

## **PROVINCIAL STANDARDS OF PRACTICE FOR PASTORAL/SPIRITUAL CARE IN HEALTHCARE**

### **Preamble:**

Pastoral/Spiritual Care Departments/Committees are encouraged to aspire to a high quality of service within the limits of geography and resources.

The following guidelines are recommended standards of practice for:

Lay Pastoral Visitors  
Pastoral Care Committees

### **I. LAY PASTORAL VISITORS**

#### **A. Requirements**

- The Lay Pastoral Visitors must be members in good standing within their own faith group and have the endorsement of their respective local faith community.
- The Lay Pastoral Visitors must have the approval and meet the requirements of the respective institution's Pastoral Care Department/Pastoral Care Committee.

#### **B. Education**

The Lay Pastoral Visitors must successfully complete an approved course as required by the Regional Health Authority/Corporation/Institution/Pastoral Care Department. It is recommended that this course include the following areas:

- Theology of pastoral ministry to the sick
- Role, limitations, and boundaries of the Pastoral Visitor
- Policy and procedures of the institution, e.g. infection control, sexual harassment
- Listening and communication skills
- Visitation ethics, e.g. confidentiality, visiting the sick, ethical practice and liability
- Specialized visiting, e.g. psychiatric, trauma
- Issues relating to death, dying, grief and loss, debriefing
- Spirituality and Multi-Faith
- Introduction to the workload measurement tool (MIS)

#### **C. Professional and Personal Development**

It is recommended that Lay Pastoral Visitors endeavor to support their basic training with continuing education by attending events annually offered by one or more of the following:

- The Pastoral Care Allied Health Group (PCAHG)
- The Regional Health Authority/Corporation/Institution/Pastoral Care Committee
- Their faith group
- The community

**D. Accountability**

Lay Pastoral Visitors are accountable to:

- Their sponsoring denomination/faith group authority
- The institution's Director/Manager of Pastoral Care
- The Pastoral/Spiritual Care Committee

**II. PASTORAL/SPIRITUAL CARE COMMITTEE**

Pastoral/Spiritual Care Committees are formed in health care facilities that do not have an established Department of Pastoral/Spiritual Care. Such a committee would oversee the provision of pastoral/spiritual service in that facility.

Membership consists of clergy, pastoral care personnel, health care staff, and others as decided by the committee.

**A. Requirements**

- Clergy members or faith group representatives must have the endorsement of their faith group authority
- Clergy members should be active members in their local Ministerial Association
- All members should have a commitment to the goals and objectives of the Pastoral/Spiritual Care Committee (See Guidelines for Pastoral/Spiritual Care Committees as appended)

**B. Education**

- Members must have a level of expertise and education appropriate to their professional speciality, e.g. Ordained minister, nurse, social worker. High value is placed on the completion of units of SPE or SPM streams

**C. Professional and Personal Development**

- Be active members of the PCAHG
- Avail of educational opportunities offered by:
  - Pastoral Care Allied Health Group
  - The Regional Health Authority/Corporation/Institution
  - Their faith group
  - Other related community organizations

**D. Accountability**

- To the Regional Health Authority/Corporation/Institutional Authority
- To the respective faith group authority
- Liaison with the local Ministerial Association

## **GUIDELINES FOR PASTORAL/SPIRITUAL CARE COMMITTEES**

It is recommended that a Pastoral/Spiritual Care Committee would encompass the following aspects:

### **A. Mission Statement**

- Inclusive
- Holistic
- Multi-Faith
- Pastoral/Spiritual

### **B. Policy**

- Pastoral/Spiritual
- Multi-Faith
- Interdisciplinary
- Nurturing
- Ethical
- Evaluative
- Effective
- Advisory

### **C. Membership**

- Multi-Faith
- Administrative
- Interdisciplinary

### **D. Meetings (either)**

- Monthly
- Bi-Monthly
- Quarterly

### **E. Quorum**

- Simple majority (50% + 1)

### **F. Reporting**

- Director/Manager of Pastoral/Spiritual Care
- Regional Health Authority
- Ministerial Association

### **G. Scope**

- Promote/develop pastoral/spiritual care services
- Quality Assurance/Continuous Quality Improvement
- Professional development

- Accountability
- Ethical standards
- Professional/Pastoral group membership

**H. Clergy on Pastoral/Spiritual Care Committees**

- Pastoral/Spiritual care interest and commitment
- Ministerial representation preferred to denominational representation
- Membership by election or appointment for specified term
- Include appointed chaplains and parish clergy

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