



# DIVISION SCOPE OF SERVICE

<b>Division:</b> FAR WEST
<b>Classification:</b> GRIEF COUNSELOR
<b>Applicant Name:</b>

<p><b>Grief Counselor:</b> The Grief Counselor must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p><b>Definition of Care or Service:</b> The Grief Counselor implements the bereavement program, including the provision of supportive services to help meet patient/family social service and emotional needs in bereavement/grief. Scope of service may include:</p> <ul style="list-style-type: none"> <li>• Oversees the adequacy and appropriateness of bereavement/grief programs for family members.</li> <li>• Develops educational programs and materials for patients/families, staff on loss, grief and coping with bereavement/grief.</li> <li>• Oversees bereavement/grief follow up by patient care staff and volunteers</li> <li>• Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians</li> </ul>
<p><b>Setting(s):</b> Surgical services areas including but not limited to hospitals and outpatient surgery centers</p>
<p><b>Supervision:</b> N/A</p>
<p><b>Evaluator:</b> Department Director</p>
<p><b>Tier Level:</b> 2</p>
<p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Master's degree in health counseling or therapy discipline</li> <li>• American Academy of Grief Counseling Certification or other Grief Counseling certification</li> </ul>
<p><b>State Requirements:</b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
<p><b>Experience:</b> Experience: 3-5 years professional experience with grief and loss, and clinical counseling</p>
<p><b>Competencies:</b> The Grief Counselor will demonstrate:</p> <ul style="list-style-type: none"> <li>• Infection Prevention <ul style="list-style-type: none"> <li>○ Practices consistent hand hygiene</li> <li>○ Uses personal protective equipment (PPE)</li> <li>○ Required immunizations per Division requirements</li> <li>○ Complies with Isolation precautions</li> </ul> </li> </ul>
<p><b>References:</b></p>



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Applicant Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_