

*Requires Conflict of Interest Paperwork

Greater Baltimore Medical Center

Job Description and Performance Management Form

Job Title: Chaplain

FLSA Status: EXEMPT

Department: Spiritual Care Services

Job Code: CHAPLAIN or CHAPLAINE

Pay Grade: 614

Employee Name:

Employee No:

Department No:

Supervisor Name:

Review Period:

I. JOB DESCRIPTION SUMMARY:

Under minimal supervision, provides spiritual care to the patient/family to facilitate self-determined life closure, safe and meaningful dying and effective grieving. Service is provided to predominantly adult and geriatric patients.

Education	Master's degree in theology, divinity, pastoral ministry, spiritual care or equivalent from an accredited institution or in some instances, verification of official ordination from a religious institution specifically if obtained outside of the U.S. ; Four units of Clinical Pastoral Education (CPE) training preferred
Experience	Experience in pastoral care preferred.
Skills	<ul style="list-style-type: none"> • Possesses a broad, interfaith theological knowledge base, familiarity with and understanding of the diversity of religious experience across cultures. • Able to stimulate and respond to existential questioning. • Knowledge of both the practice and management of pastoral care in a health care setting. • Possesses time management skills and discipline required to efficiently and effectively provide spiritual care services. • Able to read and write the English language in order to complete required professional documentation and correspondence.
Licensures, Certifications	<ul style="list-style-type: none"> • Certification by the Board of Chaplaincy (BCC), or an Affiliate, within three years of employment. • Possesses a valid driver's license and automobile insurance.
Physical Requirements	<ul style="list-style-type: none"> • Possesses the physical ability to drive in rural, suburban and urban areas to access client homes for up to 50% of the workday and to access client homes by walking, climbing stairs, etc.
Working Conditions	<ul style="list-style-type: none"> • Work is performed inside the organization's offices and in patient homes in all types of weather conditions.
Conditions of Employment	<ul style="list-style-type: none"> • Valid driver's license, automobile insurance and an automobile.
Standard Precautions	Standard precaution policy and procedures are applicable to this job <input type="checkbox"/>
Patient Safety	Employee has knowledge and understanding of patient safety as it relates to the job duties <input type="checkbox"/> N/A <input type="checkbox"/>
Patient Population	Demonstrates competency in the delivery of care and applies the knowledge to meet age-specific needs <input type="checkbox"/> Not applicable <input type="checkbox"/> Neonate / Infant <input type="checkbox"/> Pediatric <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric <input type="checkbox"/>

Contacts**Reports to****Supervises**

Job duties listed in this document are intended to describe the general content of and requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities, or requirements.

II. GBMC Values

GBMC Values	Value Description	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
Respect	<ul style="list-style-type: none"> Treats others with fairness, kindness, and respect for personal dignity and privacy Listens and responds appropriately to others' needs, feelings, and capabilities 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Excellence	<ul style="list-style-type: none"> Meets and/or exceeds customer expectations Actively pursues learning and self development Pays attention to detail; follows through 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Accountability	<ul style="list-style-type: none"> Sets a positive, professional example for others Takes ownership of problems and does what is needed to solve them Appropriately plans and utilizes required resources for various job duties Reports to work regularly and on time 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Teamwork	<ul style="list-style-type: none"> Works cooperatively and collaboratively with others for the success of the team Addresses and resolves conflict in a positive way Seeks out the ideas of others to reach the best solutions Acknowledges and celebrates the contribution of others 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Ethical Behavior	<ul style="list-style-type: none"> Demonstrates honesty, integrity and good judgment Respects the cultural, psychosocial, and spiritual needs of patients/families/coworkers 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Results	<ul style="list-style-type: none"> Embraces change and improvement in the work environment Continuously seeks to improve the quality of products/services Displays flexibility in dealing with new situations or obstacles Achieves results on time by focusing on priorities and manages time efficiently 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

III. Technical Assessment

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Assesses need for and provides spiritual support to: hospice patients and families, hospice staff members, volunteers and clergy working with hospice patients as needed. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

Rating Definitions: **U= Unacceptable** **B= Below** **M= Meets** **E= Exceeds** **FE= Far Exceeds**

Principal Duties and Responsibilities	Method of Verifying Performance Check all that apply	Mid Year Review	Annual Rating
<ul style="list-style-type: none"> Helps strengthen and maintain denominational affiliations of patients and families. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Develops a plan of care for each patient appropriate to identified spiritual needs that facilitates a meaningful and spiritual end-of-life experience and a dignified death. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Provides spiritual counseling as indicated in the plan of care and documents direct service and ongoing communication in the patient's medical record according to HOB policy. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Participates in bereavement program functions to facilitate continuity of spiritual care. Provides for funeral or memorial services for patients of HOB as requested. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Coordinates with the interdisciplinary team members to implement the plan of care. Attends interdisciplinary group meetings. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Participates in orientation of new employees and volunteers. Serves as a resource regarding religious beliefs, practices and rituals. Provides educational in services on the spiritual needs of the hospice patient/family to the hospice staff and other agencies as needed and as requested. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
<ul style="list-style-type: none"> Develops and maintains positive, collaborative relationships with clergy and religious leaders in the community. 	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

IV. Goals for Review Period: (As Needed)	Method of Verifying Performance Check all that apply	Target Completion Date (Mid Year or Annual)	Rating
---	--	---	---------------

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds

	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		
	<input type="checkbox"/> Observation/ Demonstration <input type="checkbox"/> Surveys <input type="checkbox"/> Feedback <input type="checkbox"/> Records		

V. Mid-Year Review of Performance

☐ Values reviewed on ____/____/____
 ☐ Technical Responsibilities/Goals reviewed on ____/____/____

Overall Mid-Year Rating: ☐ Satisfactory ☐ Unsatisfactory (Performance Improvement Plan Required)

Comments:

Rating Definitions: **U= Unacceptable** **B= Below** **M= Meets** **E= Exceeds** **FE= Far Exceeds**

VI. Comments

Supervisor Comments: Consider employee's strengths, areas needing attention or development, career goals, etc

Employee Comments: Consider your strength, areas needing attention or development, accomplishments, and career goals

The following signatures acknowledge that the supervisor and employee have met to discuss the employee's performance during each phase of the performance review cycle as indicated below.

Mid Year Phase

Supervisor _____ Date _____ Employee _____ Date _____

Annual Phase

Supervisor _____ Date _____ Employee _____ Date _____

VII. Performance Review Summary:

OVERALL PERFORMANCE RATING

VIII. Annual Competency Completion: Please check box

Has met all annual competency requirements ☐ (Do not submit documentation)

Please use the space below for comments. All ratings except for "Meets" require justification (I.e. comments or documentation)

*For annual review, please attach any additional comments and documentation. Forward the original performance evaluation and all attached documents to Human Resources.

Rating Definitions: U= Unacceptable B= Below M= Meets E= Exceeds FE= Far Exceeds