

**Presbyterian Healthcare Services
Department of Pastoral Care
Clinical Pastoral Education**

**CPE CONSUMER REPORT FORM
Unit I**

Thank you for filling out this form. It gives your supervisor, the CPE Center, and the Association for Clinical Pastoral Education a way to know about your experience in CPE. You are not to hand in this form until you have received your evaluation from your Supervisor.

Please answer the questions according to the following scale: 5 = very positive; 4 = positive; 3 = neutral; 2 = negative; 1 = very negative. If necessary, you may strike out all of the above and write N/A (not applicable – did not happen in this program of CPE). If need be, you are invited to write a further explanation for any question/statement.

	Very negative				Very positive
1. Was the negotiation of the teaching/learning contract between you and your supervisor helpful to you?	1	2	3	4	5
2. Did you experience the teaching/learning contract and its negotiations as an integral part of the CPE program?	1	2	3	4	5
3. How did you experience the overall CPE Orientation process?	1	2	3	4	5
4. Did CPE increase your awareness of how your ministry affects persons?	1	2	3	4	5
5. Did this unit of CPE enable you to develop additional skills that helped you to provide intensive and extensive pastoral care?	1	2	3	4	5
6. Do you believe you have an adequate understanding of the clinical method of learning?	1	2	3	4	5
7. If you understand the clinical method of learning, did this unit permit you to realize that learning?	1	2	3	4	5
8. My peer group this unit was helpful in giving me feedback concerning my ministry and how my personhood both worked for and against my ministry.	1	2	3	4	5
9. My individual supervision this unit was pivotal and important.	1	2	3	4	5

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	Very negative				Very positive
10. This unit of CPE helped me to make optimum use of theology (i.e. theological reflection, integrating my theology with my pastoral practice, etc.).	1	2	3	4	5
10. This unit of CPE helped me to make optimum use of the behavioral science in relationship to my pastoral ministry (i.e. to reflect using the disciplines of psychology, sociology, anthropology, etc.).	1	2	3	4	5
11. This unit of CPE helped to become more aware of my strengths and weaknesses as a person and as a minister.	1	2	3	4	5
12. This unit of CPE gave me adequate opportunity to be involved in inter-disciplinary relationships in the clinical setting.	1	2	3	4	5
13. This unit of CPE challenged me to be aware of how structure and social conditions affect the lives of others and of myself (i.e. departmental/hospital policies and procedures, domestic violence, poverty, etc.)	1	2	3	4	5
14. This unit of CPE enabled me to develop my pastoral and prophetic (i.e. to speak up on behalf of patients to the healthcare team, to advocate for a particular position, etc.) abilities in a variety of forms.	1	2	3	4	5
15. Rate your experience of live supervision this unit	1	2	3	4	5
16. I respect this program's openness to diversity (theological, faith group, sexual orientation, cultural, etc.)	1	2	3	4	5
17. In regard to the ethical behavior of my supervisor(s) this unit, I rate his/her professional ethics. . . .	1	2	3	4	5
18. Did you supervisor(s) behavior appear to exploit you or your peers at any time? If yes, please explain.	Yes			No	(circle one)
19. Concerning this unit's curriculum, please rate the following Didactic presentations:					
" Introduction to Pastoral Conversation "	1	2	3	4	5
" Spiritual Assessment and Charting "	1	2	3	4	5

“ Pastoral Conversation Microskills, Part I ”					
“ Pastoral Conversation Microskills, Part II (role playing)	1	2	3	4	5
“ Pastoral Care and the Use of Ritual (led by Norma Gutierrez)	1	2	3	4	5
“ The Chaplain as a Non-Anxious Presence (led by Bill Dorman)	1	2	3	4	5
“ Brilliance in the Basics					
	1	2	3	4	5
“ Pastoral Care with the Hospice Patient	1	2	3	4	5
“ Spirituality and Health Conference with Dr. Lori Arviso Alvord					
“ Pastoral Care with Intensive Care Patients and their Families (led by Beth Gingrich)	1	2	3	4	5

20. Why did you decide to participate in the CPE program?

- ___ Career Discernment
- ___ Professional Certification
- ___ Ordination or licensure
- ___ Degree Requirements
- ___ To secure position as chaplain/pastor
- ___ to more adequately meet current position requirements
- ___ Other (describe)_____

_____ Name (optional)

_____ Name of CPE Supervisor

_____ (Unit date)

Upon completion of this Consumer Report please place them in the attached envelope and put it in the outgoing mail box in the department secretary s office.

Thank you for your feedback.