

Chaplain Evaluation for Family Medicine Resident

Date of call: _____

Chaplain on call: _____

Resident's name: _____

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

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

PROFESSIONALISM:

- The Resident was on time and available for the call. 1 – 2 – 3 – 4
- The Resident accepted the Chaplain's leadership during the call. 1 – 2 – 3 – 4

PRACTICE-BASED LEARNING AND IMPROVEMENT:

- The Resident demonstrated interest and a learning attitude. 1 – 2 – 3 – 4

PATIENT CARE:

- The Resident asked questions regarding the Chaplain's responsibilities and tasks, as these relate to patient care. 1 – 2 – 3 – 4

INTERPERSONAL AND COMMUNICATION SKILLS:

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

SYSTEMS-BASED PRACTICE:

- The Resident was supportive of the Pastoral Care activities of the Chaplain as a part of the healing team. 1 – 2 – 3 – 4

MEDICAL KNOWLEDGE:

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

OVERALL rating of the Resident's Pastoral Care call. 1 – 2 – 3 – 4

 (CHAPLAIN SIGNATURE)

**Thank you for providing this opportunity for the Family Medicine Residents.
 **Please return, Inter-Office Mail, to Hal Ritter, Ph.D., Family Medicine Residency.