

Family Medicine Resident Evaluation for Call with the Pastoral Care Chaplain

Date of call: _____

Family Medicine Resident: _____

Chaplain on call: _____

Please circle the training experience on the following 1 – 2 – 3 – 4 scale.

- 1 Unsatisfactory
- 2 Needs improvement
- 3 Satisfactory
- 4 Outstanding

PROFESSIONALISM:

The Chaplain was on time and available for the call. 1 – 2 – 3 – 4

The Chaplain accepted the Resident’s presence during the call. 1 – 2 – 3 – 4

The Chaplain demonstrated an interest in learning from the Resident how a Chaplain can be of help to them. 1 – 2 – 3 – 4

The Chaplain was interactive and responsive in the conversation with the Resident and/or the patient, as appropriate. 1 – 2 – 3 – 4

PASTORAL CARE PRACTICE:

The Chaplain displayed knowledge and awareness of the psycho-social-spiritual dynamics of patient care. 1 – 2 – 3 – 4

The Chaplain interacted with the Resident regarding the diversity of religious issues for Chaplains and families. 1 – 2 – 3 – 4

The Chaplain interacted with the Resident regarding Chaplain responsibilities and tasks, as these relate to patient care. 1 – 2 – 3 – 4

OVERALL rating by the Resident for the Pastoral Care call. 1 – 2 – 3 – 4

COMMENTS or SUGGESTIONS:

(RESIDENT SIGNATURE)

****Thank you for providing this Evaluation for the Dept. of Pastoral Care.**

****Please return, Inter-Office Mail, to Rev. Larry Smith, Dept. of Pastoral Care.**

ABSAME 2007

37th Annual Meeting

October 17 - 20

Copper Mountain, CO

