

## **CM 012 Supervised Para-Chaplain Internship** **Eastern's School of Christian Ministry**

### **Orientation Session:**

**Course description:** The Para-Chaplain Certificate requires completion of a two-credit internship at an approved care-giving facility. The internship must be completed under the supervision of an approved supervisor and requires a minimum of 50 hours of supervised volunteer chaplaincy work at the facility. An orientation program is required and will be included in the 50 hours. Other requirements may be enforced at some institutions.

*Required for completion of the Para-Chaplain Certificate.*

**Pre-requisites:** Prior to beginning their internship, students will be required to participate in a mandatory orientation meeting (one held each semester) and to have completed a PPD test (administered by a health-care provider) and State Police background checks. Some internship locations may require prior completion of ESCM-CM008 Dealing with Grief and Loss.

**Goals:** The student will gain competence in the hands-on practice of Para-chaplaincy ministry in a healthcare setting. Student will demonstrate Para-chaplaincy skills of listening, prayer, scripture reading and counsel with patients and patient visit documentation.

**Required textbook:** There is no required textbook for this course.

### **Requirements for this course:**

- (1) Completion of 50 hours of supervised clinical hours at a healthcare facility or hospice.
- (2) A favorable review from the supervisor at the student's place of ministry.
- (3) Final reflection report due May of each year.

**Schedule:** All hours must be complete by the first business day of May of each year and your supervisor's report must be received by the first week in May of each year.

## **FINAL REFLECTION REPORT GUIDELINES**

Final reflection report should be 3 pages long. Be aware of confidentiality issues and do not reveal patient names, use initials only.

### **TITLE PAGE**

Your report should have a title page that gives your name, the date and the name and location of the facility where the internship took place.

The report should be entitled "Para-Chaplain Internship Reflection Report."

### **DESCRIPTION OF FACILITY**

In one or two paragraphs, describe the type of facility where the internship was completed.

### **DESCRIPTION OF SUPERVISOR**

Briefly describe your relationship with your supervisor and what you learned from your personal interactions with him or her.

### **STUDENT EXPECTATIONS**

Briefly describe what you expected to experience in this internship. (Helpful to outline this before you begin your internship)

What were your personal goals? What fears or concerns did you have?

### **OVERVIEW OF INTERNSHIP**

Briefly describe the work you did in the internship. What tasks did you complete?

### **CASE STUDY**

Describe one pastoral situation that you encountered. Give an overall description of the situation and how you responded. What did you learn from this particular experience?

### **REFLECTION**

What did this internship experience teach you about ministry? What did it teach you about your gifts/skills for healthcare ministry? What did it teach you about yourself and about God?

Do you plan on continuing to volunteer at your internship site?

### **RECOMMENDATION**

Do you recommend this internship to other students? Why or why not?

**CM 012 Para-Chaplaincy Internship  
Eastern's School of Christian Ministry**

**Site Supervisor Evaluation Form**

**Name of Student:** \_\_\_\_\_

**Internship Site:** \_\_\_\_\_

**Name of Site Supervisor:** \_\_\_\_\_

**Semester:** \_\_\_\_\_ **Date of this evaluation:** \_\_\_\_\_

**Number of hours that the student completed:**

**Please comment on the following areas:**

Student's punctuality and attendance on-site:

Student's ability to follow direction and complete site requirements (i.e. volunteer code of conduct, paperwork completion, etc.):

Student's ability to function in the Para-chaplain role:

Areas of growth you have observed in this student since the beginning of the internship:

Areas that the student should concentrate on in further volunteer Para-chaplaincy efforts:

**Site Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please share the results of this evaluation with the student, if possible.**

**Please mail completed form to:**

**Para-Chaplaincy Internship Coordinator  
Eastern's School of Christian Ministry  
6 East Lancaster Avenue, 317 • Wynnewood, PA • 19096**

**Para-Chaplaincy Intern Tracking Form**

**Your Name:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

**Hours on site: (i.e. 10am – 2 pm)** \_\_\_\_\_

**Floor/Unit assigned:** \_\_\_\_\_

**Chaplaincy partner (if applicable):** \_\_\_\_\_

**Number of visits attempted:** \_\_\_\_\_

**Number of visits completed:** \_\_\_\_\_

**Please tally:**

**Prayer:** \_\_\_\_

**Bible reading:** \_\_\_\_

**Other reading:** \_\_\_\_

**Songs:** \_\_\_\_

**Family support:** \_\_\_\_

**Literature:** \_\_\_\_

**Other:** \_\_\_\_\_