

PeaceHealth Oregon Region Job Summary - STAFF

Job Code/Title: 330/339 - Chaplain/Associate Chaplain

Department: 86700 - Pastoral Care Services

Job Purpose and Responsibilities:

The chaplain provides direct spiritual care for patients, family members, and PeaceHealth staff across the continuum of care. Working as a member of interfaith ministerial team and with other health care professionals chaplains promote healing of mind, body and spirit through direct care, leadership and pastoral education. Likewise, chaplains maintain relationship and extend their services to area clergy, faith communities, and pastoral students. All duties are performed consistent with the mission and values of PeaceHealth Oregon

Major responsibilities included but not limited to:

1. Provides pastoral and spiritual care to patients and families in assigned areas and by referral from nurses, physicians, and other members of the health care team.
2. Provides prayer, provision for worship and sacramental needs and spiritual counseling with attentiveness to age-appropriate spiritual, psychological, social and physical needs of the patients, families and PHOR staff.
3. Functions well within a team focused department and as a member of the interdisciplinary health care team.
4. Models and provides leadership and education in PHOR and on assigned initiatives and projects.
5. Demonstrates personal growth in ministerial skills through reading, reflection, prayer, retreats, educational programs, seminars and professional organizations.

The job may have additional responsibilities as assigned. All job duties must be performed in a manner that demonstrates the PHOR Basics of continuous improvement, respectful communications, customer service and support of the Mission & Values of PeaceHealth Oregon Region.

Education:

1. Theological education appropriate for Hospital Chaplain required. Masters Degree preferred. 2. Clinical Pastoral Education (CPE), four units minimum required for full time.

Licensure/Certification:

1. Endorsement/standing from denomination required. 2. Certification by professional chaplaincy organization (e.g. National Association of Catholic Chaplains or Association of Professional Chaplains) required for full time.

Experience:

One year satisfactory health care chaplaincy (or equivalent setting) experience required for full time. Acute care experience preferred.

Special Skills Required:

Crisis counseling skills. Ability to integrate and utilize a variety of modalities of healing. Time management skill.

Interpersonal Behavior:

Demonstrates a caring, respectful and compassionate attitude towards all people.

- Takes responsibility for personal growth.
- Takes initiative to meet the challenges within the environment.
- Oriented toward solutions through collaboration.

Physical Abilities:

Cope with irregular and long hours, tolerate long periods of sitting, standing and walking. Communicate verbally in person or on the telephone.

Link to Standard Competencies:

[PHOR Basics: Our Personal Accountabilities](#)
[Professional/Technical](#)

: Role of Chaplain in Comprehensive Health Care

Last Saturday's staff in-service with Bill Wells gave you a good introduction to the role of the chaplain in a wholistic clinic like this. Recall how he urged us with new patients to obtain a history of trauma, a history of life-roles, information about coping skills, and a complete medication history. That's a tall order for staff with limited time. The chaplain is specially trained and equipped to search out all those things except the medication history. We cultivate skills in active listening for life review and understanding of the patient's "definition of the situation." Knowing the external facts about the patient is insufficient for good medical interventions. Chaplains are detectives who search for the inner meaning of patients' experiences.

Chaplains' work with a patient or family begins with a spiritual assessment. The spiritual assessment complements the physical assessment done by the admitting physician. It focuses on four basic questions:

1. What is the patient's understanding of God or of a higher power?

2. How does the patient understand the meaning of his or her illness or present situation?
3. What social system support does the patient have?
4. What is the source of hope for the patient?

Understanding a patient's spirituality is a much broader question than simply knowing whether he or she has a religious affiliation. It involves comprehending the person's world-view, values, will to live, and sources of meaning. These deep value-orientations exert a major influence on physical health and, therefore, the outcome of medical care.

Within the health care team, chaplains share significant information derived from spiritual assessments. Consultation reports in the medical record document the most significant aspects. Just as physicians and nurse practitioners offer a physical diagnosis of the patient's medical problem, chaplains derive a spiritual diagnosis from the spiritual assessment. On the basis of this diagnosis, chaplains offer suggestions to other caregivers and, where it seems warranted, create a plan for further involvement with the patient to discuss life meaning and other spiritual issues broadly defined.

Clinical chaplains have basic theological training, usually a master of divinity degree from a theological seminary, and additional training in health care ministry known as clinical pastoral education (C.P.E.) Often they have special training and licensure in psychology to qualify them as pastoral counselors. I have a master of divinity degree from San Francisco Theological Seminary (Presbyterian Church U.S.A), a doctorate in sociology from Columbia University, and a certificate in pastoral gerontology from Luther Seminary in St. Paul, MN. Because of my former work as a university sociology professor, I am particularly interested in the social context of patients' lives. I was pastor of an urban Presbyterian church in Flint, MI; staff chaplain at Sacred Heart for fourteen years (1979-93); and a faculty member at Eden Theological Seminary (United Church of Christ) in St. Louis. I am the author of a book entitled *The Social Context of Pastoral Care: Defining the Life Situation* (Westminster John Knox Press, 1994). Currently I am a part-time pastor at Westminster Presbyterian Church in Eugene. My wife, Sandy Larson, also an ordained Presbyterian minister, works with me as one of the church's four pastors. My late wife, Ruth, died in Nov. 2000 of cerebellar ataxia. I have four adult children by Ruth and six grandchildren and now have three step-children, one of whom, Sarah, age 13, lives with Sandy and me.

In the division of labor of wholistic care (body-mind-spirit), the chaplain's role tends to be ambiguous because the domain of "spirit" is nebulous. The tendency is for people to define the role too narrowly. Sometimes patients and families react in fear at a chaplain referral, thinking it must mean a "death-and-dying" situation. Staff can see such referrals as indicated only when a clear "religious" issue is at stake. I hope to do life reviews and spiritual assessments with patients and their spouses or family members where major spiritual problems are not involved as well as where they are. The goal is understanding our patients as whole people and sharing significant information about spiritual issues with you colleague caregivers to improve the care that we together give.

Granger Westburg, a pioneer of clinical chaplaincy and originator of the parish nurse concept, helped organize a wholistic health care clinic in suburban Chicago. Every patient was required to see both a physician and a pastor. Patients complained. "I have a medical problem. Why do I have to see a pastor?" The staff answered, "Well, that's the rule." After patients had complied with the dual appointment system for awhile, the reception people began to hear a different complaint: "I want an appointment with the pastor. I don't think I need to see the physician any more." "Sorry," the staff said, "you know the rule." "O.K.," the patient answered. We chaplains love this story because it indicates the close interaction that we want to have with the other health team members. I am very glad to be here at SHWC and look forward to lots of referrals!