FAITH COMMUNITY to put in place a process for the credentialling of faith appointed spiritual care providers (paid positions and volunteers) to demonstrate our commitment to safety and quality in our provision of care.

2. Purpose of Credentialling

The FAITH COMMUNITY has a process for credentialling of spiritual care providers to:

1. Provide competent and skilled people to provide care on our behalf.
2. Assure the Government and health services that those providing spiritual care on our behalf are able to provide quality, safe spiritual care practice.
3. Provide a structure that offers support and safety to those providing care on our behalf.

3. Credentialling process

1. Candidate submits application to be credentialled by the Faith Community.
2. Application is assessed by the credentialling committee to ensure that the candidate meets all of the requirements.
3. Interviews are held to assess candidate's ability to meet the requirements.
4. Role of the Credentialling Committee is to:
 - a. Verify credentials.
 - b. Verify references.
 - c. Determine scope of practice (able to meet the position requirements according to the position description).
 - d. Establish conditions/plan to address any gaps if needed.
 - e. Approve application.

4. Application form

Sample: Credentialling Application

Surname:

First Name:

Middle Name:

This is an application for:

- New appointment
- Renewal of appointment

1. Application

I wish to apply to be credentialled to practice as:

| |
|--|
| |
|--|

This needs to be in keeping with the terms used by the FAITH COMMUNITY (i.e. Spiritual Care Provider, Pastoral Volunteer) being clear about the level at which the position will function.

2. Applicant contact details

| |
|--|
| Surname |
| Given name/s |
| Previous name/s |
| Date of birth |
| Place of birth |
| Residency Status (if you are not a permanent resident please advise current visa type) <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident |
| Postal Address |
| Phone (BH) |

| |
|-----------------------|
| Phone (AH) |
| Mobile |
| Contact email address |

3. All qualifications/training

New applicants – please list all qualifications/relevant training undertaken

For re-credentialling – please list any new qualifications/training since last credentialled

| Qualifications/Training | University/organisation | Year obtained |
|-------------------------|-------------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

4. Relevant experience

Please provide details of all current and previous relevant work experience within the last 5 years (including names of organisations and dates of appointment).

| Organisation | Name and type of appointment | When did you work in that role? (from -/-/- to -/-/-) |
|--------------|------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

5. Other Matters

Are you registered with a professional association e.g. Spiritual Care Australia? Yes No

Have you ever been formally disciplined (by an employer or other organisation) in the course of your work/volunteering? Yes No

Have you ever had any formal complaints made about your practice in any former employment or position? Yes No

Have you ever been convicted or found guilty of any criminal offence, including a drug or alcohol related offence? Yes No

Are you the subject of pending criminal charges? Yes No

(If YES to any of the above, please provide full details. Or, if you prefer, indicate that these matters will be addressed at interview).

Do you have a current Police Check? Yes No
(Original needs to be sighted)

Do you have a current Working with Children Card? Yes No
(Required if position involves providing services to children & original needs to be sighted)

6. Indemnity Insurance confirmed

Indemnity insurance is provided by the FAITH COMMUNITY. Yes No

Indemnity insurance is provided by the hospital. Yes No

Indemnity insurance needs to be clarified. Yes No

7. Continuing Professional Development/Ongoing training

For re-credentialling please provide details of your involvement in continuing professional development/ongoing training over the last 5 years if relevant.

| Description of activities undertaken | Dates |
|--------------------------------------|-------|
| | |
| | |
| | |

| | |
|--|--|
| | |
| | |

8. Health status

Do you have a disability/health issue that?

- May impact on your ability to perform any of the activities that would fall within the scope of practice (as described in the Position Description)?
- May require special equipment, facilities or work practices to enable you to perform any aspect of the role you are seeking to undertake?

Yes No

If yes please provide details of the disability/health issue and its likely, or possible, impact on your ability to carry out the role sought and details of any special equipment facilities or work practices required.

This information is sought to enable an assessment to be made as to whether you can safely perform the requirements of the role you are seeking to perform, or whether any reasonable adjustments might be required to ensure that you can work at the hospital in a way that ensures patient safety.

9. Referees

Please provide details of at least two referees who have been in a position to judge your experience, training and ability to perform the role you are applying to be credentialled for and who have no conflict of interest in providing a reference.

Referee 1

Name:

Nature of relationship to candidate:

Postal address:

Phone (BH):

Phone (mobile):

Email address:

Referee 2

Name:

Nature of relationship to candidate:

Postal address:

Phone (BH):

Phone (mobile):

Email address:

Referee 3

Name:

Nature of relationship to candidate:

Postal address:

Phone (BH):

Phone (mobile):

Email address:

10. Agreement/undertakings

I understand that, in assessing my application to be credentialled the FAITH COMMUNITY may make additional enquiries as to my suitability for the role.

New applications only

I understand the FAITH COMMUNITY will require a routine police check in relation to my current and previous place/s of residence.

Yes No

I authorise the FAITH COMMUNITY to seek information from my referees as to my past experience, performance and current fitness to practice.

Yes No

I agree to familiarise myself with relevant hospital policies and procedures and to abide by them should my application be successful.

Yes No

All applications

If credentialled, I agree to abide by the hospitals' and state and national confidentiality and privacy laws and policies, and understand that breaches may result in the cessation of my appointment.

Yes No

I agree to notify the designated authority within the FAITH COMMUNITY of any event/situation that may impact on my ability to exercise my role. This includes the kinds of information covered in this application (such as any criminal charges or convictions).

Yes No

If credentialled I agree to meet all the FAITH COMMUNITY Professional Standards requirements.

Yes No

If credentialled I agree to comply with the SCA Standards of Practice and the SCA Code of Conduct.

Yes No

If credentialed I agree to comply with relevant ongoing training requirements and to provide details to the FAITH COMMUNITY on an annual basis.

Yes No

If credentialed I agree to comply with relevant supervision requirements and to provide details to the FAITH COMMUNITY on an annual basis.

Yes No

If credentialed I agree to participate in an annual performance review.

Yes No

If credentialed I agree to promptly notify the Spiritual Care Coordinator and the designated FAITH COMMUNITY authority of any adverse event I am involved in, or become aware of.

Yes No

If credentialed I agree to work within my specified position description and to make a further application should I seek to extend the scope of practice.

Yes No

I agree to sign and abide by the agreements required by each hospital.

Yes No

11. Declaration

I hereby declare that the information contained in this application is true and correct.

Signature of applicant:

Date:

Please note: The information collected on this form will be used by the FAITH COMMUNITY to assist in the assessment of your application to be credentialed to provide spiritual care on behalf of the FAITH COMMUNITY. Information provided on this form will not be used, or disclosed, for any other purpose.

5. Template for reference checks

The credentialling committee appoints a member(s) to follow up referees. The following areas should be explored:

| Professional Relationship | |
|--|--|
| How long have you known the applicant? | |
| In what capacity have you known the applicant? | |
| When was your last contact with the applicant? | |
| Skills and knowledge base | |
| Listening skills | |
| Assessment skills | |
| Decision making skills | |
| Writing/data collection skills | |
| Additional comments on skills and knowledge base | |
| Participation in professional development/ongoing training | |
| Work ethic/Reliability/Punctuality | |
| Punctuality and reliability | |
| Organisational skills | |
| Initiative | |
| Additional comments on work ethic, reliability and punctuality | |
| Communication & Interpersonal skills | |
| Promptness and clarity of communications | |
| Communication and rapport with patients and families | |
| Relationships with other team members/health professionals | |
| Additional comments on interpersonal skills | |

| Employability | |
|---|--|
| Are you aware of any medical condition, mental or physical which might adversely affect the applicant's ability to competently and safely provide spiritual care? | |
| Are you aware of any formal complaints, disciplinary or legal action against the applicant? | |
| Would you entrust the care of a family member to the applicant? | |
| Conflict of Interest and Other Comments | |
| Do you have a personal relationship with the applicant or any conflict of interest in providing this reference? | |
| Other comments you may wish to make? | |

6. Position descriptions

SAMPLE POSITION DESCRIPTION FAITH/RELIGIOUS COMMUNITY VOLUNTEER

About: FAITH COMMUNITY

Insert Mission, or Vision Statement

| | |
|-------------------------|--|
| Title: | Faith Community Volunteer |
| Classification: | Volunteer |
| Reporting to: | Supervisor in Faith Community Spiritual Care Coordinator (Hospital) |
| Responsible for: | Providing spiritual care to patients and families of your particular faith or denominational affiliation. |
| Location of position: | |
| Performance appraisal: | Review after three months, then annually with FAITH COMMUNITY supervisor and the Spiritual Care Coordinator (Hospital) |
| Start Date: | |
| End Date: | |
| Hours and days of duty: | To be negotiated with Coordinator and Faith Community Supervisor (to a maximum of 16 hours per week) |

Purpose of Position:

- To provide accountable spiritual care to patients, families and significant others of your particular faith affiliation at *Organisation Name* and contribute to a supportive atmosphere conducive to spiritual, emotional and physical healing.
- To identify and refer complex or complicated spiritual needs to staff members of the Spiritual Care Department for follow-up.

A Spiritual Care Volunteer in a healthcare context is a trained volunteer who can support the professional spiritual care program in a hospital or other healthcare facility. They are not trained to assess spiritual needs or to provide high-level Spiritual ministry, but rather to work under the direction of professional Spiritual care staff to provide more follow-up, everyday care, where this has been identified as appropriate through an assessment by a professional spiritual care worker.

An example of this support role would be where a professional spiritual care has visited a patient and made an assessment which includes the indication that the patient desires and would benefit from a particular religious practice of their faith community (e.g. holy communion, scripture reading, or prayer). This could be referred to a Volunteer from the appropriate faith community for follow-up, and the Volunteer would bring communion, read the scriptures, or pray with the patient when available. This meets the patient's assessed need, and frees the staff member to be available for more complex ministry work. Where, in the course of such follow-up the Volunteer discerns that the patient has entered a different level of need and would benefit from a further spiritual assessment, he/she would bring this to the attention of the staff member, for appropriate action.

A Spiritual Care Volunteer would be recruited by their faith community and nominated to the Coordinator of Spiritual Care. If accepted by the Coordinator, he/she would be trained and credentialled by their faith community and accredited and oriented by the Coordinator.

Key Responsibilities:

Responsibility Area 1 – Provision of spiritual care

- Provide spiritual presence, spiritual care and befriending to patients, families, significant others (and staff) of your particular denomination or faith affiliation, in agreed areas of *Organisation Name*, as directed by the Coordinator
- Listen to the patient/family/staff member to identify their needs and frame of mind
- Respond appropriately to religious needs such as prayer, scriptural reading, and ritual as mutually agreed with the patient/family
- To provide as needed an informed resource in spiritual matters in treatment and care
- Respect the religious belief systems of the patient/family/staff and refrain from proselytising
- To provide consistency with arranged times of visits, and provide suitable notice of any variation or absence
- To recognise where the patient's needs are beyond your capacity to respond at the time, and refer to the Spiritual Care Coordinator or other health care team members for assistance as soon as possible.

Responsibility Area 2 – Procedures, Activities and Duties

- Ensure identification badge is worn at all times
- Make contact with Spiritual Care department at some point during your shift
- Maintain clear records of Spiritual visits (including sign in and out), and communicate effectively with Spiritual care team members
- Observe all rules of privacy and confidentiality, including matters relating to hospital confidentiality in general and patient/family confidentiality in particular

- Return all patient lists prior to daily departure
- Participate in in-services, training and regular supervision sessions.

Responsibility Area 3 – Workplace Health and Safety

- Participate in hospital induction, orientation and training processes
- Follow *Organisation Name* protocols on infection control and No Lift policy
- Be familiar with emergency codes and required responses.

(Please note that these areas require 100% compliance.)

Education, training, knowledge and experience requirements:

| | |
|---|---|
| Formal education: | A training program such as Spiritual Health Victoria’s Volunteer Training Program, CPE, Certificate IV in Spiritual Care (when available) or equivalent is expected as a minimum requirement |
| Specific training: | <p>Induction and Orientation Process at <i>Organisation Name</i></p> <p><i>Organisation Name</i> Volunteer Training</p> <p>Orientation to Spiritual Care Processes and Procedures</p> <p>Participation in programs of adult education in faith in one’s own faith or spiritual tradition which engage and develop reflective approaches to spirituality</p> |
| Spiritual Skills, Knowledge and Experience: | <p>Evidence of good standing with a faith community</p> <p>Understanding of, or willingness to learn about, the spiritual and emotional needs of particular client groups (older person, specific illnesses, palliative care, etc.)</p> <p>Ability to respond to referrals from a staff member who has assessed the spiritual needs of a patient and/or carer as appropriate to be provided by this level of volunteer</p> <p>Ability to refer to other Spiritual practitioners where more complex needs emerge for the care of the patient or family in the course of the Spiritual relationship</p> <p>Ability to establish, conduct and end Spiritual relationships with sensitivity, openness and respect</p> <p>Ability to provide effective Spiritual support that contributes to the well-being of patients and carers</p> <p>Ability to provide religious/spiritual resources appropriate for the care of patients and families</p> |

| | |
|-------------------------|---|
| | Ability to engage in prayer and/or ritual with patients, families or staff as appropriate for their care |
| | Ability to engage in reflective practice |
| | Training in listening and communication skills |
| Team and Accountability | Ability to communicate effectively with Spiritual care team members and other staff |
| | Ability to raise issues of concern appropriately with manager or supervisor, and to seek assistance from senior team members |
| | Attends and participates in meetings as required |
| | Receives regular supervision of Spiritual practice |
| | Participates in annual performance review processes to identify needs for development, and acts to meet these needs. |
| | Ability to articulate and respect boundaries in Spiritual care work, and the need for confidentiality |
| Personal Attributes: | Ability to relate well to frail, sick or disabled people of all ages |
| | Caring, understanding, patient and calm |
| | Open and interested approach to people of different cultural and religious backgrounds |
| | Ability to communicate verbally in an effective, coherent and appropriate manner with patients, carers and staff |
| | Self-awareness sufficient to identify and attend to the impact that providing care to others has on one's own emotional state |
| | Ability to articulate one's own spiritual identity and journey |

Accreditations

Eligible for membership of Spiritual Care Australia

SAMPLE POSITION DESCRIPTION

FAITH COMMUNITY PROFESSIONAL PRACTITIONER

Reporting to:

The FAITH COMMUNITY designated coordinator/supervisor

Spiritual Care Coordinator, THE HOSPITAL

Terms of appointment: The employer is the FAITH COMMUNITY. Terms of Appointment are addressed in this Position Description and details of the appointment are in the Letter of Offer.

Purpose: Together with members of the spiritual care team at the Hospital, to meet the spiritual needs of the patients, their families and staff, with a particular focus on the spiritual needs of

Criteria for appointment:

Applicants should:

- a. Be in good standing with the FAITH COMMUNITY.
- b. Be able to demonstrate ability in, and a commitment to, spiritual care within an ecumenical/multi faith/secular setting.
- c. Have adequate general education and religious/faith studies/formation.
- d. Have completed at least two units of Clinical Pastoral Education with one at an Advanced Level (or equivalent).
- e. Have previous spiritual care experience.
- f. Have well-developed skills in the practise of self-care.

Principal responsibilities:

1. Spiritual Care Responsibilities

- 1.1 Provide for the spiritual needs of patients and their families belonging to the FAITH COMMUNITY, as negotiated with the Spiritual Care Coordinator.
- 1.2 Provide for the spiritual needs of other patients, their families and staff, as negotiated with the Spiritual Care Coordinator.
- 1.3 Participate in supervisory duties as negotiated with the Director.
- 1.4 Participate in the prayer and liturgical life of the hospital.

- 1.5 Be an education resource within the hospital and the wider community and participate in the delivery of education programs as negotiated with the Coordinator.
 - 1.6 Comply with the confidentiality policy of the hospital.
 - 1.7 Comply with the Victorian Health Act and hospital privacy policy.
2. *Communication Responsibilities*
 - 2.1 Foster communication and collegiality within the Spiritual Care Department.
 - 2.2 Liaise with the multi-disciplinary teams for patient care.
 - 2.3 Liaise with other referring sources and external faith communities where appropriate.
 - 2.4 Maintain links with the FAITH COMMUNITY as negotiated.
3. *Administrative Responsibilities*
 - 3.1 Participate in the Spiritual Care Department's regular meetings.
 - 3.2 Fulfil administrative duties as negotiated with the Coordinator.
 - 3.3 Maintain records in line with the spiritual care departmental system and FAITH COMMUNITY requirements.
4. *Professional Development Responsibilities*
 - 4.1 Participate in continuing professional development opportunities.
 - 4.2 Undertake regular professional supervision.
 - 4.3 Maintain membership of professional associations as appropriate.

Accreditations

Eligible for membership of Spiritual Care Australia

7. Annual performance review

SAMPLE

REVIEW AND DEVELOPMENT PROCESS

(Questions may vary depending on whether the review is for a volunteer or professional position)

Name: Date:

Position Title:

Contact Address:
.....

..... Postcode:

Phone: Email:

- 1. Please write (in point form) what you consider to be the major achievements in your work over the past twelve months with reference to your Position Description:
2. What do you bring to this work (strengths)?
3. Reflecting on your work, what do you see as significant concerns, disappointments or lost opportunities?
4. Self-Assessment (to be completed as applicable)
How do you rate yourself in terms of effectiveness in the following areas?
1 Uncertain
2 Improvement required
3 Satisfactory performance
4 Strong performance

(Please circle one)

4.1 Providing for the spiritual needs of:

Table with 4 columns (1-4) and 3 rows (4.1.1 Patients, 4.1.2 Families, 4.1.3 Staff)

| | | | | |
|--|---|---|---|---|
| 4.2 Providing an educational resource | 1 | 2 | 3 | 4 |
| 4.3 Grief ministry | 1 | 2 | 3 | 4 |
| 4.4 Administration | 1 | 2 | 3 | 4 |
| 4.5 How effective are you as a communicator with patients, families, staff, spiritual care visitors? | 1 | 2 | 3 | 4 |
| 4.6 Working as part of the multi-disciplinary team? | 1 | 2 | 3 | 4 |
| 4.7 Any other area you wish to mention? | | | | |

.....

5. Please identify any difficulties or constraints imposed on your work at the present time:
6. Discuss the effectiveness of your relationships with key stakeholders.
7. What resources do you use for your spiritual nurture/development?
8. Do you belong to a support group or have a mentor or spiritual director? Do you have regular supervision? Please comment on whether you find the FAITH COMMUNITY provides appropriate support for your ministry.
9. How do you relax?
10. (i) List any books you have read in the past 12 months that have been significant for you:
(ii) List any professional magazines or journals that you subscribe to:
11. List any courses, in-service events, further education, conferences or retreats that you have undertaken and name the organisations that have provided them, over the past year:
12. What training or in-service events (or other) would you find helpful:

8. Re-credentialling process

1. Candidate submits application to be re-credentialled by the Faith Community.
2. Application is assessed by the credentialling committee to ensure that the candidate meets all of the requirements.
3. Annual performance reviews are held to ensure the candidate meets all requirements for re-credentialling (the performance review may be undertaken by the designated person within the FAITH COMMUNITY. This is not necessarily the role of the credentialling committee).
4. Role of the Credentialling Committee is to:
 - a. Receive the report from the annual performance review that the candidate has met all requirements.
 - b. Determine scope of practice (able to meet the position requirements according to the position description).
 - c. Establish conditions/plan to address any gaps if needed.
 - d. Approve application.

9. Process for appointment to a health service

1. The position of Spiritual Care Provider is declared vacant, by notification or communication between the FAITH COMMUNITY and the Coordinator at the hospital, or the FAITH COMMUNITY contacts the Coordinator to negotiate the establishment of a position.
2. The Position Description is developed or reviewed, updated and agreed by the Coordinator at the hospital and the FAITH COMMUNITY. This must be consistent with standards for the role of Spiritual Care Provider. The Position Description will also clarify lines of accountability, the identity of the employer, rates of remuneration and arrangements for review processes.
3. The FAITH COMMUNITY conducts its recruitment and selection processes with reference to the Position Description, particularly the agreed standards, and makes a written nomination of its selected candidate to the Coordinator of the hospital.
4. The Coordinator interviews the candidate, to ensure the standards are met, and to assess suitability for Spiritual Care in the particular hospital context.
5. The Coordinator initiates the hospital's accreditation process, according to local protocols.
6. The Coordinator advises the candidate and the FAITH COMMUNITY of the outcome in writing. Initial appointment is advised as subject to a 3 month probationary period.
7. The Coordinator makes arrangements for the new Spiritual Care Provider to complete any required paperwork, receive hospital ID, and receive briefing on hospital and departmental operational procedures.
8. The new Spiritual Care Provider attends the next session of orientation to the hospital and network.
9. After a 3 month probationary period, the appointment is confirmed or ended. Where serious issues are noted during this period which make termination possible, they should be discussed with the Spiritual Care Provider and the FAITH COMMUNITY before a final review.

10. Sample letter of introduction to a health service

Dear Spiritual Care Coordinator,

I write to introduce *[Name]* who we wish to nominate as a *[Volunteer/professional position]* to provide spiritual care on behalf of the *[FAITH COMMUNITY]* in the *[Hospital]*.

[Name] has been credentialled by *[FAITH COMMUNITY]* in line with the Spiritual Health Victoria *Spiritual Care Providers (Faith Community Appointed) Credentialling Framework* and is suitably *[qualified/trained/experienced]* to take up this appointment.

I commend *[Name]* to you and look forward to your acceptance of this appointment once you have had an opportunity to meet with *[Name]* who will be in contact with you.

Yours sincerely,

11. Process for responding to concerns regarding the conduct, health or performance of an individual.

The FAITH COMMUNITY will respond to concerns regarding conduct, health or performance of an individual by:

1. Appointing designated person(s) who will receive concerns/complaints.
2. Providing opportunity for the individual to respond to the concern/complaint raised.
3. Initiating communication with the hospital through the Spiritual Care Coordinator at the earliest opportunity to verify/clarify/resolve the issue.
4. If the concern/complaint cannot be resolved at the level between the FAITH COMMUNITY and the individual or the FAITH COMMUNITY and the Coordinator then a formal process of mediation/conflict resolution is required that aligns with the FAITH COMMUNITY's procedures and/or the hospital's policies and procedures depending on the nature of the concern raised.

For more information please contact:

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