This handbook contains guidelines, information, and policies which govern various aspects of the delivery of pastoral services, CPE Programs, and administrative matters. Each trainee is expected to be familiar with this material, and if necessary, to seek clarification when issues arise.
Dear CPE Residents and Interns,

We are pleased to welcome you to the Department of Pastoral Care & Clinical Pastoral Training at the University of Arkansas for Medical Sciences Medical Center. As a CPE Resident you will find many opportunities to practice ministry and to learn as you reflect on that ministry with the help of your peers and supervisors. Your place here is grounded in the basic responsibility we all share to provide ecumenical and comprehensive pastoral care to our patients, their loved ones and our colleagues who work and learn here. It is our hope that you will learn to be a pastoral presence, sensitive and responsive to all in a manner that honors diverse beliefs and rich cultural backgrounds.

The community of Little Rock is fortunate to have many capable religious professionals representing most major religious traditions. An important aspect of our role is to respect and foster the continued relationships between these religious leaders and their parishioners while they are here at UAMS.

During your training, you will be assigned areas of pastoral responsibility which will serve to facilitate your educational goals. You have been invited to come to this CPE Center because you display the essential capability to assume that responsibility with sensitivity and integrity, and because your desire to learn is alive and well. We ask that you make every effort to sustain the continuity and integrity of your educational process, while maintaining the pastoral needs of the Medical Center.

The hours of the program are 8:00 a.m. to 5:00p.m., Monday through Friday. In addition, Residents and Interns will have 24 hour on-call responsibility minimally once per week. The on-call schedule will be determined in consultation with fellow trainees, and will require you to stay in the hospital overnight.

We look forward to working with you over the next residency year. The CPE Program offers you an opportunity to learn and to grow at profound levels. We hope that your experiences will be a healthy challenge that will foster your creative development in surprising and beneficial ways.

Sincerely,

George Hankins-Hull, Dip.Th. Th.M.
Diplomate in Clinical Pastoral Supervision

Susan McDougal, MS, BCCC
Clinical Pastoral Supervisor in Training

Bill Briant
Clinical Pastoral Supervisor in Training
Clinical Pastoral Education - An Historical Perspective:

In the 1920’s theological education began to be profoundly reshaped by the medical model of education which itself was being transformed in response to the renowned Flexner Report of 1910.

Theological education, which was at that point in history almost entirely academic, theoretical, and forensic began to change just as medical education was changing. Pastors began using the mentorship approach to learning “at the bedside” in contact with living persons and their problems.

Thus began the art and science of Clinical Pastoral Training or Education, the disciplined examination of specific cases of pastoral care and counseling, and the application of the clinical method to the work of ministry.

Clinical Pastoral Education has come to be known as the study of the person; their problems of relating and their structures of meaning. This training has become accepted as a formative component in the preparation of individuals for religious ministry.

Anton Boisen (1876-1965) was the individual who most provided the initial impetus toward making this change in theological education. Motivated by the urgency to understand his own psychotic episodes and their religious and developmental implications, Boisen inaugurated and institutionalized this new component in theological education known as Clinical Pastoral Training (CPT) later to be called as Clinical Pastoral Education (CPE).

At first CPT attracted only a few selected individuals, most of whom sought Boisen because of his and their dissatisfaction with normative theological education. Subsequently, CPE has burgeoned to such an extent that many theological schools require an introductory unit as a prerequisite for graduation and denominations for ordination.

Clinical Pastoral Education in General:

Clinical Pastoral Education (CPE) programs provide an opportunity for ministers, seminarians and lay people to develop pastoral competency within a particular pastoral setting (usually a hospital, parish, hospice, retirement home, etc.), and seek to foster the pastor’s own self-awareness as a pastoral care-giver.
The CPE approach to training is based upon an "action-reflection" model of learning. Pastoral trainees function as ecumenical chaplains providing pastoral care on assigned areas and use their experience in pastoral encounters as a basis for their learning.

While seminary settings provide an academic environment for the study of pastoral theology, in contrast the CPE center provides the clinical basis for learning.

Accreditation

UAMS Medical Center is accredited by the College of Pastoral Supervision and Psychotherapy (CPSP).

CPSP is an international, theologically based covenant community offering accreditation and certification to individuals and programs that meet standards of expertise in Pastoral Counseling, Pastoral Supervision and Psychotherapy.

CPSP confers Diplomate, Pastoral Counselor, Board Certified Clinical Chaplain and Board Certified Associate Clinical Chaplain credentials to individuals who demonstrate competence, meet its standards, aspire to its principles, and commit to its discipline.

CPSP Mission Statement

The College of Pastoral Supervision and Psychotherapy, Inc. offers its clinical pastoral education programs and programs in pastoral psychotherapy and counseling as a unique form of ministry and education. The respect for the trainee’s person, healing-change, growth, and development, as well as the unique integration of the personal and professional, is central to CPSP's mission.

Clinical Pastoral Education Curriculum

In general Clinical Pastoral Training programs follow the Standards set by its accrediting organization. A typical unit of CPE requires a minimum of 400 hours of supervised ministry in a clinical setting.

Chaplains in training are assigned to certain areas of pastoral responsibility for clinical pastoral work such as the Emergency Department, or the Intensive Care Unit. Pastoral placement is negotiated with each trainee and the trainee’s supervisor. Evening, weekend, and overnight assignments may be necessary depending on the clinical requirements of each unit.

Training Seminars

While each program enjoys some latitude in the specific seminars that are offered, the following are often included:

Clinical Case Study
Case studies are the principle learning tool in CPE and each trainee is required to present a case study of an actual pastoral encounter. Each member of the peer group will provide feedback on the particular case presented. The goal of the case study is to promote peer consultation and to foster pastoral competence.

**Group Relations or Inter-Personal Relationship Group**

This peer group learning experience has a dual focus. First, it provides opportunities for trainees to explore various personal and professional issues that may arise during training. Second, it allows an experiential study of group formation and development utilizing the group experience as an educational tool.

**Didactics**

Various inter-disciplinary presentations are provided for the group's learning. CPE Supervisors and other professionals present information on pastoral, ethical, and health care issues. Trainees will also present a didactic assigned to them beginning in units 3 and 4 of the training program.

**Multi-iMedia Learning**

The peer group will meet throughout the training year for a variety of multimedia learning opportunities to clarify complex subjects and to enhance learning through the use of technology.

**Individual Supervision**

Trainees meet one-on-one with a supervisor to review pastoral work, reflect on personal and professional growth, and evaluate progress toward individual learning goals which are established at the beginning of each unit. Individual supervision may be arranged upon trainee’s request.

**Tuition**

Tuition is $400.00 per unit and checks are payable to UAMS Medical Center. Some scholarships may be available for individuals with limited financial resources. Anyone wishing to apply for a scholarship must do so in writing. Scholarship requests should accompany application materials.

**Completion of Training**

Upon completion of each unit of 400 hours of supervised training, trainees receive certification of the successful completion of one unit of CPE. Records of completed units are kept at the CPE center where training was completed.
**Objectives of CPE**

The objective of CPE is the development of personal and pastoral identity and the growth of professional competence as a minister. Specific objectives of CPE are:

To become aware of one's self as a minister and of the ways one's ministry affects people.

To become a competent pastor of people and groups in various life situations and crisis circumstances and to develop the maturity to provide intensive and extensive pastoral care and counseling.

To utilize the clinical method of learning.

To utilize the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning.

To become competent in self-evaluation and in utilizing supervision and consultation to evaluate one's pastoral practice.

To develop the ability to make optimum use of one's religious heritage, theological understanding, and knowledge of behavioral sciences in pastoral ministry to people and groups.

To acquire self-knowledge to a degree that permits pastoral care to be offered within the strengths and limitations of one's own person.

To develop the ability to work as a pastoral member of an interdisciplinary team.

To develop the capacity to utilize one's pastoral perspective and competence in a variety of functions such as preaching, teaching, and administration as well as pastoral care and counseling.

To become aware of how one's attitudes, values, and assumptions affect one's ministry.

To understand the theological issues arising from experience and to utilize theology and the behavioral sciences to understand the human condition.

**Clinical Pastoral Education Supervisors:**

George Hankins-Hull, Dip. Th., Th.M., is the Director of Pastoral Care and Clinical Pastoral Education at UAMS Medical Center. He is a Diplomate in The College of Pastoral Supervision & Psychotherapy and a Board Certified Clinical Chaplain.

Susan McDougal, MA, BCCC CPE Supervisor in Training. Chaplain McDougal supervises the Part-Time Extended and Summer Units of CPE.
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POLICIES AND PROCEDURES OF
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AND
THE DEPARTMENT OF PASTORAL CARE AND CLINICAL PASTORAL
EDUCATION

A. STIPENDS

The Stipends of Chaplain-Residents are distributed on a monthly basis. UAMS Medical Center
requires the electronic deposit of stipend checks directly into a bank account. Stipend details can
be viewed online the last working day of each month. The Department Business Manager should
be notified of any problems with the disbursement of stipends.

B. BENEFITS

1. *Vacation and Sick Leave: Fifteen (15) days, total. Vacation days are to be taken between
units of CPE and are to be cleared with the department Director, through the student's supervisor.

Sick leave is to be approved by one's immediate supervisor. If one needs to be away from the
Department for doctor or dental appointments, the resident and intern is expected to make such
appointments so that they do not conflict with other scheduled responsibilities and to clear such
absences with their immediate supervisor.

Chaplain Residents may have up to two hours per week away from the department for
psychotherapy appointments, if approved by the department Director.

2. State and Federal Holidays: Ten holidays will be observed within the limits implied by the
necessity to provide uninterrupted on-call coverage. Chaplain Residents shall receive a day's
Comp Time for each holiday worked. Comp Time shall be taken between CPE units.

4. Death in Immediate Family: Residents may receive up to three days off with pay, with the
approval of the Department Director.

5. *Health Insurance: Comprehensive health coverage is available to Chaplain-Residents.
Premiums are deducted from stipend checks. A family plan is available at a higher rate.
Additional options, including dental insurance, are also available. Basic Life Insurance is
provided by the UAMS Medical Center.

6. Pharmacy: Prescription drugs may be purchased in the UAMS Medical Center pharmacy,
located in the Outpatient Care Center (OPC), at a significantly reduced rate.

7. *Credit Union: All Residents on stipend are eligible to join the credit union. Information on
membership may be obtained from the credit union office. The membership fee is $1, with an
initial deposit of $25.
C. DRESS CODE

All staff is expected to dress professionally. See UAMS Medical Center Policy below.

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<td>REPLACES POLICY DATED: 11/1/00</td>
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<tr>
<td>DATE APPROVED: 11/27/95</td>
<td>REVISION DATE: 8/03, 3/05</td>
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<td>EFFECTIVE DATE: 11/27/95</td>
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SCOPE: UAMS Medical Center

PURPOSE: Proper Dress Code

POLICY:
Employees of UAMS Medical Center are expected to maintain a professional business appearance while on duty. Department Heads may, with approval of the Vice Chancellor of Clinical Programs, establish departmentally specific dress codes appropriate to their mission.

Any employee or student and non-clinical program employees in patient care areas will comply with UAMS Medical Center dress code.

PROCEDURES:

I. General Guidelines
   A. All employees shall wear their UAMS employee I.D. badges at all times when at work. Badges shall be worn above the waist so that the employee’s name, job title, department and picture are visible to patients, visitors, and colleagues.
   B. Employees who provide direct patient care or deal directly with patients and others as a representative of UAMS must have clean fingernails of a reasonable length (no more than 1/8 inch past the finger pad) so as not to interfere with job duties. Nail polish is discouraged, but if worn must be conservative in color and unchipped. No false fingernails or nail enhancers shall be worn by employees providing direct patient care or by those involved in patient care related activities.
   C. Hose or socks are to be worn by all personnel when on duty. Department Heads may modify this guideline if it interferes with an employee’s job performance. Shoes should reflect a proper business appearance. Color and type of shoes (safety toe, non-conductive, etc.) may be determined by department policy. Shoe covers should only be worn in designated work areas and should be removed upon leaving the area.
   D. Undergarments must be worn at all times. The outline and color of undergarments should not be visible.
   E. Scrubs may only be worn in areas where departmental policy specifies it as a uniform. If departmental policy allows a garment to be worn under a scrub top, the garment must not exceed the length of the scrub top. If the garment has long sleeves a scrub jacket must be worn to cover exposed sleeves.
   F. Hospital Logo Patches are to be worn on the left sleeve, centered three inches from the shoulder seam. This patch is optional, but if chosen, it should only be worn on approved uniforms.
G. UAMS Clinical program employees should use discretion in the selection of clothing and jewelry (refer to the examples of unacceptable attire). Employees shall reflect a professional image when in the work setting.

H. Visible piercings are limited to the ears. One pair of earrings may be worn during working hours.

I. Any visible, deliberately applied, body markings must be approved by the department head or covered while at work.

J. Head coverings are limited to those required for specific job duties. Exceptions will be made for recognized religious head coverings, unless it presents a safety or infection control issue. Surgical-type caps shall not be worn outside of patient care areas where they are required attire.

K. Personal electronic devices not approved for business use by the department head such as pagers, cell phones, MP3 or CD players, a Walkman etc. are not to be used while on duty.

L. All employees are expected to practice daily personal hygiene.

M. Hair, beards, mustaches and sideburns must be kept well groomed.

N. If employees have questions regarding appropriate appearance or attire, they should consult with their Department Head. Departmental dress codes may include more strict standards where needed.

II. Examples of Unacceptable Attire (not inclusive).

A. Jeans, painter’s pants, fatigue-like pants, warm-ups, sweats, leggings. All pants must reach the ankle.

B. Colored or decorated shoe laces.

C. T-shirts and tanks - tube/halter tops

D. Sheer fabrics, plunging necklines or backless clothing.

E. Jewelry that interferes with equipment or job function or is an infection control issue.

F. Patient gowns.

G. Excessive make-up, perfume or cologne.

H. Message pins/stickers are not to be attached to the UAMS ID Badge. Other message pins/stickers should not be worn without prior approval by the immediate supervisor. Examples of appropriate pins are professional organizational pins, blood bank pins, PIE pins, Invest in Life pins, and service pins.

III. Enforcement

Standard disciplinary procedures shall be followed when dress code is not met. Supervisors may, with approval of their Department Head, send individuals home to change, without pay, if their on duty appearance violates the UAMS Medical Center Dress Code Policy.

D. TYPING

Trainees are responsible for typing their own materials.

E. COPYING
The Department provides photocopying for CPE training materials only. Any photocopying will be the responsibility of the trainees and may be done on the department’s photocopier.

F. PARKING

All residents and interns shall park their cars at either the War Memorial Stadium parking lot or the parking lot at the site of Ray Winder Field. A regular shuttle service is provided between these parking lots and the Medical Center. The one exception in this parking policy is made for the Chaplain On-Call who is spending the night at the hospital; this person may park overnight in the area designated as Parking Lot 1A, with the use of the department hangtag.

G. KEYS

Each full-time resident will be issued a key to the seminar room. At the end of the resident year any keys issued must be returned to the pastoral care office. Failure to do so may result in a delay in the issuing of the trainee’s evaluation.

H. SECURITY

The UAMS Medical Center provides around-the-clock police officers for the protection of employees, patients, visitors, and property. Your assistance is needed. Please make certain that your valuables are secured. Make sure that doors are locked when appropriate, including the CPE Seminar Room door. When on-call, please check that all doors are secured when appropriate. If police are needed, call extension 686-7777.

I. UAMS MEDICAL CENTER NEW EMPLOYEE ORIENTATION

Incoming trainees will participate in the orientation process for new members of the Department of Pastoral Care and Clinical Pastoral Education. Such orientation will normally take place the first week of the CPE program or unit. There are two full days of Employee Orientation that must be attended on a consecutive Monday and Tuesday. In addition, computer training is required of all trainees and will occur during the day, normally on the Wednesday following Employee Orientation.

J. HEALTH CARE WHILE AT WORK

If a trainee needs medical attention while at work, they should ask the Department Business Manager about proper procedures to follow. In the event a trainee is injured through an accident arising out of and in the course of their training, the individual reports the injury to their supervisor, and, if necessary, reports to the Student/Employee Health Services for treatment during day working hours, or to the UAMS Medical Center Emergency Department for treatment during evening and night working hours.

As soon as possible after the accident, the individual must file an Accident and Injury Report with their supervisor. The form should then be taken by the trainee to their physician for the
attending physician's report and signature. The trainee should return the form to the supervisor. Additional information about this process may be obtained through the Department Business Manager or Director.

K. PUBLIC INFORMATION
All official and public information concerning the Department of Pastoral Care and Clinical Pastoral Education or UAMS Medical Center is to be administered through the Director of the Department. The Director will receive information and channel appropriate information through the Public Information Office. At no time is a staff member to speak officially on behalf of the Department or the UAMS Medical Center without clearance through the above stated channels.

L. HOURS
The Office of the Department of Pastoral Care and Clinical Pastoral Education is open from 8:00 a.m. until 5:00 p.m., Monday through Friday. On-call hours run from 8:00 a.m. until 5:00 p.m. for Chaplain Residents during the week, and from 5:00 p.m. until 8:00 am. for Pastoral Care Residents and Interns. Saturday and Sunday on-call shifts are currently 8:00am to 5:00pm and 5:00pm to 8:00am.

M. PHOTO IDENTIFICATION BADGE
All staff will have a photo identification badge made upon beginning service at UAMS Medical Center. The badge is to be worn at lapel level at all times while on duty. ID badges are to be worn in such a way as to be visible to patients at all times. No badges are to be worn at waist level. ID badges must be returned at the end of the term or resident year before evaluations will be issued.

N. MEALS
Chaplain Residents and Chaplain Interns receive a 20% discount on food purchased in the cafeteria; discounts are also granted at Doc Java on the first floor of Ward Tower, in the Lobby Café on the first floor of the Medical Center, in the Gathering Place on the first floor of the Cancer Institute, and in the cafeteria in the Reynolds Center on Aging.

O. INCLEMENT WEATHER
All trainees are expected to be at the hospital during regular working hours and to be responsible for their assigned on-call shifts. In addition, the Pastoral Care Department has implemented a substitution list; chaplains must be aware of their current position on the substitution list at all times and make plans to travel to the hospital in advance of weather that may interrupt travel. The chaplain on duty must be prepared to stay in the hospital until additional staff are able to arrive safely. In the event of severe inclement weather where safety is endangered, trainees are to contact their Supervisor or the Director of the Department; for further information see UAMS Inclement Weather Policy.
P. TELEPHONES

The Pastoral Care and Clinical Pastoral Education Department telephone number is 686-6217.

To Receive Incoming Calls: Outside callers can reach you by calling the Departmental telephone number. The Department Administrative Assistant will either reach you at an extension or will leave a message for you on your email or folder.

The following is a list of additional Departmental numbers:
- On-Call Chaplain Pager: 688-2060
- CPE Seminar Room (2D43A): 686-6890
- On-Call Room (3A20): 686-7667
- Director of Pastoral Care & Clinical Pastoral Education: 686-6888
- CPE Supervisor: 414-1092
- Chaplain Libby Grobmyer: 516-4979
- Tara Caudle – Administrative Support: 686-6217

To Call Long Distance: Pastoral Care trainees may make long distance calls only when related to patient care. All such calls must be recorded by phone number and time and date of call in the On-Call Log Book. It is expected that most patient care related calls shall be referred to the Social Services Department.

Personal Calls: Personal calls (outgoing and incoming) should be kept to a minimum. Trainees may not charge private long distance calls to the Department.

Telephone Etiquette: When answering a call, greet persons cordially (e.g., "Department of Pastoral Care and Education, good morning, chaplain (state name) ---- speaking."). When receiving a call for another staff member, request the person's name before placing the caller on "hold." If transferring a call, let the staff member know who is calling before you transfer the call. If the staff person is not available to receive a call, make a written note of the call. Please pay attention to your tone when answering the phone and on all calls be tolerant and respectful.

Q. DESCRIPTION OF NURSING UNITS

A description of the clinical nature of each nursing unit within the UAMS Medical Center is found in Appendix B.

R. UAMS POLICY ON DRUG AND ALCOHOL ABUSE PREVENTION

The Department of Pastoral Care and Clinical Pastoral Education supports and adheres to UAMS Medical Center policies regarding drug and alcohol abuse prevention. Please refer to Appendix E for the full text of these policies.
SECTION II
CPE PROGRAM

A. ADMINISTRATION AND GOVERNANCE

1. Administration Authorization and Structure. Each Chaplain Resident and Chaplain Intern will be administratively responsible to their immediate supervisor and is expected to clear all administrative matters with that supervisor, unless otherwise specifically indicated in Departmental policies. In turn, it is expected that each Chaplain-Resident and Chaplain-Intern will experience an interest and commitment to the whole work of the Department and come to share in it as a pastoral colleague, in an appropriate professional manner. 220. ff

2. CPE Program Admission Policy. The Clinical Pastoral Education (CPE) program offers learning opportunities to theological students (both first degree and graduate degree candidates), the ordained clergy (including those in parish ministry and specialized ministries), persons licensed or certified in a religious vocation, and others in ministry including qualified lay persons.

Trainees are admitted to the CPE programs irrespective of race, gender, age, faith group, national origin, sexual orientation, or physical disability. Further, it is the program's admission policy to seek a diversity of qualified persons in the student group, especially in terms of denomination, gender, race, and style of ministry; such diversity will enhance the accomplishment of the program objectives by providing a variety of persons, ecumenical representations, and ministry styles from which to learn. 130.1

a. Admission Criteria. The following criteria guide the selection of trainees in the respective programs. Prerequisites:

The Residency Year

1. Completion of the standard application; 220.1
2. Graduation from an accredited seminary, or concurrent enrollment in a seminary degree program of which a CPE year is an integral part; or ordination, licensure, or certification in a religious avocation with actual experience in same; or if applicant is a layperson, sufficient evidence of equivalent professional education or experience;
3. Appropriate ecclesiastical or seminary endorsement to engage in the CPE program;
4. Preference is given to applicants who have successfully completed one unit of CPE.
5. An admission interview by a CPE supervisor (usually an on-sight interview with the Admissions Committee);
6. Payment of the application fee;
7. Acceptance for training by the supervisor of the CPE Center.
Summer Unit

1. Completion of the standard application; 220.1
2. Completion of at least one year of theological education at an accredited seminary; or ordination, licensure, or certification in a religious vocation; or experience in an ecclesiastically approved ministry; or adequate equivalent academic preparation and work experience;
3. Appropriate ecclesiastical or seminary endorsement to engage in the CPE program;
4. An admission interview by a certified CPE supervisor;
5. Payment of the application fee;
6. Acceptance for training by the supervisor of the CPE Center.

Part-Time Extended Unit

1. Completion of the standard application; 220.1
2. Completion of at least one year of theological education at an accredited seminary; or ordination, licensure, or certification in a religious vocation; or experience in an ecclesiastically approved ministry; or adequate equivalent academic preparation and work experience;
3. Active involvement in an appropriate ministry concurrent with participation in the Extended Unit CPE program;
4. Appropriate ecclesiastical or seminary endorsement to engage in the CPE program;
5. An admission interview at the CPE Center;
6. Payment of the application fee;
7. Acceptance for training by the supervisor of the CPE Center.

General Criteria:

1. Capacity for functioning ecumenically and interdisciplinary;
2. Capacity for utilizing one's experience for learning;
3. Capacity for using the clinical method of learning
4. Capacity for exercising and relating to authority;
5. Autonomy and interdependence in functioning.

These objective and subjective criteria are used to determine the applicant's readiness for the CPE programs; all applicants will be expected to meet these criteria to at least a minimum degree to be admitted.

b. Admission Procedures. The Director for Pastoral Care and Education coordinates the admission process, including announcement and publicity of the programs, correspondence with applicants, review of applications, scheduling interviews, the selection process, the communication of admission decision, and the collection of fees. Program information and application instructions are sent to students on request. Announcement of the programs are sent to seminaries, CPE Centers, ecclesiastical offices, and other appropriate agencies and persons. 220.

As completed applications are received, they will be reviewed and considered on individual
merit and in relation to the composition of the student group using the non-discrimination policy, the diversity principle, and the admission criteria listed above. **220.1**

Applicants for the summer and extended unit programs, as noted, are expected to submit, as a part of the application, a written report prepared by a CPE supervisor of his or her face-to-face admission interview of the applicant. This interview and report will be at the applicant's expense. This admission interview report is given serious consideration in the review process. When the applicant is within reasonable proximity of the CPE Center, the admission interview may be conducted by a CPE supervisor at this center. **220.2**

These interviews and reports are used, together with the written application material to determine the applicant's readiness for the CPE program, and, consequently, to make the admission decisions.

Applicants are notified as soon as these decisions have been made. Those admitted to training will be asked to send written confirmation of their intention to pursue the program and a confirmation fee, which is credited to the first unit's CPE training fee. Those not admitted are notified to that effect. Admissions to the program are closed as soon as sufficient qualified students are accepted and confirmations are received. **220.**

3. **Dismissal Policy.** The CPE Resident’s continuance in the program from one unit to the next is contingent upon the trainee's successful completion of each preceding unit. Dismissal from the Residency program will only occur after consultation with one's supervisor. All CPE students have the right to appeal a decision to be dismissed. The UAMS Policy and Procedure Manual lists the following various reasons for dismissal: **130.5**

   (1) Abandonment (3 days without showing up)
   (2) Jeopardizing the best interest of a patient
   (3) Unapproved absence
   (4) Disruptive to the Clinical Program
   (5) Theft of Hospital property
   (6) Breach of patient confidentiality
   (7) Refusal to submit to a drug test
   (8) Not visiting patients or failure to complete clinical assignments

4. **CPE Program Fees.** The Department's policy is to establish fee schedules which are fair and reasonable, reflecting the generally accepted practices of other CPE Centers and the needs of this Center. All fees are payable by check to UAMS Medical Center. **130.2**

   a. Application Fee: $25.00 per application, due upon receipt of Application. **220.1**
   b. Confirmation Fee for Residents: $150.00 due within ten days following acceptance of an applicant. This fee is non-refundable, and will be applied to the student's training fee.
   c. Confirmation Fee for Interns: $200.00 due within ten days following acceptance of an applicant. This fee is non-refundable, and will be applied to the student's training fee.
   d. Training Fee: $350.00 per unit for Residents, $400.00 per unit for Extended Unit Interns, due and payable on first day of the given CPE unit and $400.00 per unit for summer trainees.
   e. CPE Admission Interview Fee: $50.00; includes review of written application materials,
interview, and written interview report. This fee is waived if the applicant applies and is accepted as a trainee in this Center.

5. Ecclesiastical Relationships. CPE trainees are expected to maintain themselves in good standing with their denomination or faith group. 1100.

6. Academic Credit for CPE. The College of Pastoral Supervision and Psychotherapy certify successful completion of units of CPE, but do not give academic credit, nor does it grant degrees. However, many seminaries and other academic institutions grant credit for CPE according to their own curriculum. Trainees who have interest in securing credit should make appropriate arrangements with their respective institutions; this CPE Center does not assume responsibility for this matter.

7. Requests for Leave. Requests for leave will be considered in relation to pastoral service needs within the hospital and the educational schedule of the CPE program, as well as the individual trainee’s preferences. Trainees should first clear their requests with the Director of the Department.

8. CPE Program Records Policy and Procedures. It is the policy of this CPE Center to maintain trainee records, and all other CPE Program records, in compliance with applicable federal and state laws and in compliance with CPSP standards and guidelines (See CPSP Standards). 130.4

Confidentiality: The trainee's official record is confidential. The records are kept in a locked cabinet in an office of the Department and electronically. Any written, audio, video or other materials, from initial application material to final evaluation and committee review reports, are confidential and are treated accordingly. 1100.

Access: The trainee's official record is open to them. The CPE supervisor and other officials of the CPE Center have access to the trainee record on a "need to know" basis. The record is not open outside the CPE Center except with the written permission of the trainee (See the Release of Information form in the appendices). 1100.

Exceptions: The law and CPSP guidelines provide for certain exceptions concerning the release of information to protect the health or safety of the trainee, for the purpose of accreditation reviews, and for research. No personally identifiable information will be released for research without the written permission of the trainee.

Content: During the trainee's tenure in the CPE Program, all records are retained in the trainee’s file, including application materials, case studies and other clinical reports, reading reports, trainee and supervisory evaluation reports, committee action reports, correspondence, copies of trainee record cards, etc. When the trainee concludes, or is terminated from, the CPE Program, and after all evaluation reports and trainee record cards are completed, the trainee file is purged. The trainee evaluations are maintained for five years. 130.4

Custody: The Department of Pastoral Care and Clinical Pastoral Education has custody of all CPE Program records, including trainee records. Responsibility for the maintenance of the
trainee records is the responsibility of the Director of the Department. 130.4

In the event that the Center is without a Director, all trainee records, and other CPE Program records, will be in the custody of the Executive Director of Clinical Programs, or a designee. In the event the Center should be closed or cease to be accredited, all trainee records and other appropriate CPE Program records will be sent to the CPE accrediting organizations. The trainee has the responsibility to maintain their own file for future use. 130.9

9. Commitment to the CPE Program. Students are accepted into the program(s) with the understanding that they will commit themselves to the duration for which they are accepted. Example: The Residency from September through August; the part-time Extended Unit from September through May; the Summer Unit 11 week program. On a rare occasion, an individual may be terminated from the program if the trainee is not satisfactorily participating or is unable to utilize the CPE clinical method of learning.

10. CPE Program Policy and Procedure for Informing Students of Rights and Responsibilities. It is the policy of this CPE Center to be open with trainees and applicants regarding the CPE Program expectations and requirements, as well as the rights and responsibilities of trainees in relation to the CPE Center and Program. This Trainee Handbook is provided to you to inform you of the program expectations and requirements and your rights and responsibilities as a trainee. It is your responsibility to read, understand and follow this Handbook. 130.7

As a person enrolled in a CPE Program at this CPE Center, you have certain rights and responsibilities. Your rights, as a trainee, are grounded in the CPSP Standards. You are urged to read and understand these Standards. CPSP Standards are available to you in the CPE Seminar Room.

It is your basic right, as a CPE trainee, that your CPE Program meets the CPSP Standards. Some of your rights, which derive from this basic right, are as follows:

a. You have a right to an admission policy and procedures that are fair and that do not discriminate against people because of race, gender, age, faith group, national origin, sexual orientation, or physical disability.

b. You have a right to be informed of this CPE Center's financial policy and procedures, insofar as they affect you as a trainee.

c. You have a right to register a complaint/grievance if you perceive that the CPE Center or your CPE Program does not meet the CPSP Standards, or if you perceive that the CPE Supervisor does not meet the CPSP Standards for ethical and professional conduct.

d. You have a right to have your student records maintained consistent with CPSP Standards. These standards assure you that your CPE trainees records will be handled confidentially and they establish guidelines concerning what will be kept in your record, who may have access to your records and under what circumstances, and provide for the long-term custody of your records.

e. You have a right to be informed in writing of your rights and responsibilities with this CPE
11. **CPE Program Policy and Procedure for Complaints.**

a. **Rights of Trainee:** As a person enrolled in a CPE Program, you have certain rights. CPE Programs and CPE Supervisors should comply with certain ethical, professional, and educational criteria established by CPSP Standards. If in your perception an ethical, professional, or educational criterion is violated, you have the right to complain; you have the authority and the means to register a complaint. The following policies, philosophy, and procedures are established for your protection and to assure that your rights are honored.

b. **CPSP Standards:** In order for this Center to be accredited by CPSP, Inc. this Center must meet specific standards. CPSP Standards require a procedure for handling complaints. **130.3 & 1100.**

c. **General Philosophy:** It is the philosophy and policy of this CPE Center to strongly encourage persons to work out differences informally, face-to-face, and in a spirit of collegiality and mutual respect. This is the tradition of the pastoral care movement. The procedure for complaints "should be used only if informal discussion and pastoral communications do not resolve differences and the complainant or group of complainants desires to register a complaint".

d. **Procedures for Handling Complaints:** In the event that you have a complaint concerning the CPE Center, a CPE Program, or the ethical and professional conduct of a CPE Supervisor, you may register your complaint according to the following procedures.

If you have cause for a complaint while enrolled in a CPE unit or if you discern one after having completed a CPE unit, it is always your right to register the complaint within six months of the occasion causing the complaint as per CPSP Standards.

**Step One:** If you have a complaint, you should present the complaint to the Director, if the complaint concerns the CPE Center or the CPE Program, or to the CPE Supervisor in question, if the complaint concerns the ethical and professional conduct of a CPE Supervisor, for the purpose of working out the complaint informally, face-to-face, and in a spirit of collegiality and mutual respect. The complaint should be presented as soon as possible after the difficulty arises.

**Step Two:** If satisfactory resolution is not accomplished through Step One, your complaint should be written and a copy should be officially registered with the Director of the Department as soon as possible after the difficulty arises. Within 30 days of receiving the written copy of the complaint, the Director will schedule a meeting with all directly involved in the occasion causing the complaint when that person(s) is deemed appropriate by you, the trainee, and the Director. If the complaint is against the Director, the same procedure applies.

**Step Three:** If the complaint is not satisfactorily resolved in Step Two, you should write a letter indicating the nature of your continued dissatisfaction, and the letter should be officially registered with the Director of the Department as soon as possible after the meeting described in Step Two. The written complaint and letter describing the dissatisfaction will be forwarded to the
CPE Center's Standing Committee for Complaints. This committee is composed of the Chairperson of the Pastoral Care Advisory Board or designee, the Vice Chancellor of Clinical Programs of the UAMS Medical Center, and a person who has successfully completed this CPE Medical Center's Residency Program; this person shall be designated annually by the Board's Nominating Committee in consultation with the Chairperson of the Board and the Director of the Department.

The Standing Committee for Complaints will study the written complaint and letter describing the dissatisfaction. If the Committee decides that a hearing is warranted, the committee will schedule a meeting within 30 days of the Director's receiving the letter. At this meeting, all parties to the complaint shall be present in person; the committee shall hear the complaint fairly and according to due process, including the opportunity for all parties to confront one another. The Committee will attempt to resolve the complaint.

Step Four: If the committee decides that a hearing is not warranted, or if the committee does hear the complaint but is unable to resolve it, the committee will inform you of your right to register your complaint in accordance with policies and procedures of the College of Pastoral Supervision and Psychotherapy (CPSP).

B. GOALS AND OBJECTIVES

1. CPE at UAMS Medical Center.

a. ACTION REFLECTION IN A GROUP LEARNING PROCESS

The Clinical Pastoral Education (CPE) program at UAMS Medical Center engages in an action reflection model of learning, which is central to the CPE experience. The chaplain interns are involved in direct patient care and it is from that experience and reflection on the actual pastoral encounter that fosters the chaplain’s learning. At UAMS Medical Center trainees are involved with people from diverse religious and cultural backgrounds. Trainees are assigned to specific areas, function as ecumenical chaplains, and are responsible for providing pastoral care to patients, families and staff. Trainees attend interdisciplinary meetings and participate with other professionals in providing patient care. Chaplain interns also share on call responsibilities, which provides learning opportunities in the midst of a developing health care crisis. 130.8 & 210.1.2

These are some of the key concepts in an action reflection learning process: 130.8

1. Learning from experience, both personal and professional, through case study reflection, peer feedback, and the supervisory encounter in such a way as to shape future action.

2. Working with a peer group, to be held accountable and to hold others accountable, for personal and professional development.

3. Gaining awareness as a pastoral care giver while developing pastoral identity and authority.
b. EDUCATIONAL SEMINARS 210.17

The following list of seminars and learning opportunities are scheduled to meet the requirements of the College of Pastoral Supervision & Psychotherapy and the Clinical Pastoral Education program at UAMS Medical Center: 210.1.6

1. Pastoral Concerns Seminar

This seminar is for trainees to present learning issues relating to their personal and pastoral formation within the CPE learning context. It addresses group process and pays particular attention to the covert and unconscious dynamics relating to leadership and authority.

2. Case Studies:

Written accounts of pastoral work will be presented in the form of case studies or critical incident reports. Trainees will take turns presenting their work before their peer group and supervisor.

3. Group Relations Seminar (Tavistock Model) 210.15

This is an open seminar for the peer group to work on issues of pastoral support, clarification of personal and professional identity, and to assess the capacity for mutual learning and growth. It is an opportunity for the peer group to work together to study the covert and overt dynamics in group process in relation to leadership and authority, what it means to be a learning community. Trainees will learn to utilize a peer group for support and confrontation, and to explore personal, practical, philosophical, and theological dimensions of community living. This will include the initial and ongoing process of contracting with each other about expectations, structure, hopes, and commitment. When the model is strictly applied, the supervisor will act as a consultant and will only engage the group as a whole and not the individual members of the group.

4. Individual Supervision 210.13

Over the course of each unit the trainees will have the opportunity for approximately twenty hours of individual supervision and consultation with the CPE Supervisor. Trainees are responsible for setting the agenda for these sessions with the supervisor, and may use them for a variety of functions that relate to their own learning goals. They may include reflection on written assignments, consultation on pastoral issues and strategies within their placement site or congregation, and personal support. The underlying philosophy is that trainees will be encouraged to deal with significant therapeutic issues in more appropriate sessions, and issues involving the learning group should be brought back to the learning community. Individual supervision provides an opportunity for more extended, specific interaction and consultation on learning goals and integration of the self into professional ministry.

5. Educational/Didactic Seminars 210.16

A first unit of CPE some basic seminars on areas of clinical and pastoral experience will be scheduled. Trainee interest and issues that arise out of the clinical experience will dictate other seminars. Seminars will be arranged to meet the needs and experiences of the trainees in subsequent units and as needed.

C. CASE STUDY – A FORMAT
Purpose:
To have an appropriate format to report clinical work so peers and supervisors, in light of the objectives of CPE and the individual trainee, can provide feedback and enhance individual and group learning.

Policy:
Write up and submit at least six to ten (six for half time unit; ten for full-time unit) case studies to be presented in the peer group or to the supervisor. This will present the opportunity to learn from input by peers, the supervisor and, when appropriate, other professionals. A critical incident report may replace a case study.

The following is a sample of a case study: 210.
The format, questions, and suggestions are guidelines only and is not intended to be rigidly adhered to. Other formats are suggested in the appendices.

**CASE STUDY- Sample**

Case Study #
Date Presented:
Chaplain:
Date of Visit(s):

Patent Name (Not actual Name):
Patient Age:
Gender:
Ethnicity:
Marital Status:
Religion/Belief System:
Length of Visit:
Admission Date:
Floor:
Diagnosis/Prognosis:

II. **Background Information:**
Additional information known before the visit, summary of previous visits, and source of information should be included in this section.

III. **Preparation/Observations:**
In light of what you know (or did not know) state areas of concern, self-preparation and objectives for the visit. Make observations of the condition of the patient, personal effects in the room and others (e.g. family or nurse present).

IV. **Reason for presenting this patient:**
What question(s) were raised for you that you want feedback on?
In this section, include verbal and non-verbal communication. Put non-verbal communication in parentheses ( ) and number the lines of the dialogue, or and note the speakers as follows: C-1 (for chaplain), P-1 (for patients), D-1 (for doctors) or N-1 (for nurses), appropriately.

VI. Analysis of the Patient/Chaplain Encounter
1. Note the underlying dynamics, concerns of the patient, the family, the hospital system and how they might affect the patient.
2. What is the meaning of illness for this patient?
3. What is your pastoral diagnosis of the dominant problem facing the patient?
4. Are there any remaining questions about this patient, puzzling features?
5. What are the resources available to this patient? How will you engage these resources for the patient? Where do you, as chaplain, fit into this plan?
6. What social concerns arise for you regarding the patient?
7. What are the ethical issues?
8. What could be changed to enhance the patient’s healing and enable personal development?

VII. Analysis of the Pastoral Functioning
1. Evaluate your successes and failures: where you did well, what you did well; what you would do differently.
2. Did personal issues become enmeshed with those of the patient? How? Where were you able to keep enough objectivity to allow the patient to work through his/her issues?
3. Describe the levels of empathy, rapport, and your feelings about the patient. How do you think the patient felt throughout this encounter with you?
4. Looking back on why you presented this case study, what did you learn about yourself as chaplain/pastor? What did you learn about the patient through this encounter?
5. Write any theological reflections you may have from this encounter. How did this experience stretch your mind and your own faith perspective? How did the patient’s theology challenge your concept of the spiritual, God, religion?
6. How are your learning goals reflected in this encounter? What did you learn about yourself, pastoral care, and the hospital system?

Guidelines on Choosing a Pastoral Visit for a Case Study
The best case studies come from situations in which you are deeply involved. Often this may come from situations where you felt like you missed an individual(s) completely, or did not know what to do. Sometimes it comes from a visit in which you felt and knew you did well as a pastor. Either way, the best visits to write up are ones where you feel you have something to learn. A “good” or “bad” case study is not a question of length, but rather evidence of your capacity as professional to “profess” what you did, what you learned, and what you want to learn.
Trainees will develop their own process for remembering a visit through note taking. However, one of the best ways to choose a pastoral visit for case study is immediately jot down key words, exchanges and themes whenever a visit “grabs you”. Then write the visit up the same day.

If the situation you want to write about or present on does not lend itself to this format, vary it as needed. A learning situation can be a critical incident or experience rather than a “normal” visit. Try to include all the information and analyses requested, and do what is needed to help the experience come alive again for you and others.

**CASE STUDY REPORT 210.**

**Purpose:**
To have an appropriate format to report clinical work in order that it can be critiqued by peers and supervisor(s) in light of the objectives of the individual trainee and the CPSP.

Write up and submit at least six to ten (six for half time unit; ten for full-time unit) case studies to be presented in the peer group or to the supervisor. This will present the opportunity to learn from input by peers, the supervisor and, when appropriate, other professionals. A critical incident report may replace a case study.

An example of a critical incident report:

**CRITICAL INCIDENT REPORT**

Chaplain’s Name:

**Date of Writing:**

Location:

**Date of Incident:**

1. **WHO and WHERE?**
   a) Who is involved? (Insofar as possible, protect the specific identity of others involved.)
   b) Background of events and relationships that led to this “incident.”
   c) What was the physical and emotional setting in which this took place?

1. **WHAT HAPPENED?**
   Narrate the incident itself as you experienced and perceived it.

2. **WHAT MADE THIS INCIDENT CRITICAL FOR YOU?**

3. **PASTORAL ASSESSMENT OF THE INCIDENT**
   As relevant, in terms of:
   a. psychological issues
b. sociological issues
c. theological issues

4. WHAT DID YOU LEARN FROM THIS INCIDENT?

5. TIME ELAPSED IN THE INCIDENT

d. **CONTRACT FOR LEARNING 210.11**

**Purpose:**
To offer guidelines that will ensure that trainees understand the individual contract forms the basis for learning in the Clinical Pastoral Education model.

**Policy:**
Each trainee will develop a contract for learning based on individual needs and in keeping with the process learning of clinical pastoral training according to the Standards of the CPSP.

A. Each trainee will prepare a learning contract based on his/her goals. Each learning contract will be intensely personal reflecting the individual’s learning and growth process at the time.

B. The learning objectives serve as a way for the trainee and supervisor to evaluate the learning.

C. The goals will be discussed in the peer group and will be a part of peer learning process in clinical presentations, theological reflections, group relations seminars, as well as in the mid-unit and final evaluations.

D. The contract statement should be concise, measurable, and reflect the growth issues of the trainee at this particular moment. It should also reflect the stage of personal development (emotional and developmental understanding), professional development (skills in pastoral functioning), and theological development (integration of faith into pastoral functioning).

E. The trainee is responsible for bringing the issues based on his/her objectives to the individual supervisory conference for discussion and evaluation. These objectives should also be included in the journal reflections.
F. Each contract should generally include three areas of learning: personal, professional, and theological.

e. GROUP RELATIONS SEMINAR 210.15
(Tavistock Model)

The group relations seminar will follow the Tavistock approach for the study of the group process and interpersonal group dynamics.

The seminar will be a “laboratory experience” within the boundaries of which the members of the group are assigned the task and given the opportunity of exploring and examining the dynamic life of the group itself with the focus especially on the nature of authority and leadership in the group.

In theory, the life of the group will have many facets that invite exploration and examination. Special attention will be given to issues of authority and leadership among the group members. Authority and leadership are central to the vitality of any group experience. Related to issues of authority and leadership are the particular and unique contributions of each member of the group. Thus, each individual shapes the group by particular gender, racial, national, and professional belongings, as well as by countless other factors.

As we undertake the task of exploring and examining the life of the group, we will pay attention to unconscious, covert, and particularly to irrational material where it suggests itself in the interactions of the group.

The seminar is open-ended in that there will be no attempt to prescribe what anyone will learn. The focus, however, will be on the dilemmas encountered in the exercise of authority and leadership in the group. The seminar will focus on the here and now, the ways in which authority and leadership are exercised within the boundaries of this specific seminar. The task is to study these processes as they are happening. Since this is a laboratory experience of a particular type and design, the consultant in this event will assume a strictly consultative role in relation to the group.
Consultants:  Supervisors  
Supervisory Trainees

f. JOURNAL/WEEKLY REFLECTION

Purpose
To assist the trainee in assessing the significance of the CPE experience in relation to the learning goals and standards of the program.

Policy:
Each trainee may keep a journal as a formal way to reflect on learning and growth in CPE. This journal may provide material for the supervisory conference.

A. The trainee journal is personal and the style of each trainee will be reflected in the writing.

B. The trainee may select items from the journal to use with the supervisor in the individual supervisory session or the trainee may present the entire journal for supervision. One may consider commenting upon the didactics in the journal. This material is confidential and will be carefully respected by the supervisor.

C. Journals may be used in supervision.

D. Suggestions for subjects for your journal:
   1. Relationship with patients, families, peers, staff, supervisor… attitudes revealed, feelings of effectiveness, issues raised, problems perceived.
   2. Self-insights, personal and professional roles and your perception of them in this setting, successes and/or frustrations in meeting responsibilities.
   3. Feelings noted… positive and negative.
   4. Review of the CPE program… most or least helpful elements, suggestions for additions or improvements.
   5. Faith experience… how has your faith been challenged, deepened, confirmed, what conflicts have arisen, what questions or insights were noted.
   6. Outstanding experience and/or outstanding frustration.
   7. Readings and how they influence the pastoral experience.
   8. What helped or hindered your pastoral calls?
9. Number and type of calls that you are making.
10. Your objectives and how you are working on them.
11. Other areas important to your growth and development.

D. LIBRARY RESOURCES 120.5

Purpose:
To assure an adequate training program for the CPE trainees, library resources are available at the College of Public Health.

Policy:
The trainees participating in the CPE program at UAMS Medical Center will have access to adequate library and educational facilities.

Procedure:
1. Many of the common books used in CPE education are housed in the CPE Supervisors office. These are available to the trainees at all times.
2. The hospital library offers a rich source of materials to trainees in-house and through inter-library loans. The librarian secures articles and books for the trainees as requested. They are usually available within a twenty-four to forty-eight hour span.
3. The trainees have access to the internet located in the library for additional resources as needs and interest arises.

E. GUIDELINES FOR UNIT EVALUATION  210.18 & 210.14

Your unit evaluation is intended for you to:

(a) reflect on what you have learned, and
(b) reflect on how this clinical pastoral training experience has impacted your development of your personal and pastoral identity and authority.

Be specific and concise. Reflect on the following areas:
1. Comment on what you learned in relationship to patients this unit. Give examples from your patient encounters.
2. Comment on your relationship with your peers and name them individually. Reference your experience with peers in case reviews and group relations seminars.
3. Comment on your relationship with interdisciplinary staff and all authority figures. Name them.

4. Comment on your relationship with supervisors. Name them.

5. Comment on any theological reflections.

6. Evaluate the program.

F. READING LIST

Books:


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**Reading List – continued**

**Articles:**


(Spring 1999) “Pastoral Care and Medical Education”, *Journal of Religion and Health, Volume 38, No. 1*, pp. 5-13.


(1975) “Fifty Years of Learning through Supervised Encounter With Living Human Documents”.

(March 1999) [Keynote Address at CPSP 9th Plenary Meeting] “Whatever Happened to CPE?”


“Response to Adversity” *Pediatric Hematology/Oncology, Chapter 8.*

**Wildes**, Kevin Wm., (1999 April 3) “Medicalization and Social Iills”, *AMERICA.*

Jackson” Issue 34.
SECTION III
PASTORAL SERVICES

A. INFORMATION ABOUT PATIENTS

1. Confidentiality and Patient Information. Comprehensive privacy legislation, known as the Health Insurance Portability and Accountability Act (HIPAA), was passed by Congress in 1996. It was finalized on December 28, 2000 and received its final modifications on April 14, 2002. It became effective on April 14, 2003.

The basic intent of HIPAA is very simple: to keep a firm grasp on the confidentiality rights and needs of patients (while not encumbering their treatment) and making certain that the patient understands all of their rights about care and the necessary release of information to provide that care while still protecting the patient's privacy.

The HIPAA Privacy Rule:

The HIPAA privacy rule is a comprehensive federal regulation that gives patients protection regarding the privacy of their medical records. Issues of the patient's confidentiality have been a concern of the federal government for several years. In 1996, Congress recognized the need for national patient record privacy standards when they enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In November 1999, United States Department of Health and Human Services (HHS) published proposed regulations to guarantee patients new rights and protections against the misuse or disclosure of their health records.

The Health Insurance Portability and Accountability Act's (HIPAA) medical privacy regulations govern the use and release of patient's personal health information, also known as "protected health information" (PHI). Its basic intent is very simple: to keep a firm grasp on the confidentiality rights and needs of patients (while not encumbering their treatment) and making certain that the patient understands all of their rights about the care being received, and the necessary release of information to provide that care while still protecting the patient's privacy.

Patients are protected by HIPAA in terms of their right to privacy.

Therefore, as a condition of access to confidential information, and as a Chaplain in Training, it is acknowledged that:

The use of confidential information is on a need-to-know basis in order to perform legitimate duties as a Chaplain in Training.

All care will be taken not to misuse protected health information (PHI) or, by failing to safeguard PHI, allow unauthorized persons to obtain or access confidential information.
2. Dissemination of Medical Information. All inquiries concerning a patient’s medical conditions are to be directed to the patient’s nurse or doctor. It is not the role of the chaplain to provide any medical information to a patient or family members. In the event of a patient’s death it is the responsibility of the physician to inform the patient’s loved ones that the patient has died.

3. Access to Electronic Medical Documentation: The medical chart is a legal record of the process of treatment received by a patient. The chart is a highly personal document. Pastoral Care Interns and Residents have access to patients' Medical Records to whom they provide pastoral care. Conversation and consultation with a nurse, physician, or other health care professional is another effective means of both gathering needed information and passing on information that is important for our health care colleagues to have. At the end of your note, always enter your appropriate title of either Chaplain Resident or Intern. Writing notes in the charts of patients’ needs to be done in a professional manner, for example:

Initial pastoral visit: Thank you for the referral from Palliative Care Dr. ------. I visited with the patient who communicated to me that she is attempting to come to terms with her recent diagnosis and is reflective about the changes she will need to make in how she lives her life. Provided pastoral and emotional support and will follow up with patient to provide ongoing support.

Signature:

Name, Chaplain Intern or Chaplain Resident (Important to Note)
Contact information: pager #, telephone, etc

The expectation is that Pastoral Care documentation in the medical record will take place in real time i.e. when the service is provided and no later than within 24 hours after the pastoral encounter.

4. Patient Computer Print Outs. CPE Residents and Interns have access to the following patient records: 1) Alphabetical Patient List; 2) Patient List by religion; 3) Patient List by Nursing Units; 4) Admission List; 5) Discharge List; and 6) Transfer List. These can be accessed via the Electronic Documentation System. Each trainee will be assigned a log-in and password for Medical Documentation purposes. It is the responsibility of each trainee to use this information in compliance with patient confidentiality requirements (HIPAA).

5. Patients and Health Care Decisions. Respect for patients' self-determination is a cornerstone of ethical health care. Some questions regarding health care are complex and require considerable thoughtful deliberation. A significant role of Pastoral care is to assist patients and families, as well as physicians and hospital staff, as they endeavor to make difficult decisions and plans about health care.

Patients are able to express their health care preferences and to give advanced indication of these preferences to loved ones, physicians and other health care providers by means of an “advance directive,” which include the execution of a "living will”, and the appointment of a "durable
power of attorney or healthcare proxy”.

Federal regulations concerning patient rights require health care institutions to provide all patients, or their guardians, with written information about their right to make health care decisions, including the right to accept or refuse treatment, and the right to execute advance directives regarding their health care. An advance directive communicates the patient’s wishes when they cannot speak for themselves.

Chaplain Residents and Chaplain Interns play an important role in the process of informing patients of their rights and in honoring their preferences. As patients are admitted to the hospital, they are routinely asked if they have already executed any advance directives; if so, it is noted in the patient's record.

CPE Residents and Interns should become familiar with a patients' right to make health care decisions (Appendix U), about the various types of advance directives (Appendix T), and about UAMS policies and procedures designed to safeguard these rights.

B. PATIENT AND FAMILY CENTERED VISITING POLICIES

UAMS Medical Center promotes and supports a patient- and family- centered approach to care. Patients, their families, and other partners in care are respected as essential members of the health care team, helping to ensure quality and safety. Patients define their family and how they will be involved in care, care planning, and decision-making. Family members, as identified by the patients, provide support, comfort, and important information. While we strongly encourage the presence of family and care partners, occasional limitations and/or exceptions are at the discretion of the interdisciplinary team responsible for the patient’s care and will include consideration of the following: the patient’s request, care and treatment, patient’s safety and sense of security or to enhance the patient’s response to treatment.

PROCEDURES

I. The following guidelines are intended to be flexible in order to respond to the diverse and individual needs and preferences of each patient and unanticipated and unique circumstances, as well as to assure the safety of patients, families, and staff.

A. Families and other partners in care, are welcome 24 hours a day according to patient preference.

B. At the beginning of each care experience, patients are asked to:

1) Define their “family” and “partners in care” and how they will be involved in care and decision-making.

2) Identify and document primary contact or legal representative, such as a power of attorney for health care or a health care proxy.

3) Clarify patient preferences regarding who may be present during rounds, change of
shift report, exams, and procedures, and who may have access to written or electronic clinical information.

C. Patient preferences in relation to family and partners in care may be modified at any time during hospitalization by the patient and may be communicated to the interdisciplinary team. Patients may modify their preferences during their hospital experience.

D. The interdisciplinary team in collaboration with the patient will document these preferences in paper or electronic charting and communicate consistently and comprehensively to all who are involved with the patient’s care across settings.

E. In situations where the patient cannot speak for him or herself, is otherwise incapacitated and cannot identify who should be present, or when there is no obvious significant other, such as a spouse or life partner, or parent or adult child, UAMS staff make the most appropriate decisions possible under the circumstances. Decisions about the presence of family and other “partners in care” made under emergency situations may need to be revised when the patient can make their preferences known.

F. UAMS staff will provide information and guidance in a variety of ways to patients, families and other partners in care about:

1. How to partner with the care team to ensure safety and quality of care;
2. How to be involved in care, care planning, and decision-making;
3. How to support the patient during the hospital stay and during the transition to home and community care;
4. How to honor privacy and be respectful of other patients and families in close proximity or who share the same space;
5. The number of family and partners in care welcomed at the bedside.

G. ICU, Progressive Care, PRI, the Maternal/Infant Services areas (E5, E6/7, F/H 5) as well as F7 and H9 Units have specific written guidelines about the presence of family and care partners in these areas.

H. UAMS is a tobacco free campus. Use of tobacco products is not permitted anywhere on the UAMS campus.

I. Patients, families, UAMS staff and other members of the health care team can ask to reevaluate or modify the presence and participation of families. All such collaborative decisions will be documented in the patient record.

J. With respect to the presence of children:

1. Children who are supervised at all times by an adult (18 years of age or older) are welcomed. Although younger children may be developmentally unable to remain with the patient for lengthy periods of time, contact with these children can be of
significant importance to the patient. UAMS provides a child friendly waiting space on the first floor of the Hospital and we encourage families to utilize this area.

2. In some clinical areas it may be necessary to disclose information about the child’s health to assure protection of the child and the patient from infectious disease processes. In clinical areas where the spread of infection and childhood illness is of concern, there will be more defined processes in place for consideration. For our patient’s well-being, we ask that good judgment is used to avoid bringing children to the hospital if they are unwell.

3. Children should not visit patients in Maximum Precautions isolation

4. Children’s behavior is monitored by the responsible adult and the health care team to ensure a safe and restful environment for the patient(s) and a positive and developmentally appropriate experience for children.

K. Families are encouraged to designate a family spokesperson to facilitate effective communication among extended family and hospital staff.

L. Disruptive behavior and unsafe practices are not acceptable; these situations will be addressed directly and promptly.

1. In cases of disruptive guests, Campus Police may be notified to provide assistance.

M. All partners in care, and any guest of a patient must respect the hospital’s infection control policies. To protect our patients, any partner in care or guest should not visit the hospital if they have any of the following:

- Signs and symptoms of the flu or flu like illness
- Fever >100 degrees within the last 24 hours
- Runny nose
- Cough
- Sore throat
- Upper respiratory infection
- Nausea/vomiting/diarrhea

N. During community outbreaks of communicable disease (such as influenza), notices will be posted in the hospital lobby and elevator lobbies to inform the public that they present a special risk to patients during these times and request that if they are symptomatic, visits be postponed.

O. UAMS supports Patient and Family Advisory Councils with patient and family Advisors and representatives from clinical areas, hospitality, dietary, risk management, and other relevant departments to review and offer input into these guidelines.

P. Guests staying overnight

1. Unmarried minors may not have unrelated adults stay overnight in patient rooms.
2. Children of family in the Hospital required to stay overnight will remain in the patient’s room and must be supervised by an adult, 18 years of age or older at all times. This adult must be someone other than the patient. For safety and security, children may not stay in the overnight sleeping areas or the Hospital Lobby.

3. Overnight Sleeping Area – Two adult family members or care partners may stay overnight in the H tower sleep rooms. Phones are available for contact by the care team.

4. Facilities, lap blankets and sleep chairs are provided for overnight stays. Please keep personal belongings to a minimum and use the lockers provided to secure personal belongings during the day.

5. UAMS is not responsible for lost or stolen items. Video cameras monitor these areas 24 hours a day for your safety.

6. No outside mattresses or bedding may be brought into the sleep area or patient rooms.

7. Electrical devices, other than cell phones, I pads, and I pods, may not be plugged in unless cleared by UAMS Physical Plant.

8. Overnight guests staying in a patient room or in the designated sleep area must obtain a red overnight guest sticker from the unit each day. Between the hours of 3 p.m. and 11 p.m. guests will trade the red unit sticker for a sleep pass at the Hostess Desk on the 4th floor.

9. Overnight guests for the ICU areas will refer to the UAMS Intensive Care Family Guide.

10. When the designated sleep areas are at capacity, the overnight registration host/hostess will direct the guest to another area.

Q. Security

1. A Registration Host/Hostess will oversee these areas from 7 a.m. to 11:00 p.m. each day.

2. A red phone in each area provides a direct line to the UAMS Police Department in case of an emergency. All areas are under video surveillance 24 hours a day for your protection.

R. Courtesy

1. Overnight sleeping areas must remain quiet from 10:00 p.m. until 7:00 a.m.

2. The areas will be cleaned between 8:00 and 9:00 a.m. each morning and must be clear during that time.

3. Lights remain on all night in these areas.

4. Overnight sleeping areas are open to all guests from 9:00 a.m. until 8:30 p.m.

Family Consultation Rooms

There are a number of family consultation rooms available to chaplains, physicians and other staff to speak privately with families concerning a patient. Chaplain Residents and Chaplain Interns may request access to a Family Consultation Room from the Nurse Manager for that
floor.

C. CHAPLAIN ON-CALL

Chaplain Residents and Chaplain Interns are required to provide overnight or weekend on-call a **Minimum** of once a week, or once every other week. The procedure for on-call is:

1. The Chaplain On-Call will receive and **immediately** respond to all calls. The nature of the response is the determination of the Chaplain On-Call. Several avenues of an appropriate pastoral response exist. Some examples include: referral to chaplain assigned to the area in which pastoral service is needed, deferring immediate follow-up on a call after ascertaining it can be managed responsibly at a later time, or immediately proceed to manage the call directly oneself. In the event the Chaplain On-Call intervenes pastorally in areas of the hospital assigned to a fellow resident, the on-call chaplain reports back to the chaplain assigned to that unit.

2. A **Chaplain On-Call Log Book** will be maintained in the Pastoral Care seminar room. The Chaplain On-Call will make appropriate entries in the call log at the time of the pastoral intervention. The documentation is to be concise, legible (printed) and ready to be reported at the 8:00 a.m. morning report.

3. Each day will begin with **Morning Report** conducted in the CPE seminar room. All residents and interns will attend. This is a time to both review the activity that has occurred during the twenty-four (24) hour period of on-call and to transfer the pager and Vocera to the person assuming on-call responsibility and to make necessary referrals for follow-up. Morning Report is an opportunity for learning much like the Clinical Case Study; chaplains are to be on time.

4. If the occasion arises where a chaplain needs to **exchange a day of on-call**, that individual will bear responsibility for negotiating with another chaplain for coverage. Additionally, the chaplain needing to alter the on-call schedule will be expected to notify the Chief Resident so that the on-call schedule in the Seminar room may be updated to reflect the change.

5. A Chaplain On-Call will be responsible for duty on a twenty-four (24) hour a day basis. Chaplain Residents and Chaplain Interns will rotate call as scheduled and are required to remain at the hospital and medical center for the entire time of call duty.

6. When on call in the evening, the duties include making rounds in the waiting areas, the ICUs, and the Emergency Department.

7. The Chaplain On-Call is part of the Trauma Team. The Chaplain On-Call will respond to all trauma pages by going to the Emergency Department immediately. A trauma page takes precedence over a regular page.
8. The Chaplain On-Call will be provided space for sleeping, facilities for a shower, and meal tickets for meals while on duty.

The on call chaplain is required to attend training seminars the day subsequent to overnight duty.

D. CHAPEL AND WORSHIP SERVICES

The chapel is open daily from 6:00 a.m. to 8:30 p.m. and is available to patients, families, loved ones, and hospital staff for prayer or meditation. Interfaith services are conducted each Sunday, beginning at 10:00 a.m. by the Chaplain-on-Call. The Sunday Chaplain-on-Call will be responsible for planning and leading the Inter-faith service.

E. PASTORAL INITIATIVES FOR GROUP ACTIVITY

Chaplain Residents and Chaplain Interns must seek authorization from the Director of Pastoral Care before initiating any group activity in the hospital or on the UAMS campus. In addition, Chaplain Trainees must ascertain clearance for any pastoral group activities from appropriate personnel in the clinical area in which this form of pastoral care will be occurring.

F. CLERGY LIAISON

An integral function of the Pastoral Care Department is facilitating and overseeing the ministry of local and area clergy within the UAMS Medical Center. Chaplain Residents’ and Interns’ role is to honor and support the continuation of meaningful relationships between church members and their clergy.

G. BIBLES, RELIGIOUS LITERATURE, AND SYMBOLS

Through the generosity of Gideon’s International, our Department maintains a supply of New Testaments and Bibles located in the Pastoral Care Office or the CPE Seminar Room. These Bibles are available for distribution to patients upon patient request. When asked to deliver a Bible, the chaplain should deliver it in person and use the occasion for a pastoral visit and pastoral screening.

All religious literature used in the hospital must be cleared through the Department. No individuals or religious groups are authorized to distribute religious literature or symbols other than to members of their own faith tradition. Any practice to the contrary should be brought to the attention of the Director immediately.

H. RECORD KEEPING AND REPORTING

Upon entering a CPE program, trainees will be oriented to the instruments of record keeping used by the Department. A significant element of our recording system is the "Chaplain-on-Call Log". This is covered in detail in the section entitled "CHAPLAIN-ON-CALL". This record keeping assists us in offering continuity of care, enables us as a Department to be accountable,
and allows us to gather data in order to evaluate various functions of the Department. Trainees who wish to keep records of their pastoral care for personal evaluation may do so.

I. GRATUITIES POLICY

It is the policy of UAMS Medical Center and of the Pastoral Care Department that no staff member shall solicit or accept a gift from a patient, visitor, or a person or entity that contracts with, does business with, or seeks to do business with UAMS. A gift includes everything of monetary value.

A one-time gift or meal of a value of $25 or less may be accepted.

In the event a chaplain is requested to conduct a wedding or a funeral on his or her time, it is acceptable for the chaplain to receive an honorarium for delivering this service.

J. INTERDISCIPLINARY TEAM MEETINGS ON CLINICAL UNITS

It is expected that where Interdisciplinary team meetings occur within the Chaplain Resident’s and Chaplain Intern’s assigned clinical areas, that the chaplain will attend and participate. Trainees are to take responsibility for participating in and even initiating interdisciplinary meetings both on a formal and informal basis.

K. EMPLOYEE COUNSELING RELATIONSHIPS

Any occasion for counseling with an employee should fall in the realm of general pastoral care. However, no resident or intern is to engage in a formal long term counseling relationship with employees without the specific approval of the Director of Pastoral Care.

L. SACRAMENTS

1. General Policy: Students should conduct sacramental acts with patients and patients' families in accordance with the rubrics of their own ecclesiastical heritage. At times the most responsible course of action is making a referral to a congregation and minister of a particular faith group.

2. Baptism: While Baptism is more appropriately performed in the context of a parish setting, emergency situations arise in a hospital setting which may necessitate immediate provision of this sacrament as the only appropriate pastoral response. Baptism is recognized by all churches as a rite of initiation that by definition is based in the family as well as the larger church community. Thus, a request for infant Baptism may only be initiated by the parent or parents of the infant. The Chaplain Resident or Intern would encourage the presence of the family members and loved ones. The sacrament of Baptism should be delivered with theological integrity and with an emphasis upon its intrinsic intent to symbolize inclusion in the community of faith.

Baptism is also a legal act for record. When a baptism is conducted at the UAMS Medical Center, a record must be noted in the Record of Baptisms kept in the CPE seminar room. The
Baptism should also be recorded in the patient's chart under Progress Notes.

A Certificate of Baptism may be found in the CPE seminar room. It is the responsibility of the chaplain conducting the Baptism to see that this process occurs in a pastoral and professional manner.

3. Communion: The Eucharist, Holy Communion; or the Lord's Supper, should also be administered with theological integrity considering the religious identity of the patient and their loved ones and the ecclesiastical tradition of the Chaplain. When communion is offered, it is the responsibility of the Chaplain to be aware of any dietary concerns patients may have.

M. INTERNAL CODE ALERTS/DISASTER PLAN

Several Internal Code Alerts are used to announce present or impending crises to staff. The following are significant:

**CODE PATHOGEN (Bioterrorism)**

**CODE PATHOGEN** is activated when there is a suspected bioterrorism event. Those people with direct responsibility will be notified by the hospital operator.

Depending upon the nature of the contaminating agent, the number of victims and the patient acuity, other disaster codes may be called simultaneously (Code Yellow, Code Green or Code Exodus).

**Code Pathogen is not announced overhead.** If you become aware of a Code Pathogen in progress, **do not report to the Emergency Department.** Report to your department and await specific instructions.

**CODE YELLOW (Decon Plan)**

When victims who are contaminated with chemical or biological agents that require decontamination are received, a **CODE YELLOW** may be activated. Those employees with direct responsibility will be notified by the operator.

Depending upon the nature of the contaminating agent, the number of victims and the patient acuity, other disaster codes may be called simultaneously (Code Pathogen, Code Green or Code Exodus).

**CODE YELLOW is not announced overhead.** If you become aware of a Code Yellow in progress, **do not report to the Emergency Department.** Report to your department and await specific instructions.
CODE GRAY (Severe Weather)

When a CODE GRAY is called:

1. Employees shall report to their departments.
2. Close windows, doors and drapes in patient care and visitor areas.
3. Direct visitors and patients away from windows to protected internal hallways.
4. Stand by to assist patients and visitors to safe areas.
5. Patients who cannot be moved to safe areas should be
   a. Moved as far away from the windows as possible.
   b. Covered with blankets and pillows.

When the "CODE GRAY ALL CLEAR" is called, assist patients and visitors to return to normal.

Chaplains are expected to provide pastoral care to patients and staff from their assigned clinical areas during such an alert.

CODE EXODUS (Evacuation)

CODE EXODUS ACTIVATION

- Any hospital employee who becomes aware of a situation in which continued operations in a location are immediately dangerous to life or health of patients, staff or visitors shall immediately contact the hospital administrator on duty and/or the ADON.
- The administrator/ADON shall determine if an immediate evacuation of the unit/location is required. If immediate evacuation/rescue is required, the UAMS Police at 686-7777 will be called for assistance.
- After those in immediate danger are safe, the administrator/ADON shall activate the UAMS Emergency Incident Command System by calling the hospital operator at 686-7333 and instructing her to activate the CODE EXODUS plan.
- When CODE EXODUS is heard overhead, all hospital personnel are to report to their departments and await specific instructions from their supervisors.

CODE PURPLE (Utility Failure)

For failures of any of the following utilities, call the

Physical Plant Control Center

686-5891
• Electrical
  □ Elevators
  □ Fire Alarms
  □ Natural Gas
  □ Heating / Cooling
• Water
  □ Sewer
  □ Medical Gases
  □ Medical Vacuum
  □ Steam

**CODE GREEN** *(Mass Casualty)*

**CODE GREEN STANDBY** alerts administrative and clinical personnel of an impending disaster alert within the next 48 hours.

**CODE GREEN** provides necessary personnel and support when the volume of patients requiring emergency treatment exceeds the capacity of the Emergency Department.

When a **CODE GREEN** is called, the following announcement will be made:

"ATTENTION ALL PERSONNEL: CODE GREEN"

**On-duty staff are to**

1. Report to their assigned units unless they are designated to go to a specific disaster work area.
2. Begin implementation of specific unit responsibilities.

**Off-duty staff are to**

1. Report for scheduled shifts only.
2. Remain at home, if not scheduled. Be prepared for subsequent notification by telephone or a media (radio, TV) announcement "Recalling UAMS Medical Center employees, staff and students." Then report to normal work areas.

Hospital Staff are **NOT** to leave their assigned areas until they are officially released from duty.

In the event of a "Code Green," you should report to the Pastoral Care Office as soon as possible.

A disaster is defined as a situation in which the number of victims exceeds the ability of the Emergency Department to give safe care. A disaster could be the result of an airplane crash, fire in a major building, tornado or other severe weather occurrences, toxic chemical spill, earthquake, etc.
All chaplains are subject to be asked to return to the hospital at a moment's notice in the event a disaster occurs. The Chaplain On-Call will notify the Director and Associate Director if a disaster should occur.

**CODE RED (Fire)**

In the event of **FIRE or SMOKE** in your work area, remember the acronym **RACE**.

**RESCUE:**

- Help anyone in immediate danger from the fire.

**ALARM:**

- Activate nearest fire alarm pull station.
- Call Physical Plant Control Center at **686-5333**

**Report:**

- **Name and Title**
- **CODE RED**
- **Building, floor and room**
- **What is burning, if known**

**CONTAIN:**

- Close door to fire origin.
- Return all patients to their rooms.
- Close patient room doors.
- Send visitors to the first floor via the stairs.
- Clear hallways of all equipment.

**EXTINGUISH:**

- Get the fire extinguisher.
- Take extinguisher to fire and operate.

  P Pull the metal pin.
  A Aim the nozzle at the base of the fire.
  S Squeeze the handle.
  S Sweep the fire from a distance of 5 to 15 feet.

If evacuation becomes necessary, you will be given instructions by the Fire Department or a UAMS representative.
**CODE BLUE (Medical Emergency)**

Any UAMS employee finding an unconscious, partially conscious or possibly seriously injured person should initiate emergency response assistance by calling a CODE BLUE.

The **UAMS 333 Code Team** will respond to all emergencies and/or codes in the following buildings:

- Main Hospital and Ward Tower
- Shorey Building
- MRI Building
- Bridge to VA Hospital (up to VA doors)

To initiate a **Code Blue** call **686-7333**, and give the operator the following information:

- **CODE BLUE**
- Building
- Floor
- Room Number

Then, use the alpha numeric paging system available as an Internet shortcut on most UAMS computers. Type in pager number **501-405-7333** and the same information as above. Both telephone and Internet notification should be utilized in an arrest situation.

Both the community "911" paramedics and the **UAMS 333 Code Team** will respond to emergencies and/or codes in the following buildings:

- **Outpatient Center**
- **Arkansas Cancer Research Center**
- **Jones Eye Institute**

Page the **333 Code Team** using both the telephone and Internet notification procedures as stated above. Then, dial "911" and report the incident. Hospital operator will notify UAMS Police to provide way finding for MEMS upon arrival.

For emergencies that occur **outdoors and in all other buildings not listed above**, call the community "911" number to obtain emergency assistance and notify UAMS Police at **686-7777**.
CODE PINK (Infant Abduction)

Information regarding and access to infants is controlled. An electronic infant security system is used in conjunction with the campus security system. In the event that an infant cannot be located, the Code Pink plan is activated.

1. To activate Code Pink, the nursing supervisor calls the hospital operator and instructs her to page "Code Pink."
2. At the same time, UAMS Police are notified at 686-7777.
3. All staff should abandon non-urgent tasks and place themselves in hallways, stairwells, exits and entrances to watch for a potential abductor.
4. Staff should also check containers, empty rooms or any other spots where a baby could be hidden or abandoned.
5. If a potential abductor is observed, staff should attempt to delay or detain the person in a non-threatening manner, such as asking if she needs help, informing her that a code is in effect and asking her to remain until it is cleared.
6. UAMS police should be informed of the description of the individual and her location. If possible, a staff member should follow at a safe distance to determine where the person is going, should she continue to leave.
7. Do not attempt to physically hold or stop the person. The abductor may panic and harm the infant if she feels cornered.
8. UAMS Police will coordinate the notification of outside agencies and other area hospitals.

The profile of an abductor, based on national statistics:

- Female
- Usually mid-30s in age
- Often appears heavset
- Same race as the baby taken
- May use a duffel bag, baggy clothes or a coat to hide the baby
- Often poses as an employee to gain access

CODE AMBER (Bomb Threat)

If you hear CODE AMBER overhead in your building, listen for specific instructions to follow. You may need to assist in a search or evacuate, depending on the situation.

If you receive a bomb threat call, signal a coworker to call the UAMS Police at 686-7777.

Attempt to keep the caller on the line. Use the list below to record information.

CHECKLIST FOR RECEIVING BOMB THREAT
Time and Date Reported: ____________________

How Reported: ____________________

Exact Words of Caller: ____________________

Questions to Ask:

1. When is bomb going to explode? ____________________
2. Where is the bomb right now? ____________________
3. What kind of bomb is it? ____________________
4. What does the bomb look like? ____________________
5. Why did you place the bomb? ____________________
6. Where are you calling from? ____________________

Description of Caller's Voice:

Male___Female___Young___Middle Age___Old___Accent___

Tone of Voice_____________ Background Noise______________

Is voice familiar? __ Who did it sound like? __________________

Other Voice Characteristics:

Slow___Rapid___Normal___Excited___Loud___

Disguised___Broken___Sincere___

Time Caller Hung Up: ____________________ Remarks: ____________________

Name, Location, Telephone Number of Recipient: ____________________

**CODE BLACK – Campus Violence**

Call UAMS Police at 686-7777 and 911

**CODE BLACK** is activated when there is credible knowledge of a specific threat of an active shooter to the campus community. This can be either in the form of direct witness of an individual with a weapon, with the intent to use it, or information gathered that indicates there is a credible and targeted threat by an individual(s) directed at the campus.

Upon activation of **CODE BLACK**, all campus students, employees and staff must assist
patients, families, and visitors in seeking shelter and defending in place, until advised to release from shelter by law enforcement agencies.

PREPAREDNESS
• Take note of the nearest exits for your area, know your accessible escape paths.
• Know which rooms in your area are lockable.

RESPONSE
• If inside a building, find a secure room/area, lock and or barricade doors.
• If outside, evacuate the area.

BARRICADE
• If evacuation is not possible, find a place to hide where the threat is less likely to find you (office, conference room, etc.)
• Lock the door and silence cell phones.
• Hide behind large items (cabinets and desks)
• Notify the police when possible.

TAKE ACTION
• As a last resort and only if you or others are in imminent danger, attempt to disrupt and/or incapacitate the threat by, acting as aggressively as possible to the threat. (Throw chairs, make improvised weapons.)
• The purpose of Law Enforcement response is to stop the threat as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

HOW TO REACT WHEN LAW ENFORCEMENT ARRIVES:
• Remain calm and follow the officer’s instruction.
• Put down any items in your hands (bags, phones, etc.)
• Immediately raise your hands and spread your fingers.
• Keep your hands visible at all times.
• Avoid making any quick movements towards officers (attempting to hold onto them for safety).
• Avoid pointing, shouting, and yelling.
• Do not stop to ask officers for help or directions when evacuating (proceed in the direction that the officers came from).

INFORMATION TO PROVIDE LAW ENFORCEMENT OR DISPATCH OPERATOR:
• Location of the threat.
• Number of shooters, if more than one (if known).
• Physical description of the suspects.
• Account for all individuals to determine who, if anyone is missing or injured.
If you are outside when Code Black is called, DO NOT RETURN TO CAMPUS.
In compliance with the federal Family Educational Rights and Privacy Act of 1974 and the Regents’ Policy on Access to and Release of Student Education Records, the University is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. A Third Party is defined as, but not limited to, your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party (see definition above) by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form(s) to UAMS Student Financial Services – Awards Division, at the address given below. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address. This form allows third parties to access student record information from UAMS Student Financial Services Office only.

This information release authorization is intended for use only by the offices listed below:

**Student Financial Services – Awards Division**
**Student Financial Services – Disbursement/Billing Division**

---

### A. Student Information

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>SSN (Last 4 Digits)</th>
<th>Student ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address (Street/PO, APT, City, State &amp; Zip)</td>
<td>Daytime Phone</td>
<td></td>
</tr>
</tbody>
</table>

### B. Third-party Designee

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>SSN (Last 4 Digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address (Street/PO, APT, City, State &amp; Zip)</td>
<td>Daytime Phone</td>
</tr>
</tbody>
</table>

| Relation to Student | E-mail Address |

**Information types allowed (check one or more of the boxes below to grant authorization):**

- ☐ Refund checks, billing statements, charges, credits, payments, past due amounts, and/or collection activity
- ☐ Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress
- ☐ University-maintained loan disbursements, billing and repayment history (including credit reporting history), communication history, balances and/or collection activity
- ☐ Access to student records maintained by the Office of Student Financial Services, including all of the above examples

### C. Certification

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Student’s Signature  
Date
I. OBJECTIVE

- To provide an effective hospitalwide program for the surveillance, prevention, and control of infection. To accomplish this objective, the hospital uses a coordinated process to reduce the risks of health care associated infections in patients, health care workers, students, and visitors.

- The infection control program is based on relevant epidemiologic principles and evidence-based information that is designed to reduce health care associated infections. Consideration is given to: (1) the location of the hospital, (2) the patient population served, (3) the availability of clinical and support staff, (4) the clinical focus of the hospital, (5) the volume of patient visits expected.

- The infection control plan is reviewed annually by the Infection Control Subcommittee. Ongoing assessment of the risk of infection transmission to patients, staff, students, and visitors is conducted. Data is analyzed by the Infection Control Subcommittee and changes are made to the infection control plan as needed based on this risk analysis. The infection control practitioners have the authority to implement recommendations made by the Infection Control Subcommittee.

II. METHODS

A. SURVEILLANCE

To readily identify epidemiologically important areas that may need further study and/or increased control measures for resolution of identified problems or prevention of further problems. Surveillance activities are determined in part by the demographics of the hospital as well as the services offered by the hospital. The high patient acuity level in numerous units, such as ICU, the NICU, and bone marrow transplant, necessitates comprehensive surveillance. Both endemic and epidemic rates are considered during surveillance activities. This is accomplished using total house, targeted, and outbreak response surveillance methods.
PURPOSE

It is the goal of the University of Arkansas for Medical Sciences (UAMS) to provide the highest quality health care, education and services available. To achieve this goal it is important that administrators, faculty, staff, and students be able to fulfill their respective roles without the impairment caused by intoxication or addiction to alcohol or other drugs.

It is the policy of UAMS to provide a drug-free workplace. To support our goal of a drug-free environment, the UAMS drug testing program has been established and consist of (1) pre-employment drug testing, (2) for cause drug testing, and (3) random drug testing. (See: 3.1.14, Drug Testing)

POLICY

1. No employee or student of UAMS may report for their assignments and/or classes impaired by the use of alcohol or following the use of controlled substances.

2. Nothing in this policy will preclude the medical or research use of alcohol or controlled substances. Violators of this policy will be disciplined up to and including termination.

3. It is the underlying philosophy of UAMS that addiction to alcohol and/or other drugs represents a disease state, and treatment such problems is a legitimate part of medical practice. Employees or students with an addiction to drugs or alcohol are encouraged to seek help through the UAMS Employee Assistance Program or Student/Employee Health Service. Individuals who seek help through the UAMS EAP or Student/Employee Health Service will not be punished for seeking such help. However, appropriate disciplinary procedures linked to performance criteria are not precluded by this policy.

REFERENCE

1 UAMS 4.4.05, Drug-Free Workplace

2. UAMS 3.1.14, Drug Testing
PURPOSE/INTRODUCTION OF PLAN:

A mass casualty is defined as a situation in which the ability to safely care for victims exceeds the scope of available resources. It could be the result of an airplane crash, fire in a major building, tornado or other severe weather phenomenon, toxic chemical spill, or earthquake or any other type of incident overwhelming the normal operating tempo of the Campus.

PART I: ACTIVATION OF CODE GREEN

UAMS Notification

Notification may come by way of EMS radio, fire, police agencies, the emergency manager or other emergency management agencies. Notification may also come from national / local weather services, via the news media; or conclusions of other Code Plans to Code GREEN. The persons receiving the initial notification should obtain any pertinent data and immediately notify the Emergency Department Charge Nurse as well as the Administrator on Call or Assistant Director of Nursing (ADON). The Charge Nurse will notify the Emergency Medicine Attending on duty, who will evaluate and both, in conjunction with Administration (Administrator on Call and/or ADON) will determine the level of response needed. After determining the event is beyond ordinary capacity of the ED, the ED Charge Nurse, Attending and Administration will follow the implementation protocol, based on the proportionate level of response, by activating the Emergency Incident Command System (EICS).

Implementation of CODE GREEN

Once the decision to implement the EICS is made, all decision making devolves to the Incident Commander. This may initially be the ADON and other after hours staff if the incident occurs after normal business hours. The After Hours Activation Policy will be utilized until Hospital Administrator on Call is available.

After being advised that a potential emergency situation exists, the Incident Commander in conjunction with the ED Attending & Charge Nurse:

1. Determines the level of response needed;
   a. Standby – Notice to personnel and the University of an incident occurring in the community with the potential to impact UAMS;
b. Level 2 – Modified EICS response with appropriate limited personnel and materials responding;
c. Level 1 – Full EICS Code Green response.

2. Calls the Hospital Operator on the UAMS CODE PHONE at 686-7333 and requests CODE GREEN Standby, Level 1 or Level 2 activation;
3. Activates the appropriate scenario within the Emergency Notification System;
4. Assumes overall command of the disaster response;
5. Delegates roles/responsibilities per organizational chart as deemed necessary for the specific situation.

Transmission of Emergency Information

In the event of an incident occurring in the community that could have an impact on the operations of the Medical Center (tornado, explosion, etc.), Hospital Administration can elect to notify personnel through the activation of Code Green Standby, Level 2 or Level 1 by the Operators as well as dissemination through the Emergency Notification System (ENS) activated by the ADON.

When instructed by the Incident Commander to implement either level of the Code Green Plan, the Switchboard Operator will make the following announcement three (3) times over the public address system:

"ATTENTION ALL PERSONNEL -- CODE GREEN (LEVEL...)

The following is the schedule for announcement per activation level.

Standby & Level 2:
• The operator will only announce at the start of the activation and once it is cleared.

Level 1:
The announcement will be repeated every 5 minutes for two more times and again 15 minutes later. As the code green continues, the operator will announce once each hour:

"ATTENTION ALL PERSONNEL -- CODE GREEN (LEVEL 1) CONTINUES"
The operator will immediately call or page the appropriate personnel needed for Code Green activation, regardless of activation level. The ED also has a responsibility to assist the Operators with paging certain personnel.

This information can be found in the Emergency Preparedness Communication Plan.

Recall of Employees, Staff, and Students
Dependent upon the activation level, if the Incident Commander determines additional personnel are needed, above and beyond those already on campus, various means of notification, including utilization of not only overhead announcements, but also the Emergency Notification System (ENS), social media and traditional news media. The Public Information Officer will be instructed to contact local media and request a public service announcement recalling UAMS Medical Center Hospital employees, staff, and students.

**Assembly of Employees, Staff and Students**

All UAMS employees should be aware of their assigned duties prior to notification of a Code Green response. A copy of each department’s individual plan is located within the specific department. Full EICS response can be found online.

**Level 2 Employee Response:**

- Only employees/departments designated on page 6-5 are needed.

**Level 1 Employee Response:**

- On duty employees with specific assignments should immediately report to the assigned area.
- On-duty employees who do not have special duties during Code Green should report to their normal work areas and remain there, awaiting specific instructions from their direct chain of command and/or the ADON.
- Additional personnel, not needed on their floor or in their unit will also be instructed to report to the Labor Pool. Upon arrival at the Labor Pool, these personnel will check in with the Labor Pool Officer and await further instructions. Off duty employees should return to the hospital only as directed by their departmental plan or as requested by Code Green officers or their department’s chief. Each department should keep a current recall list of all employees and call in additional personnel as needed, in consultation with the Incident Commander.

**ALL EMPLOYEES ARE ADVISED NOT TO CONGREGATE IN THE EMERGENCY DEPARTMENT.**

**Code Green Personnel Response per Level**

The following are the various levels of response during a Code Green and the personnel requirements of each.

**Standby:**

- No specific personnel response needed, incident has occurred in the community, monitoring the situation.

**Code Green Level 2:**

- Incident/event has occurred in the community, necessitating larger than normal
response from the ED, yet within their capacity if augmented with additional personnel and material.

- Several Hospital departments already have prepositioned personnel within the ED to assist in care. These following departments should be prepared to respond with additional staff if called;
  - Transport
  - Pharmacy
  - Radiology
  - Respiratory Therapy
  - Registration/Admissions
  - Police
- All prepositioned departmental personnel are instructed to inform their supervisory/management chain in the event of Code Green Level 2.
- Additional personnel notified via ENS and overhead for Level 2 response:
  - Administrator on Call
  - Deputy Incident Commander
  - Chief Medical Officer or designee
  - ADON(s)
  - Emergency Preparedness Manager
  - Trauma Program Director
  - Trauma Surgery Medical Director, including on call Trauma Attending
  - ED Management
  - EM Leadership (Chair, Vice Chair, Medical Director, Program Director)
  - ED Attendings
  - PIO

**Code Green Level 1:**

- Also known as a “full” Code Green response. The incident requires all Medical Center and many University assets to respond. The entirety of the campus is impacted in some way by the incident and all designated Code Green response personnel are required to report to their duty stations.

**ICS Supplies & Radios**

Based upon the level of response, certain supplies and/or radios will be necessary. The following supplies and/or radios are to be deployed per incident level response:

**Level 2**
- ED Supply Cart prepositioned in the Department.
- ED Personnel are to obtain the following;
  - Emergency Response Carts from Emergency Preparedness Supply on “B” Level to be obtained by ED personnel,
  - Emergency Preparedness radios for both ED and ICS personnel.

**Level 1**
- Same procedures as above in addition to the following;
- All EICS information and vests are prepositioned either with their respective duty personnel or within the respective Branch’s (Logistics, etc.) ICS supply box, to be
deployed to the Incident Command Center / Emergency Operations Center (EOC).

• Any radios not exclusively selected for the ED or already prepositioned will be distributed in the EOC (Hospital Gallery).
• Other radios will be delivered to the EOC by Occupational Health and Safety (4 radios) and Telecommunications (4 radios).

PART II: EMERGENCY INCIDENT FACILITIES

Specific locations of support functions during a code green situation and the staffing requirements of each can be found in the Code Green Facilities Annex, attached to this plan.

Incident Command Center / Emergency Operations Center (EOC)

Incident Command activities will originate from the following location based upon the level of activation:
• Level 2 – The Emergency Department
• Level 1 – Hospital Gallery

PART III: VITAL/SPECIAL CONTINGENCIES & RESPONSIBILITIES

Discharge of Patients to Allow Accommodation of Disaster Victims

In the event of a disaster, resources in the ED may become quickly overwhelmed. Steps must be taken to accommodate arriving victims. Upon any level of Code GREEN activation, the ED Medical Staff (Attending/Charge Nurse) will make a series of immediate medical decisions and dispositions.

Level 2:
• ADON & ED Management determine which ED patients need to be discharged to make way for incoming disaster patients.
• Patients will be discharged from the following area;
  o ED Surge Unit (Pre Op on F2)
• Psychiatric Patients in the ED will be assessed for potential discharge or placement within the PRI as determined by Case Management and Department of Psychiatry Staff.
• Stable ED Patients in need of continued treatment/care may be moved to either Yellow or Green Treatment Areas.
• Unstable/non-ED Patients will be moved to the floor as soon as possible.

Level 1:
• The Chief Medical Officer or designee, in conjunction with the In Patient Care Chief and the Discharge Unit Leader will determine which and how many patients need to be discharged from the hospital to make way for incoming disaster patients, this could be a mass discharge.
• Patients will be discharged from the hospital from the following area;
  o Ward Tower Waiting Area.

Communications

Communications between first responders and other Hospitals will be accomplished by the METRO Hospitals dedicated phone line and the METRO Hospitals Radio Talk Group / AWIN System. Reports may be transmitted via the Hospital Communications Radio located in the ED.
Internal UAMS Communications will be accomplished by using Emergency Cache Radios. Frequencies used will be: MS_DISAS 1; 2; and 3. Frequency allotment will be determined by the Emergency Preparedness Manager in conjunction with the IC.
In the event of communications failure or if additional radios are needed, the Incident Commander will requisition radios from physical plant or distribution services. The use of runners is encouraged for areas/personnel in close proximity to avoid overloading phone or radios systems.

Victim Transportation

The Transportation Unit Leader, in conjunction with Patient & Guest Services Leadership (Transport) will be in charge of victim transportation and will be staged at the Transport Staging Area on the first floor of the hospital, adjacent to the “H” elevators in the case of Level 1 activation. In the event of Level 2 activation, the IC in conjunction with the ED may initially deploy transport elements to the ED and then move them to the staging area. This individual is responsible for coordinating the following elements:

• All Transport/PCA/PCT personnel without assignments are to report to Transport Pool with any available stretchers and wheelchairs
  • Should additional Transport Assistance be needed, the Transport Officer may request support from the Labor Pool.

Deceased Victims

Upon either level of Code GREEN activation, the Morgue will serve as the Black Treatment Area for deceased/expectant patients. It will be staffed by Pathology Staff and operate in the following manner:
• Complete list of bodies/remains and identities will be kept.
• Communication with the Patient Information & Family Services Officers will be maintained for contacting next-of-kin.
• Situational Reports to Command Staff as appropriate.
• Should a mass fatality incident occur, the ARMOR Plan will be activated.

Credentialed & Non-credentialed Medical Personnel
(Licensed and unlicensed disaster volunteers)

Medical and affiliated personnel from other institutions who are not credentialed at UAMS may be allowed to volunteer their services during a disaster situation, with the
provision that they meet the agreed upon identification requirements set out in Medical Center By-Law 11.13.DISASTER PRIVILEGES or the Non-Licensed Disaster Medical Volunteer Plan. All non-credentialed personnel will be screened by UAMS Credentialing Personnel prior to entering the Labor Pool. Once approved & credentialed, they will be issued an appropriate badge, identifying their status, by the Credentialing Officer and then paired with a UAMS employee of similar role. At the termination of Code GREEN or if unable to verify their status within 72 hours of the disaster, all privileges will be terminated unless extended by the Credentialing Officer.

Staff Identification / Hospital Access

ALL PERSONNEL MUST DISPLAY PROPER UAMS CREDENTIALS

• Only ED employees and those assigned to the Red / Yellow Treatment Area are allowed access to the ED
• All other employees are encouraged to access the Hospital on the first floor
• All assigned Treatment Area Leaders and other Officers will be identifiable by vests. They have authority to grant or limit access to their respective area.
• Elevators are to be used only for transport of Patients and necessary supplies
• Staff should use stairs in the event of Code GREEN Level 1
• Phone Calls should be limited to Official Use ONLY, in the disaster areas.

Personal Needs
(Personal Hygiene, Sanitation and Mental Health Needs of Staff and Patients)

All efforts will be taken to ensure continuity between normal hygienic and sanitation standards and those during a disaster. The majority of disaster conditions will not impact any change in or altering of hygiene or sanitation needs and delivery. However, in the event that infrastructure issues compromise or force a change in sanitation and/or hygienic issues; the Safety Officer in conjunction with the Command Staff and other designees will develop workarounds and adjunct steps to ensure a clean and safe operational environment for both staff and patients in the event of a disaster.

As most disaster operations impact individuals differently, all staff are highly encouraged to monitor themselves and others for signs of acute mental distress and/or fatigue as a result of disaster operations. Any individuals having or perceived to have issues will immediately be removed from an active operational role and will be offered behavioral health support and assistance through a variety of means to include PRI consultation and EAP support. Additionally, this is available to any patient experiencing duress. Finally, at the end of a high impact incident/event; in addition to “hot wash” debriefings, behavioral health and Critical Incident Stress Management (CISM) support will be made available to anyone requiring it.

PART IV: DISCONTINUING THE PLAN

Upon determination by the Incident Commander and Command Staff that the Hospital no
longer needs to operate within either Code GREEN level status, the Incident Commander will notify the Operator to cancel Code GREEN. The Operator will then announce overhead three (3) times:

"Attention All Personnel - Code Green (Standby, Level 2 or Level 1), All Clear"

PART V: RESUMING NORMAL OPERATIONS

Following the conclusion of any Code GREEN plan activation, the effectiveness of the response will be evaluated. Changes to the plan will be initiated as necessary to correct any problems identified during the response. Resources used during the response will be inventoried and replaced in conjunction with the usage of the UAMS Disaster Recovery Checklist.

Initiated: April 2002
Revised July 2005
Revised November 2007
Revised September 2008
Revised October 2009
Revised February 2010
Revised March 2011
Revised August 2011
Reviewed November 2012
Revised April 2013
Revised June 2014
UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: HR.2.03
Policy Title: Inclement Weather

Source: Administration
Approved By: Clinical Programs Administration
Date Approved: November 27, 1995
Review/Revised Date: 1/01, 2/02, 11/02, 12/03, 1/05, 8/06, 10/11, 11/13, 2/14
Replaces Policy:

PURPOSE

Inclement weather preparedness for UAMS Medical Center

POLICY

Patient care is the primary mission of UAMS Medical Center, regardless of weather conditions. By virtue of our commitment to patient care, Clinical Programs Departments are essential and will remain open. In Departments where workload is significantly diminished as a result of inclement weather, Directors will define departmental mechanisms to maintain efficient operations. In accordance with the UAMS Administrative Guide Inclement Weather Policy “UAMS Medical Center” includes all hospital inpatient services and outpatient clinics.

PROCEDURES

I. Communication

The determination to implement the Inclement Weather Policy is accomplished in collaboration with the Hospital Administrator or duty, Vice Chancellor for Campus Operations (or designee) and the Provost. The decision to implement is influenced through reports received from either the National Weather Service or from television or radio. This decision is made consistent with community closings. Employees are able to obtain inclement weather status by calling the number used in communicating staff scheduling within his or her own department. Inclement Weather status is assessed on a shift-by-shift basis. The duration is for the length or remaining portion of each shift depending upon notice of cancellation by Hospital Administration.
Number: HR.2.03 Policy Title: Inclement Weather

A. The Hospital Administrator on Call will notify the Vice Chancellor for Communications who will convey the decision to the greater UAMS community and media. The Vice Chancellor for Communications & Marketing or designee is the sole contact for communicating the UAMS Medical Center’s inclement weather status to the media. The media is encouraged to utilize the terms “UAMS Medical Center” specific to this policy.

B. The Hospital Administrator on call will notify the telephone operator and all hospital departments during the hours of 8:00 am to 5:00 pm, Monday through Friday.

C. During non-business hours the ADON on duty notifies the telephone operator and coordinates notification of all necessary departments during the hours of 5:00 pm – 8:00 am, Monday through Friday and anytime during Saturday, Sunday or Holidays.

D. Notification is provided routinely by the Vice Chancellor for Communications through a global e-mail and postings on the UAMS website; however, as appropriate the ADON may utilize phone or pager during weekends or nights for directly affected Departments.

III. Staffing

A. Scheduled staff are to make every effort to come to work at the beginning of his or her regular shift. Defined departmental mechanisms accommodating for decreased weather related workload must be approved in advance by clinical program’s human resources.

B. All scheduled staff that are not needed as a result of the decreased workload are allowed to take vacation time, if available.

C. UAMS Medical Center employees are to be made aware inclement weather conditions can trigger a Code Green, Code Gray, or both. A copy of each department's individual disaster plan and the Code Green manual are made available in each department and on each hospital unit at all times.

D. During inclement weather status, all hourly employees reporting to work on time will receive special travel pay of two hours per shift.

E. Any employee (hourly or salaried) arriving within 2 hours of the beginning of his or her shift is paid for the entire shift.

F. Any employee arriving to work later than 2 hours is allowed to use vacation time.

G. Any employee who reports to work late on an inclement weather day normally will not receive a TARDY on his or her attendance record.

H. Any employee who is not on leave prior to forecasts of inclement weather by the National Weather Service or area media, and who fails to come to work is not eligible for any pay and may be subject to disciplinary action.

I. Any employee claiming sick leave during forecasts of inclement weather and during defined inclement weather periods must have a physician’s letter of "Proof of Illness". The letter must include a statement of condition, have physician’s original signature and date.
J. Each Department must assess its areas to determine adequate staffing levels.

K. Following determination that the Department is adequately staffed and that no needs exists the Department Director has the discretion to allow an employee to leave prior to the end of their schedule shift. The employee departing early will have the choice to leave without pay or use annual/vacation leave.

III. Other Accommodations

During periods of inclement weather, efforts will be made to be supportive to needs of our employees or their family needs. These may include temporary housing, meals and other accommodations. Communication regarding the availability of these services will be coordinated by the Administrator on Call.

REFERENCES
Administrative Guide Inclement Weather Policy
PURPOSE

To inform departments of procedures and practices relating to security of individuals and their property while at UAMS.

SCOPE

All UAMS patients, students, employees and visitors.

POLICY

UAMS is committed to protecting the safety of individuals while on UAMS owned or operated property.

PROCEDURE

1. Individuals should minimize the amount of personal property brought to the UAMS campus and take steps to always secure that property. For example, valuables left in cars should be locked in the trunk and personal items such as purses should be locked in cabinets or desks.

2. Individuals should immediately report any stolen property to the UAMS Police Department. Stolen credit cards and bank cards should also be reported to the company or bank that issued the cards.

3. Employees should question and/or report suspicious people in their working areas.

4. Employees should lock offices at the end of each work day, and during the day when vacant.

5. Individuals can use Emergency-Police telephones, which are located at strategic locations throughout the UAMS Campus. All Emergency-Police telephones are easily seen and are accessible to persons in wheelchairs. A steady blue or flashing blue light on a pole marks their location. To operate these telephones, either open the call box cover and pick up the receiver, or on the new type phone push the button on the face plate and talk into the speaker. The phones provide a direct line to the UAMS Police dispatchers, who are on duty 24 hours per day.
SCOPE

UAMS faculty, employees, students, contract personnel, vendors, volunteers, and official visitors.

DEFINITIONS

Confidential Information includes information concerning UAMS research projects, confidential employee information, information concerning the UAMS research programs, proprietary information of UAMS, and sign-on and password codes for access to UAMS computer systems. Confidential information shall include Protected Health Information.

Protected Health Information (PHI) means information that is part of an individual’s health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family Educational Rights Privacy Act and health information about UAMS employees maintained by UAMS in its role as an employer.

To access any other terms or definitions referenced in this policy: http://hipaa.uams.edu/DEFINITIONS%20-%20HIPAA.pdf

POLICY

The purpose of this policy is to inform departments within the University of Arkansas for Medical Sciences (UAMS) of the procedure to be followed while accessing and using e-mail. This policy applies to all usage of electronic mail systems within UAMS where the mail either originated from or is forwarded into a UAMS computer network. It applies to all e-mail users including, but not limited to, faculty, staff, students, and volunteers if UAMS information is involved regardless of whether UAMS computer resources are used or not.

PROCEDURES

A. Privacy, Confidentiality and Public Records Considerations

The UAMS electronic mail (e-mail) system is available to authorized users for the expressed purpose of conducting UAMS business. Reasonable efforts will be made to maintain the integrity and effective operation of its electronic mail systems (e-mail), but users are advised that those systems should not be regarded as a secure medium for the communication of sensitive or
confidential information. Any e-mails sent outside of the UAMS network containing Confidential Information, including ePHI, must be encrypted. Refer to Section D below.

Permissible Uses of Electronic Mail

1. Authorized Users: Only UAMS faculty, staff, and students and other persons who have received permission under the appropriate UAMS authority are authorized users of UAMS electronic mail systems and resources.

2. Purpose of Use: The express purpose of UAMS electronic mail resources is for UAMS business, including academic, clinical and research pursuits.

Prohibited Uses

E-mail is the property of UAMS. Prohibited uses of electronic mail include, but are not limited to:

1. Using for personal monetary gain or for commercial purposes that are not directly related to UAMS business.

2. Sending copies of documents in violation of copyright laws.

3. Including the work of others in electronic mail communications in violation of copyright laws.

4. Unapproved capturing or opening of another individual’s electronic mail except as required as part of assigned job duties for authorized employees to diagnose and correct delivery problems.

5. Using electronic mail to harass or intimidate others or to interfere with the ability of others to conduct University business (this includes inappropriate or offensive content, chain-letters and/or “spamming” - sending non-approved / non-solicited advertisements to other individuals on campus.)

6. Using electronic mail systems for any purpose restricted or prohibited by state and federal laws and regulations or by UAMS Policy.

7. "Spoofing" - constructing an electronic mail communication so it appears to be from someone else.

8. Attempting unauthorized access to electronic mail or attempting to breach any security measures on any electronic mail system, or attempting to intercept any electronic mail transmissions without proper authorization.

9. Broadcasting messages to “Everyone” within UAMS without prior permission from the UAMS e-mail administrator (see Section H below).

10. Using custom backgrounds, special formats, or colors within your email. Refrain from this practice and use plain, white backgrounds and professional formats. The only exceptions to this are special emails crafted to be official UAMS business invitations, announcements, advertisements, or pamphlets.

11. Use of quotations or sayings within your message or signature block. This practice has great potential to offend so quotations must not be used and any that exist must be removed. Again, the exceptions would be special official UAMS business emails crafted for specific purpose.
D. CONFIDENTIAL INFORMATION AND ePHI IN E-MAILS/ELECTRONIC COMMUNICATIONS

1. E-mail is encrypted automatically inside the UAMS network. Any e-mails sent outside of the UAMS network containing Confidential Information, including ePHI, must be encrypted.
   a. The UAMS workforce may utilize encryption methods of their own choosing.
   b. It is recommended that the UAMS workforce utilize the enterprise secure e-mail gateway solution.
      (1) This is easily accomplished by clicking on the “mark secure” button provided on the standard toolbar in Outlook, or
      (2) The word [secure] typed with the brackets into the subject line will also encrypt the message
      (3) Communication with other organizations in many cases will be set up for automatic encryption and a list of these organizations will be provided.
2. The patient’s e-mail address is part of the patient’s Protected Health Information and must be protected as any other PHI in accordance with all applicable laws, regulations and UAMS policies.
3. For Protected Health Information (PHI) that is subject to the minimum necessary requirements of the HIPAA regulations, reasonable efforts must be made to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request. Policy 3.1.25 Minimum Necessary
4. UAMS takes the steps necessary to make sure that your e-mail and other computer messages are secure, but no one can guarantee the security and privacy of e-mail messages. Therefore, it is best not to use e-mail to send highly sensitive information.
5. Confirm the e-mail address before sending any e-mail containing Confidential Information or ePHI, to ensure there are no typographical errors.
6. Caution should be taken when using distribution lists or forwarding e-mails that contain Confidential Information and ePHI.
7. E-mail containing PHI may not be auto-forwarded to any non-uams.edu account, including but not limited to personal and commercial e-mail accounts such as AOL, Yahoo, or MSN.

E. PROVIDER COMMUNICATIONS WITH PATIENTS VIA E-MAIL

1. The decision to correspond with patients via e-mail is left to the discretion of the physician or clinic. It is the responsibility of the clinic to determine additional e-mail communication guidelines, such as (a) how often e-mail will be checked; (b) instructions for when and how to escalate to phone calls and office visits; and (c) the types of transactions that are appropriate for e-mail.
2. Any ePHI originated by UAMS must be encrypted when being sent via e-mail.
3. UAMS takes the steps necessary to secure e-mail and other computer messages, but no one can guarantee the security and privacy of e-mail messages. Use caution when sending highly sensitive information.

4. E-mail communication is a convenience for the patients and should not be used for emergencies or time-sensitive situations.

5. Keep in mind that the patient’s e-mail address is part of the patient’s Protected Health Information and must be protected as any other PHI in accordance with all applicable laws, regulations and UAMS policies.

6. Before sending the e-mail containing Confidential Information or ePHI, confirm the e-mail address to ensure it does not contain any typographical errors.

7. E-mail messages must include (a) information in the subject line, such as prescription refill, appointment request or other information generally describing the purpose of the e-mail; and (b) patient name, telephone number and patient identification number in the body of the message.

8. Clinically relevant messages and responses will be documented in the patient’s medical record.

9. Upon a patient’s receipt of e-mail, patients will be provided guidelines of using e-mail for communicating with their provider.

F. UAMS Access and Disclosure of Communications

To the extent permitted by law, UAMS reserves the right to access and disclose the contents of faculty, staff, students, and other users electronic mail without the consent of the user. UAMS will do so when it believes it has a legitimate business need including, but not limited to, those listed in section E.7. (below), and only after explicit authorization is obtained from the appropriate UAMS authority (see Section G below).

1. Faculty, staff, and other non-student users are advised that UAMS' electronic mail systems should be treated like a shared filing system, i.e., with the expectation that communications sent or received on UAMS business or with the use of UAMS resources may be made available for review by any authorized UAMS official for purposes related to UAMS business.

2. Electronic mail of students may constitute "education records" subject to the provisions of the federal statute known as the Family Educational Rights and Privacy Act of 1974 (FERPA). UAMS may access, inspect, and disclose such records under conditions that are set forth in the statute.

3. Any user of UAMS electronic mail resources who makes use of an encryption device to restrict or inhibit access to his or her electronic mail must provide access to such encrypted communications when requested to do so under appropriate UAMS authority.

4. UAMS will not monitor electronic mail as a routine matter but it may do so to the extent permitted by law as UAMS deems necessary for purposes of maintaining the integrity and effective operation of UAMS electronic mail systems.
5. Limitations on Disclosure and Use of Information Obtained by Means of Access or Monitoring: To the extent permitted by law, the contents of electronic mail communications, properly obtained for UAMS purposes, may be disclosed without permission of the user. UAMS will attempt to limit disclosure of particular communications if disclosure appears likely to create personal embarrassment, unless such disclosure is required to serve a business purpose or satisfy a legal obligation.

Special Procedures to Approve Access to, Disclosure of, or Use of Electronic Mail Communications: Individuals needing to access the electronic mail communications of others, to use information gained from such access, and/or to disclose information from such access and who do not have the prior consent of the user must obtain approval in advance of such activity from the appropriate UAMS authority. The request for approval shall take into consideration ways to minimize the time and effort required to submit and respond to requests, the need to minimize interference with UAMS business, and protection of the rights of individuals. The request for granting access to electronic communications is provided in Section F below.

6. UAMS will inspect and disclose the contents of electronic mail in accordance with the established approval process (see section E.7.f. below). Such action will be taken as necessary; to include:
   a. To respond to legal processes or fulfill UAMS obligations to third parties,
   b. in the course of an investigation triggered by indications of misconduct or misuse,
   c. as needed to protect health and safety,
   d. as needed to prevent interference with the academic, clinical or research missions of the organization,
   e. as needed to locate substantive information required for UAMS business, or
   f. as required under the Arkansas Freedom of Information Act.

G. Procedure for Granting Approval to Access Electronic Communications of Others

1. The following information will be required prior to approval of access to electronic communications addressed to others:
   a. Name and title of the person whose communications will be accessed;
   b. Name and title of the person who is requesting access;
   c. Name and title of the person who will do the accessing;
   d. Detailed description of why the access is needed;
   e. Required duration of the access or dates within which access is desired;
   f. What will be done with the accessed messages? With whom will they be shared?

2. Anyone may request access of messages through the UAMS Technical Support Center. The following approvals are required.
   a. Department Chairpersons and Unit Directors are the first level of approval;
   b. Deans or Vice Chancellors are the final level of approval.
3. The IT Security Office will obtain appropriate approval and will maintain copies of all requests.

4. The person requesting the access will be given the following advice and reminders:
   a. A reminder that concerns about fiscal misconduct or criminal activity should not be investigated by individuals or departments but should be referred to University Police, Hospital Compliance, or Internal Audit staff.

5. A reminder that to the extent permitted by law, the contents of electronic communications obtained after appropriate authorization may be disclosed without the permission of the employee. At the same time, UAMS will attempt to refrain from disclosure of particular messages if disclosure could create personal embarrassment, unless such disclosure is required to serve a business purpose or satisfy a legal obligation.

H. Retention & Storage of E-mail

E-mail servers are backed up completely on a daily basis. Two (2) full backups are retained in secure storage in the event of a complete network server failure. The e-mail backup and recovery system is intended to provide a means of recovery from failure of an entire e-mail server or e-mail storage device. Routine recovery capabilities and procedures do not include a capacity to recover e-mail of a specific user. E-mail recovery procedures will not be used to recover specific e-mail messages.

I. E-mail Site Messages

Site messaging is a tool used for campus e-mail alerts and notifications that are directed to the entire campus or a select group (i.e., Department Heads, Business Managers). These notifications are restricted and may ONLY be sent by the e-mail administrator. Messages must also have prior approval before delivery of the site message is transmitted by the e-mail system. To request sending of a site message:

1. The party requesting an e-mail site message should contact the UAMS IT Technical Support Center (TSC) by calling 686-8555 or sending an e-mail message to ‘Tech Support Center’ utilizing the “Campus-Wide Email Request” web site http://intranet.uams.edu/it/helpdesk/siteadmin.htm

2. Except in emergency situations, the requested Site Message text must be received by the UAMS Technical Support Center no later than two days prior to the requested send event.

3. Technical Support Center logs the call and assigns call to Communications and Marketing.

4. Communications and Marketing will contact requesting party for verification of message and targeted individuals or group.

5. Communications and Marketing formats messages and forwards to the IT Server Support group.

6. Non-UAMS function announcements will not be approved.

7. Emergency site messages are processed by the Server Support group.
J. Disciplinary Action

Appropriate disciplinary action will be taken against individuals found to have engaged in prohibited use of UAMS electronic mail resources.

K. E-mail Etiquette

When you send e-mail, remember these points:

1. Don’t say anything in an e-mail that you wouldn’t say in a letter on your office letterhead. E-mail should contain appropriate language and be rational, reasonable and respectful.

2. E-mails may be admissible in court. Communication should be done within a framework that does not constitute negligence or willful disregard of harmful consequences that might ensue to the institution and its employees. Be aware of the difference between reply and reply-all. Assure that your communication is sent to the proper individual(s) - not inadvertently sent to someone that has no need for the information, or is adversely affected by the communication. Deleting a message is not a guarantee that the message cannot be retrieved.

3. E-mail is not a forum to discuss significant events, opinions affecting health care in the institution, lengthy debates or arguments.

4. Employee disciplinary actions are not appropriately sent through e-mail.

5. Chain letters are junk mail, and are not appropriate for business e-mail. Do not forward or reply to chain letters.

6. Use common sense when writing e-mail. Ask yourself if this is appropriate to send before you hit the SEND button.
L. Request to Access Electronic Communications of Others

Our department requests authority to access electronic communications sent to an individual as described below:

Name, Title, and Department of person whose communications would be accessed:

Name & Title __________________________ Department __________________________

Name, Title, and Department of person requesting access:

Name & Title __________________________ Department __________________________

Name, Title, and Department of person who will do the accessing (if different than above):

Name & Title __________________________ Department __________________________

Reason for access request: ________________________________________________________

________________________________________________________________________

________________________________________________________________________

How long should the special access last? ____________________________________________

________________________________________________________________________

What will be done with the accessed messages? With whom will they be shared?

________________________________________________________________________

________________________________________________________________________

Signature of Requesting Person __________________________ Date ______________________

Signature of Department Head __________________________ Date ______________________

Signature of Approving Dean or Vice Chancellor __________________________ Date __________
Upon approval, this form is to be delivered to the following person as authorization for them to implement the requested special access: Steve Cochran, Director of Information Technology Security, Slot 802
UAMS MEDICAL CENTER POLICIES & PROCEDURES

Number: PS.2.06
Policy Title: Advance Directives

Source: Patient Care Issues Committee
Approved By: Hospital Medical Board
Date Approved: January 1, 1992
Review/Revised Date: 8/95, 6/98, 1/01, 9/06, 2/09, 6/11, 4/14
Replaces Policy:

PURPOSE

To provide information and guidance about advance directives in order to assist patients, in conjunction with the healthcare team, with making decisions about withholding or withdrawing life-sustaining treatment.

POLICY

I. UAMS recognizes the rights of patients to make healthcare decisions, including those decisions related to withholding, withdrawing, and/or limiting care and shall honor a patient’s advance directive.

II. A patient shall have the right to review or revise an advance directive at any time. A patient who has capacity may revoke all or part of an advance directive, other than the designation of an agent, at any time and in any manner that communicates intent to revoke.

III. Patients also have the right to designate a Surrogate to make healthcare decisions on their behalf should the patient lose decision-making capacity. As long as the patient has decision-making capacity, he or she shall be the key decision-maker. The Surrogate shall make decisions for the patient only after a physician has determined and documented that the patient has lost decision-making capacity.

IV. The existence or lack of an advance directive shall not determine an individual’s access to care, treatment or services.

V. In the absence or lack of knowledge of an advance directive, emergency responses shall be implemented in accordance with UAMS policy and professional medical judgment.

DEFINITIONS
I. **Advance Directive** – An individual instruction or written statement that anticipates and directs the provision of healthcare for an individual, including, but not limited to, a living will or durable power of attorney for healthcare.

II. **Capacity** – The ability to understand and appreciate the nature and consequences of healthcare decisions, including the benefits and risks of and alternatives to any proposed healthcare, and to reach an informed decision. Incapacity may be a temporary or permanent state.

III. **Surrogate** – An individual who has been designated by the patient or Attending Physician to make healthcare decisions for the patient if the patient becomes incapacitated and does not have an advance directive.

**PROCEDURES**

I. **Advance Directives.**

A. During the admission process, all adult inpatients will be asked whether they have an advance directive. The existence of an advance directive will be documented and any available copies uploaded into the medical record. Patients who do not have an advance directive will be provided with information about creating an advance directive.

B. Information about how to prepare a written advance directive will be made available to outpatients upon request.

C. Pastoral Care, Social Work or the Ethics Consult Service may be contacted to provide assistance with formulating written advance directives upon patient request.

II. **Surrogates.**

A. Patients who do not have an advance directive may designate a Surrogate to make healthcare decisions for the patient should the patient lose capacity to make healthcare decisions for him or herself by informing the Attending Physician, either verbally in writing. The Attending Physician is responsible for documenting the Surrogate designation in the medical record.

B. A Surrogate’s decision-making authority shall **ONLY** become effective if the patient loses capacity **AND** an agent (such as a power of attorney or healthcare proxy) has not been appointed or is not reasonably available.

C. If a patient who lacks capacity is admitted and has not, to our knowledge, executed an Advance Directive or designated a Surrogate, a Surrogate may be appointed in accordance with the Informed Consent Policy, ML.1.01.
III. Revocation.

A. A patient who has capacity may revoke all or part of his or her advance directive, except the designation of an agent, or Surrogate designation at any time and in any manner that communicates intent to revoke.

B. A patient with capacity can revoke an agent in an advance directive by signing a written statement or personally informing the attending physician.

C. A decree of annulment, divorce or legal separation automatically revokes a previous designation of a spouse as an agent in an advance directive unless the decree or directive specifically provides otherwise.

IV. Disputes. UAMS shall honor a patient’s advance directive. In the event of a dispute concerning an advance directive or decision made by a Surrogate concerning the patient’s wishes or best interests, the Ethics Consult Service and Risk Management should be notified.

V. Staff Rights. In the event a staff member is unable, due to personal, moral or ethical beliefs, to carry out the wishes of an incapacitated patient or Surrogate, care of the patient shall be transferred to another provider in accordance with the Staff Rights, Ethics and Responsibilities Policy, HR.1.01.

REFERENCES

Arkansas Code Annotated § 20-6-101 et seq.
Joint Commission Standards R1.01.05.01
42 C.F.R. § 482.13(b)(3)
Informed Consent Policy, ML.1.01
On Demand Form MR3084 Surrogate Designation
SURROGATE DESIGNATION FORM

My name is ___________________________, and I am the ____________________________ (relationship status) of ____________________________________ (“Patient”), who has been declared incapacitated by the attending physician. I hereby attest as follows:

1. To the best of my knowledge and belief, Patient does not have an advance directive and has not previously designated another individual to make healthcare decisions on his/her behalf.

2. I am willing to serve as Patient’s surrogate and will be available during Patient’s hospitalization to engage in face-to-face contact with Patient’s healthcare providers for the purpose of fully participating in the decision-making process.

3. I have had frequent contact with Patient before and during his/her illness, and have special care and concern for him/her.

4. I am familiar with Patient’s personal values and able to make decisions in accordance with Patient’s known wishes or in accordance with Patient’s best interest.

5. I am not the subject of a protective order or other court order directing me to avoid contact with Patient.

6. I understand that I am being designated to serve as Patient’s surrogate and have the authority to make healthcare decisions on behalf of Patient during the course of this hospitalization.

I accept this Surrogate designation on the _____ day of _____________, 20_____.

________________________________
Signature of Surrogate

________________________________
Signature of Attending Physician