NACC Conference Workshop  
Continuing the Journey with Pastoral Services in Clinic Locations

HANDOUT: FY2013 Questions for Feedback from Clinics

SECTION ONE: OVERALL IMPRESSIONS

Please rate the following on a 1 (strongly disagree) to 5 (strongly agree) scale.

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
<th>Comments: (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel spiritual care is important in overall patient care.</td>
<td>______</td>
<td></td>
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<tr>
<td>Patients want spiritual needs addressed when they come to the clinic.</td>
<td>______</td>
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</tbody>
</table>

Have you interacted with a Mercy chaplain in a work situation?  Yes  No  Not sure

If yes, please rate your experience on a 1 (very negative) to 5 (very positive) scale.

<table>
<thead>
<tr>
<th>Experience with Mercy chaplain</th>
<th>Rating</th>
<th>Comments (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______</td>
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</table>

SECTION TWO: SPIRITUAL NEEDS INITIATIVES

Please rate any materials you have used in your clinic on a 1 (very ineffective) to 5 (very effective) scale. Select “NA” if you have not used the material in your clinic.

<table>
<thead>
<tr>
<th>Material</th>
<th>Rating</th>
<th>Comments (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual Care Brochures</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Daily Devotional</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Care Notes Booklets</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Prayer Request Cards</td>
<td>______</td>
<td></td>
</tr>
</tbody>
</table>

Please rate any of the following services that chaplains have provided in your clinic a 1 (very ineffective) to 5 (very effective) scale. Select “NA” if the service has not been provided.

<table>
<thead>
<tr>
<th>Service</th>
<th>Rating</th>
<th>Comments (Optional)</th>
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</thead>
<tbody>
<tr>
<td>Training - Bereavement</td>
<td>______</td>
<td></td>
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<tr>
<td>Training - Having difficult conversations</td>
<td>______</td>
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<tr>
<td>Training - Identifying spiritual needs</td>
<td>______</td>
<td></td>
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<tr>
<td>Training - When to refer to a chaplain</td>
<td>______</td>
<td></td>
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<tr>
<td>Participation in staff meetings</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Rounding on specific days</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>One- to- one interaction between chaplain and patient</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>One to one interaction between chaplain and staff</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Prayer for the office</td>
<td>______</td>
<td></td>
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<tr>
<td>Other (please specify)</td>
<td>______</td>
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</table>
SECTION THREE: REFERRALS FOR CHAPLAIN CONSULTS

When would you refer a patient to a chaplain for follow-up? (Please check any that apply)

- Patient receives terminal diagnosis.
- Patient expresses/evidences emotional or spiritual distress.
- Patient is failing to thrive or progress with goals.
- Patient expresses need for spiritual or cultural support around faith or beliefs.
- Patient needs support with end-of-life decisions.
- Family needs support.
- Other (please specify) ____________________

In the last year did you make referral(s) to a chaplain for these issues?

- Yes
- No

If yes, Please rate your experience on a 1 (very negative) to 5 (very positive) scale.

<table>
<thead>
<tr>
<th>Your chaplain referral experience</th>
<th>Rating</th>
<th>Comments (Optional)</th>
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If yes, How did the chaplain respond?

- In person
- By e-mail
- By phone

If no, Why not? (Please check all that apply)

- Did not know how
- Did not remember
- Provided support ourselves
- Was not comfortable
- Other (please specify) ____________________

SECTION FOUR: SERVICE EXPECTATIONS

When seeking assistance from or referring to chaplains, what are you expecting they will provide? (Please check all that apply)

- Supportive presence for patient
- Prayer or ritual
- Personal support for self or staff
- Assist with ethical questions/concerns
- Grief support
- Support groups for chronic illness
- Prayer and scripture readings
- Sacraments (communion, anointing)
- Education for staff in meeting spiritual care needs.
- Physical presence (please specify below - daily, weekly, monthly, special activities, time of crisis, or all of these)
- Other (please specify) ____________________

NACC Presentation HANDOUT: FY2013 Questions for Clinic Feedback
SECTION FIVE: IMPACT

As a result of the chaplain’s work with your clinic in the last year, how would you rate the following:

- Chaplains are an integral part of our care giving team 1=Not at all Integral... 5=Very Integrated _____
- Chaplains have a positive influence on patient satisfaction. 1=Negative Influence... 5=Positive Influence _____
- Chaplains promote cultural and religious diversity. 1=Not at all Supportive... 5=Very Supportive _____
- Chaplains play a positive role in supporting staff. 1=Not at all Supportive... 5=Very Supportive _____
- Chaplains have influence on overall Mercy image/patient perception of total care. 1=Not at all Influential... 5=Very Influential _____

SECTION SIX: RECOMMENDATIONS

What advice would you give to chaplains about being effective in working with Mercy Clinic physicians and staff?

SECTION SEVEN: DEMOGRAPHICS

Position at clinic:
- Advanced Practitioner
- Nursing
- Office Manager
- Physician
- Registration/Receptionist/Billing
- Other (please specify) ____________________

Please provide your name and contact information if you are willing for us to follow-up with you about your responses.

Name:
Email:
Phone: