

## Scope of Practice

This document seeks to articulate the scope of practice that chaplains need to effectively and reliably produce quality spiritual care. It follows on the work of an international, multidisciplinary consensus panel that identified a list of evidence-based quality indicators for spiritual care and suggested metrics and measures for each. (<http://www.healthcarechaplaincy.org/research.html>)

Having identified the quality indicators for spiritual care to create the reference point for all that is to follow, this next step seeks to establish what chaplains need to be doing to meet those indicators and provide evidence-based quality care.

This scope of practice represents the first step in the development of an internationally recognized list of competencies for chaplains. The process started with reviewing and cross walking existing published lists (see appendix). Redundant competencies were combined; those that did not seem to map to an indicator were eliminated; and competencies that seemed necessary for a given indicator but which did not appear on a prior list were added. This process yielded a list of competencies judged too long for this stage of the process. Thus, the list was cut down to those judged most essential.

As the list of quality indicators expands, the scope of practice will need to expand. These competencies will need to be tested to determine whether indeed mastery of them raises the likelihood that the indicator will be achieved. Several contexts have developed competency frameworks that recognize a range of levels for chaplaincy capability. This document is intended to describe a level of competence that all professional health care chaplains should attain. However, investigation should continue on the utility of competencies for different levels of practice and different specialty settings.

It is intended that this scope of practice will invite and inform the conversations around changes to chaplaincy education and training and become the basis for certification and credentialing processes with the ultimate goal of providing care recipients internationally with demonstrably reliable, high quality care to help meet their spiritual needs and support their spiritual strengths. Further, while this scope of practice is necessary to that end, the need to ensure integration of a practitioners' personal history, beliefs and values as a fundamental aspect of their education and practice based training remains.

As in other efforts of this kind, one discovery has been that the terminology commonly used is not as universally understood as one might assume. Thus the panel chose to name this a "Scope of Practice" with the understanding that it could easily be understood as a set of competencies. We recognize that in some contexts Scope of Practice is a vehicle for describing the responsibilities of a specific practitioner. In this document, we use it to describe the practice of an entire discipline. Likewise, there is much discussion about the name to be given to those receiving spiritual care in documents like this. Clearly not all those served by chaplains are "patients". We chose "clients" realizing that this identifier also has limitations in what it implies for the relationship with the

spiritual care provider. Finally, we use the term "chaplain" to describe the person giving care although in some contexts this same person might be called a "spiritual care professional".

## **Structural Indicators**

**Indicator 1.A – Chaplains as certified or credentialed spiritual care professional(s) are provided proportionate to the size and complexity of the unit served and officially recognized as integrated/embedded members of the clinical staff.**

### **Competencies**

#### **Provision of Care**

The chaplain supports and advocates for the growth and integration of spiritual care within the organization to make spiritual care more accessible to clients, families and staff. □

The chaplain performs an audit of spiritual care needs in the organization and produces a strategic plan to support the inclusion of spiritual care professionals.

The chaplain is aware of and has a working knowledge of relevant healthcare policies (national and local), delivery plans, key drivers and levers for change, and understands why this is important for chaplaincy.

The chaplain is aware of the difference between management and leadership and why cultivating leadership is significant.

#### **Integration With Care**

The chaplain articulates his or her unique professional role as the spiritual care leader to other members of the team.

The chaplain articulates an understanding of the goals of spiritual care, current models to achieve them, and how they integrate with the treatment plans of the interdisciplinary team.

The chaplain demonstrates an understanding of the competencies required of his or her role and the discipline's scope of practice.

The chaplain utilizes common medical, social, and chaplaincy terminology □ in order to communicate with other members of the team.

The chaplain utilizes a working knowledge of the key physical, psychological and social issues/principles in spiritual care sufficient to effectively communicate with other team members in a particular clinical setting.

**Indicator 1.B - Dedicated sacred space is available for meditation, reflection and ritual.**

**Competencies**

The chaplain advocates effectively for the allocation and equipping of dedicated space for meditation, reflection and ritual taking into account the particular cultural, ethnic and religious needs of the community.

**Indicator 1.C. Information is provided about the availability of spiritual care services.**

**Competencies**

The chaplain makes information on the range of spiritual care services in the organization available to staff, clients and families and educates them on how to access those services.

The chaplain maintains links to local faith communities and belief groups and makes this information available to staff, clients and families as requested.

The chaplain identifies and makes available information and resources explaining spiritual needs and services to clients new to the organization.

The chaplain is able to provide information to clients and families about resources for communicating their care preferences to the medical team and assists in their completion as appropriate.□

The chaplain develops and makes available client and family care resources and information to assist with the integration of the client's identified spiritual care goals.

**Indicator 1.D. Professional education and development programs in spiritual care are provided for all disciplines on the team to improve their provision of generalist spiritual care.**

**Competencies**

The chaplain, in collaboration with educators from other professions, provides education in the practices and processes involved in spiritual care as provided by each member of the interprofessional team (e.g., for healthcare: physician, nurse, social worker, physical therapist, pharmacist, quality improvement) and introduces spiritual care practices/processes into training for the other team professionals.

The chaplain participates with the interprofessional members of the healthcare team to modify, innovate, and implement practices and processes for the provision, collaboration, communication, education, and quality improvement of spiritual care.

**Indicator 1.E. Spiritual care quality measures are reported regularly as part of the organization's overall quality program and are used to improve practice.**

### **Competencies**

#### **Quality Improvement**

The chaplain integrates with any organizational quality team and supports the inclusion of relevant spiritual care outcome measures in organizational quality reports.

The chaplain identifies quality improvement processes, objectives and outcomes in spiritual care. □

The chaplain uses quality improvement data to refine spiritual care programs and services.

#### **Research**

The chaplain is familiar with research processes and practice within spiritual care.

The chaplain accesses spiritual care journals and other expert sources of research data and best practices to apply to his or her work. □

The chaplain engages in the discussion of research findings with other chaplaincy colleagues and the interdisciplinary team. □

### **Process Indicators**

**Indicator 2.A. Specialist spiritual care is made available within a time frame appropriate to the nature of the referral.**

### **Competencies**

The chaplain integrates effective and responsive spiritual care into the organization through policies and procedures, use of evidence-based assessment and documentation processes, and education of the interdisciplinary team about spiritual care.

**Indicator 2.B. All clients are offered the opportunity to have a discussion of religious/spiritual concerns.**

### **Competencies**

The chaplain supports and advocates for the establishment of timely and documented spiritual screening to discover and refer clients for discussion of religious/spiritual concerns.

The chaplain provides timely response to all referrals and facilitates discussions of religious/spiritual concerns.

**Indicator 2.C. An assessment of religious, spiritual and existential concerns using a structured instrument is developed and documented, and the information obtained from the assessment is integrated into the overall care plan.**

### **Competencies**

The chaplain implements a process to define and give structure to goals of care, interventions, and care plans that can be articulated clearly according to the situation and applied appropriately and is able to modify them based on changes in the status of the client or situation.

### **Assessment**

The chaplain demonstrates a working knowledge of the methodologies of spiritual screening, spiritual history, and spiritual assessment that takes into account the diversity of the population served.

The chaplain uses several published models for spiritual assessment appropriately choosing and applying the model suitable for each specific situation, client and family. □

The chaplain evaluates and executes new models of spiritual assessment that have been tested for effectiveness.

### **Plan**

The chaplain respects and advocates for the development of plans of care that accurately incorporate the client's or surrogate's stated beliefs, values, culture and preferences without inserting the chaplain's own beliefs.

The chaplain develops clear, concise and personalized spiritual care plans for clients and families based upon the assessment of spiritual, religious, existential, and cultural beliefs, values, needs and practices, and integrates them into the client's overall care plan.

The chaplain collaborates effectively with clinicians from other disciplines to create and implement an interdisciplinary treatment plan.

The chaplain makes follow-up visits to clients as indicated and informs the team of his or her findings.

The chaplain incorporates spiritual assessment and documentation into the discharge planning/continuity of care plan. □

The chaplain integrates knowledge of specific community-based resources such as hospice, home health, long-term care, counseling, and grief and bereavement services into discharge and continuity of care plans. □

## Documentation

The chaplain understands the importance of documentation and the requirements of organizational and regulatory guidelines.

The chaplain implements best practices for chaplaincy documentation including documenting the spiritual, religious, cultural, existential, emotional and social needs, resources, and risk factors of clients and any needed referrals. □

**Indicator 2.D. Spiritual, religious, cultural practices are facilitated for clients, the people important to them, and staff.**

## Competencies

The chaplain understands the concepts of cultural competency and inclusion.

The chaplain can articulate his or her own cultural values, beliefs, assumptions and biases, and has the self-awareness to set those aside in order to provide spiritual care to clients and families from diverse backgrounds. □

The chaplain facilitates, provides and accommodates religious, spiritual and cultural events, rituals, celebrations and opportunities appropriate to the population served.

The chaplain provides client-centered, family-focused spiritual care that understands and respects diversity in all its dimensions and takes into account cultural and linguistic needs.

The chaplain integrates into his or her provision of care a basic knowledge of different religious and cultural groups including common beliefs and practices related to health care.

The chaplain acquires knowledge of unfamiliar cultures, religious/spiritual beliefs, or existential norms as needed to provide appropriate care. □

The chaplain assesses, documents and includes in care plans appropriate spiritual/religious interventions for cross-cultural situations. □

The chaplain identifies and integrates in care the unique spiritual/religious/cultural beliefs within vulnerable client populations. □

The chaplain creates partnerships with community religious and cultural leaders to enhance the cultural understanding of the care team and ensure effective support to the client/family. □

The chaplain works collaboratively with the care team as a culture broker in identifying, recommending and integrating appropriate diversity concepts, needs and interventions into client/family care plans and organizational programs and policies. □

**Indicator 2.E. Families are offered the opportunity to discuss spiritual issues during goals of care conferences.**

**Competencies**

Within the discipline's scope of practice, the chaplain leads, guides or participates in goal clarification with clients, families and teams. □

The chaplain supports and advocates for clients and families in goal clarification and family meetings.

The chaplain provides and models a leadership role within the spiritual care team when talking with families who identify significant religious, spiritual, existential and/or cultural issues in regard to care decisions. □

The chaplain has a working knowledge of the ethical and moral challenges that may occur in relation to spiritual care, as well as the ethical principles of respect, justice, non-maleficence and beneficence.

Within the discipline's scope of practice, the chaplain participates effectively in the process of ethical decision-making, including with the ethics committee as appropriate to the setting, in such a way that theological, spiritual, and cultural values are supported. □

The chaplain secures and disseminates to the team information on faith tradition directives regarding the provision, withholding or withdrawing of medical treatments. □

The chaplain understands the benefits and burdens of specific medical interventions in clients with advanced illness including nutrition and hydration, and the issues involved in physician assisted death and terminal sedation. □

The chaplain understands the process to determine client decision making capacity and government regulations regarding those designated to make decisions for the client.

**Indicator 2. F. Spiritual care is provided in a culturally and linguistically appropriate manner. Clients' values and beliefs are integrated into plans of care.**

**Competencies**

The competencies for this Indicator are the same as the competencies for Indicator 2.D.

**Indicator 2.G. End of Life and Bereavement Care is provided as appropriate to the population served.**

**Competencies**

The chaplain identifies and integrates into care appropriate grief interventions for those at end-of-life and those who are grieving.

The chaplain effectively uses culturally appropriate, evidence-based strategies for communicating with clients and families regarding pain and suffering, loss, complicated and anticipatory grief, and life review.

## **Outcomes**

**Indicator 3.A Clients spiritual needs are met**

**Indicator 3.B. Spiritual care increases client satisfaction**

**Indicator 3.C. Spiritual care reduces spiritual distress**

**Indicator 3.D. Spiritual interventions increase clients' sense of peace**

**Indicator 3.E. Spiritual care facilitates meaning making for clients and family members**

**Indicator 3.F. Spiritual care increases spiritual well being**

**The competencies listed below were determined to apply to all of the outcomes for Indicators 3.A through 3.F, so are listed as a group rather than repeating the same list for each competency.**

### **General Competencies**

The chaplain integrates theories from the behavioral sciences into spiritual care practice.

The chaplain integrates spiritual, existential and emotional concepts for clients and families in spiritual care, including faith, hope, forgiveness, meaning and remorse.

The chaplain integrates a thorough knowledge of chaplaincy practice into interventions to support the client's identified religious, spiritual, existential or cultural beliefs and values. □

The chaplain utilizes evidence-based practices in spiritual care and chaplaincy to improve spiritual care services. □

The chaplain understands and abides by the ethical standards of care giving in general and chaplaincy in particular.

The chaplain effectively uses best practice in communication, including listening habits and techniques.

The chaplain effectively and appropriately uses supportive responses with clients who experience traumatic events so that they can manage the situation and respond appropriately.

The chaplain utilizes evidence-based practices to help clients and families address their fears, as well as distress (spiritual and otherwise) related to chronic, serious, life-limiting illness, and/or end-of-life care.

## Glossary

From- *Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains*. National Health Service Education for Scotland.

**Competence** describes what individuals know or are able to do in terms of knowledge, skills and attitudes at a particular point in time.

**Capability** describes the extent to which an individual can apply, adapt and synthesise new knowledge from experience and continue to improve his or her performance.

**Spiritual care** is often used as the overall term and is relevant for all. For some their spiritual needs are met by religious care, the visits, prayers, worship, rites and sacraments often provided by a faith leader, or representative of the faith community or belief group. Spiritual care can be provided by all healthcare staff, by carers, families and other patients. When a person is treated with respect, when they are listened to in a meaningful way, when they are seen and treated as a whole person within the context of their life, values and beliefs, then they are receiving spiritual care. Chaplains are the specialist spiritual care providers. For them, spiritual care is the reason for their employment, and they are expected to be knowledgeable, capable and competent in the areas of spiritual and religious care. They are expected to take their place as members of the multi-professional healthcare team and to fulfill a meaningful role within the healthcare community.

## Documents Consulted

1. Common Standards for Professional Chaplaincy. Council on Collaboration. 2001.  
□ [http://www.professionalchaplains.org/files/professional\\_standards/common\\_standards/common\\_standards\\_professional\\_chaplaincy.pdf](http://www.professionalchaplains.org/files/professional_standards/common_standards/common_standards_professional_chaplaincy.pdf) □
2. Standards of Practice for Professional Chaplains. Association of Professional Chaplains. 2009. 2011. 2014. 2015.  
□ <http://www.professionalchaplains.org/content.asp?admin=Y&pl=198&sl=198&contentid=200> □
3. Competencies of Clinical Chaplains in the Standards of the College of Pastoral Supervision and Psychotherapy. 2014. □  
[http://www.cpsp.org/Resources/Documents/The\\_Standards\\_of\\_CPSP\\_2014.pdf](http://www.cpsp.org/Resources/Documents/The_Standards_of_CPSP_2014.pdf) □
4. NCCN Clinical Practice Guidelines in Oncology: Distress Management. 2012. National Comprehensive Cancer Network.  
□ [http://www.nccn.org/professionals/physician\\_gls/f\\_guidelines.asp](http://www.nccn.org/professionals/physician_gls/f_guidelines.asp) □
5. Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference. *Journal of Palliative Medicine*. 12(10) 885-904. 2009. □
6. Standards for NHS Scotland Chaplaincy Services. Association of Hospice and Palliative Care Chaplains College of Health Care Chaplains, and Scottish Association of Chaplains in Healthcare. 2007.  
[http://www.nes.scot.nhs.uk/media/290156/chaplaincy\\_\\_standards\\_final\\_version.pdf](http://www.nes.scot.nhs.uk/media/290156/chaplaincy__standards_final_version.pdf) □

7. Standards for Spiritual Care Services in the NHS in Wales. Llywodraeth Cynulliad Cymru Welsh Assembly Government. 2010.  
□ <http://gov.wales/docs/dhss/publications/100525spiritualcarestandarsen.pdf> □
8. *Spiritual and Religious Care Capabilities and Competencies for Healthcare Chaplains*. National Health Service Education for Scotland.
9. Standards for Healthcare Chaplaincy Services. UK Board of Healthcare Chaplaincy. 2009.  
□ [http://www.ukbhc.org.uk/sites/default/files/standards\\_for\\_healthcare\\_chapalancy\\_services\\_2009.pdf](http://www.ukbhc.org.uk/sites/default/files/standards_for_healthcare_chapalancy_services_2009.pdf) □
10. Handzo G, Cobb M, Holmes C, Kelly D, Sinclair S. Outcomes for Professional Health Care Chaplaincy: An International Call to Action. 2014. *Journal of HealthCare Chaplaincy*. 20 (2). 43-53. □
11. Spiritual Care Australia Standards of Practice. 2013.  
<http://www.spiritualhealthvictoria.org.au/standards-and-guidelines> □
12. Capabilities Framework for Pastoral Care and Chaplaincy. Spiritual Health Victoria. 2011.  
<http://www.spiritualhealthvictoria.org.au/standards-and-guidelines> □
13. Competencies for Spiritual Care and Counselling Specialist. Canadian Association for Spiritual Care. 2011. <http://www.spiritualcare.ca/page.asp?ID=87> □
14. Standards for Health Care Chaplaincy in Europe. European Network for HealthCare Chaplaincy. 2002. [http://www.enhcc.eu/turku\\_standards.htm](http://www.enhcc.eu/turku_standards.htm) □
15. C Dahlin and J Lentz. National Guidelines and RN Practice in Core Curriculum for the Hospice and Palliative Registered Nurse. 4th edition 2015. H Martinez and P Berry Eds. Pittsburgh, PA: Hospice and Palliative Nurses Association. 359-380.
16. Social Work Practice Behaviors [https://www.gvsu.edu/cms3/assets/C726AAA7-B74F-CBD6-C6EA4C761DA109D9/accreditation/cswe\\_epas.pdf](https://www.gvsu.edu/cms3/assets/C726AAA7-B74F-CBD6-C6EA4C761DA109D9/accreditation/cswe_epas.pdf)

This statement was developed by a distinguished, international panel of experts convened by HealthCare Chaplaincy Network:

Dr. Joanne Cacciatore  
Associate Professor  
Arizona State University  
Tempe, Arizona

Cheryl Holmes OAM  
Chief Executive Officer  
Spiritual Health Victoria  
Victoria, Australia

Chaplain Bruce Feldstein, M.D.  
Director, The Jewish Chaplaincy  
at Stanford Medicine  
Adjunct Clinical Professor, Stanford University  
School of Medicine  
Stanford, California

Rev. Dr. Ewan Kelly  
(Former Programme Director for Spiritual Care  
NHS Education for Scotland)  
Edinburgh, Scotland

Rev. Joan Jiko Halifax  
Abbot  
Upaya Zen Center  
Santa Fe, New Mexico

Tammie E. Quest, M.D.  
Director, Emory Palliative Care Center  
Department of Emergency Medicine  
Emory University School of Medicine  
Roxann Arnold Professor in Palliative Care  
Atlanta, Georgia

Rev. Eric J. Hall  
President and Chief Executive Officer  
HealthCare Chaplaincy Network, Inc.  
New York, New York

Rev. Professor John Swinton  
Professor in Practical Theology and Pastoral  
Care  
School of Divinity, History and Philosophy  
King's College University of Aberdeen  
Aberdeen, Scotland

The Rev. George F. Handzo, BCC, CSSBB  
Director, Health Services Research & Quality  
HealthCare Chaplaincy Network, Inc.  
New York, New York

Rev. Sue Wintz, M.Div., BCC  
Director, Professional and Community  
Education  
HealthCare Chaplaincy Network, Inc.  
New York, New York