

**Job Class Profile: Pastoral Care Clinician****Pay Level: CG-42 Point Band: 994-1037**

Factor	Knowledge	Interpersonal Skills	Physical Effort	Concentration	Complexity	Accountability & Decision Making	Impact	Development and Leadership	Environmental Working Conditions	Total Points
Rating	7	7	3	4	6	6	5	3	4	
Points	327	117	19	19	180	130	103	64	43	1002

**JOB SUMMARY**

The Pastoral Care Clinician performs highly responsible professional work in the provision of pastoral care and ethics services for the assessment, development, education, rehabilitation and support of clients, patients, residents, families, and staff requiring and requesting spiritual, ethical, religious and supportive intervention.

**Key and Periodic Activities**

- Manages denominational chaplain and clergy visiting health care facilities (i.e. acute care, long term care). Provides ongoing training and orientation.
- Manages and leads Pastoral Care Committees. Represents the discipline of pastoral care at inter-disciplinary meetings, patient/family collaboration, discharge planning, and expectations/outcomes of care.
- Participates in multidisciplinary and palliative care rounds.
- Collaborates with denominational chaplains and pastoral care associates to share appropriate information.
- Provides multiple training events each year for community clergy and health care professionals.
- Interviews and assesses patients, clients, residents, and family members for spiritual, emotional, psychosocial, and physical needs. Provides counseling and therapy as well as prayer and spiritual direction.
- Responds to referrals and consults with sites, departments, or divisions.
- Discusses patient/client/resident's goals, death, and end of life issues.
- Provides counseling intervention with patients/clients/residents and out-patients.
- Documents clinical activity.
- Provides individual and group counseling for complicated grief such as suicide or death of a child.
- Provides spiritual counseling for addictions issues.
- Provides pastoral care in emergency situations.
- Creates new programs and initiatives that partner clergy, community, and health care (i.e. Community Addiction Awareness Group which partners communities, churches, Justice Department, RCMP, and the health authority with those facing addiction issues.)
- Facilitates Ethics Consultations with physicians, health care professionals, ethicists, lawyers, patients, clients, residents, and families. Provides Ethics education for health care professionals and clergy. Participates on the Health Ethics Advisory Committee.

### Key and Periodic Activities

- Conducts debriefing for health care staff, chaplains, and community clergy in tragic death situations and accidents.
- Plans worship services and spiritual events. Leads services and events and coordinates participation from the denominational chaplains, pastoral care volunteers, patients, residents, and staff.
- Provides special services such as Remembrance Day, Good Friday, Christmas Eve, etc for long term care residents, families and staff.
- Officiates at regular prayer services.
- Leads memorial worship services for families of Long Term Care residents who have passed away.
- Prepares and provides statistical reports for workload measurement and payroll information as required.
- Carries the manager-on-call pastoral care pager and responds to pages within the hospitals and long term care homes.
- Travels between sites.
- Provides job shadowing/training for students.
- Prepares and distributes pastoral care brochures promoting good spiritual health and moral boosters for staff.

## SKILL

### Knowledge

#### General and Specific Knowledge:

- Specialized knowledge of pastoral care and counselling including grief counselling and crisis intervention, spiritual assessment tools (i.e. Patient Dignity Inventory and intervention techniques, health care ethics, approaches to counseling, and models of palliative care.

#### Formal Education and/or Certification(s):

- Minimum: Masters Degree in Theology, Ministry, Pastoral Studies, or a related field with clinical pastoral training.

#### Years of Experience:

- Minimum: none

#### Competencies:

- Remaining current in the field.
- Ability to function as an educator and facilitator.
- Strong communication and interpersonal skills
- Ability to work independently or as part of a team (i.e. pastoral care team, interdisciplinary team)
- Clinical skills appropriate to the work area, division, or program.

### Interpersonal Skills

- A range of interpersonal skills are utilized including listening to information from others, asking questions to gain information, communicating routine and complex information,

providing care/comfort/nurturing to others, conducting interviews, coaching/mentoring, facilitating/moderating meetings or sessions, making formal presentations, gaining the cooperation of others to complete work and/or address issues/resolve problems, dealing with angry/upset people, providing expert advice and counselling, and resolving disputes.

- Communications occur with employees in the immediate work area, department and throughout the organization and with supervisors/managers, patients/residents/clients. Examples of interpersonal skills: (1) The Pastoral Care Clinician must have excellent interpersonal and communication skills and the ability to function as an educator and facilitator. When patients/residents/clients are given a diagnosis, lose bodily functions or limbs, they can become very angry and/depressed. (2) The Pastoral Care Clinician must have the skills to lead people through their anger and depression. People who have a child/spouse die or a suicide can be very angry and depressed requiring the Clinician to use the appropriate skills to lead them through their anger, depression, and assist them in their grieving process. (3) Long Term Care residents have left their own families and moved to a new setting which can result in depression and loneliness affecting the residents and their families. (4) Facilitating ethics consultations where there are emotionally charged disagreements between health care professionals and families and clients. This can be extremely difficult and requires the incumbent to lead the group through the process and gain a consensus. (5) Offering pastoral support to those patients/resident/clients and their families who are questioning why they are sick, suffering, or dying. (6) Working with other professionals to create new programs and ways to work together to support the client/patient/resident.
- The most significant contacts are with patients, residents, clients, family members, outpatients; Pastoral care team including managers and interdisciplinary staff.

## EFFORT

### Physical Effort

- The demands of the job occasionally result in fatigue requiring periods of rest.
- Occasionally lifts supplies, materials or equipment weighing up to 10 lbs.
- Regular fine finger precision work (use of a computer).
- Sitting, standing, walking, and driving are regularly required. Examples: Sitting in sessions with clients or at a desk using computer or telephone, standing in patients/residents rooms attending to their needs, walking through the building to meet with individuals, climbing stairs within the building to meet with patients/clients/residents, bending or kneeling by bedside or wheelchairs and driving to various sites.

### Concentration

- **Visual concentration or alertness** is constantly required since counselling and pastoral care requires eye contact and focus on the client/patient/resident, observing body language, observing surroundings to be alert to the patient/client/resident's safety or Clinician's safety.
- **Auditory concentration or strain** is constantly required since counselling individuals in environments which are noisy such as staff working in the room or visitors or noise in the corridor can require concentration to hear the client, or when counselling weak/ill clients who are speaking softly or may have physical/emotional ailments restricting their ability to talk.
- **Repetition requiring alertness** occurs occasionally when driving from site to site, or when

counselling it is essential to be alert to the repetition of questions or suggestions to the client.

- **Alertness to the health and safety of others** is constantly required for the emotional and spiritual health of clients, patients, residents and family members is vital to the overall health of the person. Infection control procedures must be utilized (i.e. hand washing) between visits with clients/residents/patients. Responding to emergency issues such as suicide or crisis intervention.
- **Time pressures and deadlines** exist for writing grant proposals, preparing presentations for training events, preparing committee reports, referral requests or discharge, and multiple patients/clients/residents to visit each day.
- **Interruptions** occur when staff discuss issues in a corridor outside a room during counselling; staff or other patients/clients/residents who may be in the same room interrupt counselling sessions, phone calls, etc.
- **Lack of control over the work pace** occurs when emergency issues arise, deadlines and time pressures exist, nurses and other staff stopping to request counselling or debriefing for a patient or themselves.
- **Exact results and precision** is regularly required since patient/resident/client consensus and denominational lists need to be updated, reports of pastoral visits, ethics consultation reports, grant proposals, newsletters, minutes, meeting notes, and workload management forms, all require accuracy and precision.

### Complexity

- Tasks and activities are generally different and unrelated with limited opportunity for standardized solutions.
- Problems and challenges vary and may be resolved by the use of established procedures and processes, or may require analysis and development of solutions. Tasks can have strategic or policy/program significance.
- Examples of typical challenges required to resolve: (1) working with clients who are dying of cancer or who have had a recent death of a child. The most typical challenge is providing individualized counselling for complicated grief such as death, dying, or suicide when people are looking for theological answers. (2) The work sometimes requires journeying with a client/patient/resident/staff/family members rather than solving their problems. People may be highly distressed with news of their health and prognosis, a loss of health or mental capacity, loss of limbs, and be able to distinguish their real experiences from those that may be delusional. (3) A patient in the hospital or a resident in long term care who is distraught over their pet which was left at home. (4) Facilitating highly emotional ethics consultations to achieve consensus.
- When addressing typical challenges, problems, or issues, references may include guidelines and policies, journal articles, peer support/guidance, and scripture reference.

## RESPONSIBILITY

### Accountability and Decision-Making

- Work tasks are not generally prescribed or controlled.
- Supervisory approval is not required to schedule orientation for chaplains and clergy, in deciding what training events to hold and the scheduling of those events, the scheduling of

<p>Pastoral Care Committee meetings and services, which site to visit, recruiting chaplains and members of Pastoral Care Committees, and ethics consultation meetings.</p> <ul style="list-style-type: none"> <li>— Supervisory approval is required for large purchases, process changes, or commitments on behalf of the organization. Have input and collaborate on changes to policy or programming but final approval is with the manager and/or director.</li> <li>— Pastoral care visits and sessions always require a high amount of independent discretion and judgement. The Clinician plans and prioritized his/her own work and it is necessary to make judgments how best to respond to a situation or issue.</li> </ul>
<p><b>Impact</b></p> <ul style="list-style-type: none"> <li>— Work activities have a positive and negative impact on the department, the organization and on clients/patients/residents/general public.</li> <li>— Work activities impact on processes, information, health and safety, and corporate image. The pastoral care ministry is part of the full circle of care and the centre of the ministry is the patient/client/resident. Decisions made affect them and the results of a poor decision could affect them and extend throughout the health authority. As well, when decisions go well, it reflects positively on all. Certain programs may also affect others such as the Community Addiction Awareness Group which partners with churches, communities, organizations to provide services to those facing addiction issues.</li> <li>— In the event of a mistake or error there is a significant impact on the department/group and on the patients/clients/residents as well as processes, health and safety and corporate image. Example: A mistake or error with an ethics consultation has the potential to escalate to an inquiry.</li> <li>— The time frame associated with the identification and resolution of errors is normally within hours of identification of the problem, however this can vary depending upon the nature of the error.</li> </ul>
<p><b>Development and Leadership of Others</b></p> <ul style="list-style-type: none"> <li>— Not responsible for the supervision of staff.</li> <li>— Provides on the job advice, direction, guidance, feedback, training, schedules orientation and allocates tasks to denominational chaplains and clergy.</li> <li>— Acts in the lead role for events such as worship services, spiritual events, as well as the lead for Pastoral Care Committees.</li> </ul>

## WORKING CONDITIONS

<p><b>Environmental Working Conditions</b></p> <ul style="list-style-type: none"> <li>— At times the use of gowns, gloves, and masks are required with patients who have infectious diseases.</li> <li>— There is a limited likelihood of minor cuts/bruises/minor illnesses, or other injuries resulting in disability.</li> <li>— Regular exposure to distracting noise, infectious diseases, odours, and lack of privacy.</li> <li>— When visiting patients/residents in their rooms there is occasional exposure to limited lighting or ventilation, bodily fluids or waste, wet or slippery surfaces, awkward spaces with an individual in bed or a wheelchair, travel. Also occasional exposure to physical dangers or</li> </ul>
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threats from aggressive patients/clients/residents.