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Part II, Evaluation Criteria

Chapter 2, Chaplains

(Paragraphs 2.01 through 2.09)

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DM&S PROGRAM EVALUATION



PART TWO
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CHAPTER 2. CHAPLAINS

2.01 GENERAL

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The mission of the chaplains in VA hospitals and domiciliaries is the provision of an adequate program of religious ministry to patients and members. As with other services, for effective planning and execution of the total hospital program it is necessary to know how well the chaplains are carrying out their responsibilities, and to identify activities requiring strengthening. The major elements for consideration which follow, and the criteria for use in appraising these elements, which are furnished in subsequent paragraphs, are for application in conducting on-site evaluations of the chaplain program. These criteria are for use by (1) representatives of the Chaplain Service when visiting a station; (2) ~~Area Medical Office staff~~; and (3) station personnel, including the chaplains themselves, who are concerned with appraising the adequacy and effectiveness of the chaplain program.

2.02 MAJOR ELEMENTS FOR CONSIDERATION

The following major elements have been selected for consideration in evaluating the chaplain program in VA field stations:

- a. Individual pastoral ministry.
- b. Regularly scheduled services of worship.
- c. Integration of the religious program into the total care and treatment program.
- d. Facilities and equipment.
- e. Staffing.
- f. Relationship with the community.
- g. Management support.

2.03 CRITERIA FOR EVALUATION

The criteria for evaluation which are furnished in the following paragraphs introduce elements of objectivity into an evaluative process which is otherwise basically subjective. Their use by the individual conducting a survey of the chaplain program should assist him in arriving at determinations of adequacy and effectiveness, by relating program goals and requirements to program status. ("Patients" applies to either patients or members, or both, as applicable.)

2.04 INDIVIDUAL PASTORAL MINISTRY

This is the area in which the chaplain himself is directly concerned with the individual patient and his problems and difficulties. Pastoral care of the critically ill, those anticipating or convalescing from major surgery, the newly admitted patients, and any others with specific personal problems, is essential and should be given with conscientious attention to the needs of these patients.

Areas of Inquiry:

- a. The chaplains are conscientious in their attention to patients in crisis situations, and respond promptly when notified of patients in need of their attention and care.
- b. The chaplains visit regularly in all patient areas, providing opportunity for patients to know or to confer with them.
- c. The patients like and respect the chaplains and respond to them positively.
- d. The patients seek the opportunity to talk to the chaplains about themselves and their concerns.

e. The chaplains are aware of the special strains and tensions which accompany illness and hospitalization, and are helpful in relieving them.

f. The chaplains do not permit their own personal concerns to influence their dealings with the difficulties of others.

g. Relatives and friends of critically and seriously ill patients indicate their appreciation of the chaplain's pastoral interests.

2.05 REGULARLY SCHEDULED SERVICES OF WORSHIP

Chaplains of all faiths are expected to provide opportunity for patients to attend and participate in services of worship, since patients confined to the hospital do not have opportunity to attend their own churches.

Areas of Inquiry:

a. Sufficient religious services are scheduled and conducted so that patients have the opportunity to attend at least one such service of their choice each week.

b. Scheduled services are sufficiently publicized as to time and place.

c. A fairly high proportion of those able and eligible to attend services do so.

d. In referring to the religious services, the patients indicate that they are helpful, interesting, a source of comfort and strength, rewarding, enjoyable.

e. The chaplains give adequate thought and time to the preparation for services. They are aware of the special needs of patients and plan the services accordingly. The place of service is so arranged and furnished as to contribute to the atmosphere of worship.

2.06 INTEGRATION INTO TOTAL CARE AND TREATMENT PROGRAM

The chaplain program is and should be an integral part of the total care of patients.

Areas of Inquiry:

a. Activities sponsored and conducted by the chaplains are included in the master schedule of the station. Caution is exercised to avoid conflicting scheduling of activities.

b. Other personnel assigned to patient care areas encourage patients to participate in chaplain sponsored activities, and participate themselves, as appropriate.

c. Chaplains achieve a wider acceptance of their program by interpreting their areas of interest and activities to other employees concerned with patient care and treatment.

d. Other personnel and services are aware of the type of patients and problems that can be referred to the chaplains for assistance.

e. Personnel on the clinical services and other patients often ask the chaplains to confer with specific patients.

f. The chaplains meet together to coordinate their activities, and plan cooperatively for the overall religious program at the station.

2.07 FACILITIES AND EQUIPMENT

Areas of Inquiry:

a. Where there is a chapel, it is adequate in seating capacity, design, furnishings, appointments.

b. Where there is no chapel, adequate arrangements and furnishings are available to transform other space into suitable place for worship.

c. Office space for assigned chaplains is sufficient, suitable for private consultations, and appropriately located for easy accessibility to patients.

d. There are "Devotional Rooms" adequately furnished and equipped, either in the chapel or in some other easily accessible location, for use of major faith groups.

e. All other needed supplies and equipment are provided for the conduct of a well-rounded religious program.

2.08 STAFFING

Areas of Inquiry:

- a. Staffing is adequate in accordance with present criteria. (See NOTE below.)
- b. Part-time chaplains, either on a regular tour of duty, or on a when-actually-employed (WAE) basis, are available to give assistance to full-time chaplains when needed, and to cover for the full-time staff during periods of absence.
- c. The chaplains have adequate secretarial assistance.
- d. Organists and choristers are provided, as required, to assist with the religious program.

NOTE: Average chaplain staffing is one per 250-350 hospitalized patients and one per 400-500 domiciled members. A number of factors determine the actual need such as patient classification, turnover rate, the number hospitalized for surgery, average size of seriously ill list, etc. The needs of hospitals with smaller patient loads are usually met by the use of part-time chaplains. These latter are also used in larger hospitals to serve faith groups too small to justify full-time appointments, and to supplement full-time staff where necessary.

2.09 RELATIONSHIP WITH THE COMMUNITY

The chaplains should develop and maintain good relations with the community in which the hospital or center is located, particularly with the various church groups and organizations and with the pastors of the neighboring churches.

Areas of Inquiry:

- a. Churches of the community are called upon to supplement the ministry of the hospital staff. Specific ministers are invited to provide sacramental or other ministry not available through the chaplain staff.
- b. Church groups are called upon to provide special music or other types of assistance.
- c. Volunteers assist in the religious program through escort service, or by furnishing other assistance to the hospital staff.
- d. Clergy from the community are invited to the station, on occasion, to be oriented to the problems of patients or of the hospital.
- e. The chaplains help to interpret the hospital and its work to the community.

2.10 MANAGEMENT SUPPORT

Areas of Inquiry:

- a. Appropriate "aids" are furnished to the Chaplain Service without delay, e.g., Chaplain's Card (VA Form 10-7012), gains and losses sheet, operation schedule.

b. The system of notifying chaplains when patients are placed on the seriously ill list is functioning effectively.

c. The attendance of chaplains at appropriate staff meetings is provided for and welcomed.

d. The Director, Professional Services, evinces his interest and support of the religious program by periodic meetings with the chaplains and by other encouraging or supportive action.

e. The chaplain program is accorded equitable treatment in support of its program and mission.

October 24, 1966

Part II, "Evaluation Criteria," VA Department of Medicine and Surgery Manual M-6, "DM&S Program Evaluation," is changed as indicated below:

NOTE: In addition to minor editorial changes, updating Contents and station nomenclature; eliminating references to Area Medical Offices, where appropriate, and substituting Special Assistants for Field Operations, specific changes include:

a. Paragraph 15.24d(2). Revised to delete inpatient and CBOC program plans under Speech Pathology.

b. Paragraph 15.25b(2). Revised to include type of funding support under Research.

c. Paragraphs 22.01 through 22.06. Revised to define responsibility for review of the fiscal program in DM&S and to furnish revised criteria for use in evaluating that program.

chgy 17 ✓ Page vi, "CONTENTS--Continued": Under "15.03" delete "15.04 Statistical Data
- - - 15-1".

chgy 15 ✓ Page ix, "CONTENTS. . .Continued": Under "22.06" add "22.07 Staff Support- - -
22-2".

✓ Pages 1-1 and 1-2: Remove these pages and substitute pages 1-1 and 1-2 attached. (Par. 1.01a changed as directed by change 10; pars. 1.01f and 1.04c changed.)

✓ Page 2-1, paragraph 2.01, lines 8 and 9: After "station; (2)" delete "Area Medical Office staff; and (3)".

✓ Page 5-1, paragraph 5.01, lines 3 through 5: After "Pharmacy Service." delete "Referral to the provisions . . . context of patient care."

✓ Page 8-4, paragraph 8.09c, line 1: After "reports to" delete "Area Medical Office and".

Page 12-1, paragraph 12.01c

✓ Line 3: After "available in" delete "the Area Medical" and insert "Central".

✓ Lines 5 and 6: After "responsible" delete "Area Medical Office staff member" and insert "Central Office program director".

✓ Pages 15-1 and 15-2, paragraph 15.04: Delete this paragraph.

✓ Pages 15-7 and 15-8: Remove these pages and substitute pages 15-7 and 15-8 attached. ("NOTE" under par. 15.20k changed; pars. 15.24d(2) and 15.25b(2) changed.)

✓ Pages 17-1 and 17-2: Remove these pages and substitute pages 17-1 and 17-2 attached. (Pars. 17.01b, 17.02b, 17.03a, 17.04 c through e, and 17.05c changed; par. 17.05d deleted.)

✓ Page 20-5, paragraph 20.08c, line 7: After "control" change comma to a period and delete "and success reported to the Area Medical Director."

✓ Pages 22-1 and 22-2: Remove these pages and substitute pages 22-1 and 22-2 attached. (Pars. 22.01, 22.04, and 22.06 changed; pars. 22.02d, 22.04a(4) 22.07 added.)

✓ Page 25-1, paragraph 25.03a, lines 3 and 4: After "the station." delete "Whenever practicable, these . . . initiation of the visit. Otherwise," and capitalize "the".

October 24, 1966

M-6, Part II
Change 13

✓ Page 26-5, paragraph 26.07e, line 3: After "visiting stations--" delete "Area Office staff" and insert "staff of the Special Assistants for Field Operations".

H. Martin Engle
H. MARTIN ENGLE, M.D.
Chief Medical Director

Distribution: RPC: 1057
FD

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REMARKS

I am returning the attached material with the request that we inform facilities requesting copies of VA Manual M6, Part 2, that the manual will not be reprinted and that Health Care Review Service is working on the developing of a consolidated policy statement to replace M6, Part 2, and similar requirements relating to review of facility activities.

Also, facilities requesting copies of M6, Part 2, as a response to Internal Audit recommendations, should inform Internal Audit staff of the developmental activity of Health Care Review Service in regard to review policy.

FROM  JOHN MULHEARN, Chief, Quality Assurance Division, Health Care Review Service (174)	DATE 11-7-77 TEL. EXT. 275-0301
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