

HANDBOOK FOR TRAINEES

In

CLINICAL PASTORAL EDUCATION

DEPARTMENT OF PASTORAL CARE
AND CLINICAL PASTORAL EDUCATION

FOR THE UNIVERSITY OF ARKANSAS

FOR MEDICAL SCIENCES MEDICAL CENTER

Little Rock, Arkansas

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 University of Arkansas for Medical Sciences Medical Center, and specifically to the Department of Pastoral Care and Clinical Pastoral Education. As a member of the Department for the time you are with us, you will find ample opportunity to practice ministry and to learn as you reflect on that ministry with 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 families and visitors, and to those who work and learn here. It is our hope that you will learn to be a pastoral presence, sensitive and responsive to all our people and their diverse beliefs and rich heritages.

The community of Little Rock is blessed with many capable clergy representing most major faith groups. An important part of our job is to honor and maintain the relationships which already exist between them and their parishioners. These religious leaders are also an invaluable resource for our pastoral care program and the Hospital.

While you are here, you will have an important pastoral responsibility which will serve you well in 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. While the pastoral needs of our hospital "parish" have first claim on our time and energies, we will make every effort to sustain the continuity and integrity of your educational process.

The CPE Program offers you opportunity to learn and 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
Director of Pastoral Care
& Clinical Pastoral Education

L. George Buck, Ph.D.
Chaplain and CPE Supervisor

GHH:mbc

**The University of Arkansas for Medical Sciences
Medical Center
Clinical Pastoral Education**

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 persons and their problems of relating and 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 seeks to foster the pastors 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 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 of the trainee's person healing-change, growth, development and 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 at least one area of pastoral responsibility for clinical pastoral work. Pastoral placement is negotiated with each trainee. Evening, weekend, and overnight assignments may be assigned 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:

Case Study Review

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 Interpersonal 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 their ministry. Second, it allows an experiential study of group formation and development utilizing the group experience itself 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 may also have the opportunity to offer a didactic of their own choosing.

Reading Reviews

Specific reading assignments will be issued during each unit of CPE and the peer group will meet at regular intervals to review the assigned reading materials.

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. Any one 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.

Institutions typically require four units of CPE for the position of Staff Chaplain or equivalent professional pastoral care position.

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.

George Buck, Ph.D., is a Diplomate in The College of Pastoral Supervision & Psychotherapy and is dually certified as a Pastoral Psychotherapist and as a CPE Supervisor. Chaplain Buck supervises the Part-Time and Extended Units of CPE.

Table of Contents

Section	Contents	Page
Introduction	History of University Hospital-UAMS Medical Center History of Pastoral Care within UAMS Medical Center	
<hr/>		
I	<u>PASTORAL SERVICES</u>	
A.	<u>Information about Patients</u>	1
1.	Confidentiality and Patient Information	1
2.	Dissemination of Medical Information	2
3.	Access to Medical Charts	2
4.	Patient Computer Print-Outs	2
5.	Patients and Health Care Decisions	2-3
B.	<u>Visiting Policies</u>	3
1	General Visitation Policy	3
2.	Critical Care Visitation	4
3.	Waiting Areas	4
4.	Family & Consultation Rooms	4
C.	<u>Chaplain-on-Call</u>	5
1.	General Duties	5
2.	On-Call Log Book	5
3.	Morning Report	5
4.	Exchange of On-Call Days	5
5.	Beeper Failure	5
6.	On-Call Key Set	5
7.	Duration of On-Call	5
8.	Trauma Beeper	6
D.	<u>Chapel and Worship Services</u>	6
E.	<u>Pastoral Initiative for Group Activity.</u>	6
F.	<u>Clergy Liaison</u>	6
G.	<u>Bibles, Religious Literature & Symbols</u>	6-7
H.	<u>Record Keeping and Reporting</u>	7
I.	<u>Gratuities Policy</u>	7
J.	<u>Team Meetings on Clinical Units</u>	7
K.	<u>Employee Counseling Relationships</u>	7

<u>Section</u>	<u>Contents</u>	<u>Page</u>
L.	<u>Sacraments</u>	8
1.	General Policy	8
2.	Baptism	8
3.	Communion	8
M.	<u>Late Viewing of Bodies by Family Members</u>	8
N.	<u>Internal Code Alerts/Disaster Plan</u>	9-15
II.	<u>POLICIES AND PROCEDURES</u>	
	UAMS MEDICAL CENTER AND DEPARTMENT OF PASTORAL CARE AND CLINICAL PASTORAL EDUCATION	16
A.	<u>Stipends</u>	16
B.	<u>Benefits</u>	16-17
C.	<u>Dress Code</u>	17-19
D.	<u>Typing</u>	19
E.	<u>Copying</u>	19
F.	<u>Parking</u>	19
G.	<u>Keys</u>	19
H.	<u>Security</u>	19
I.	<u>Hospital New Employee Orientation</u>	19
K.	<u>Health Care While at Work</u>	20
J.	<u>Public Information</u>	20
L.	<u>Hours</u>	20
M.	<u>Photo Identification Badge</u>	20
N.	<u>Meals</u>	20
O.	<u>Inclement Weather</u>	21
P.	<u>Telephones</u>	21
Q.	<u>Description of Nursing Units</u>	22
R.	<u>UAMS Policy on Drug/Alcohol Abuse Prevention</u>	22

<u>Section</u>	<u>Contents</u>	<u>Page</u>
III.	<u>CPE PROGRAM</u>	
A.	<u>Administration and Governance</u>	23
1.	Administrative Authorization and Structure	23
2.	CPE Program Admission Policy	23
a.	Admission Criteria	23-24
b.	Admission Procedures	24
3.	Dismissal Policy	25
4.	CPE Program Fees	25
5.	Ecclesiastical Relationships	25
6.	Academic Credit for CPE	25-26
7.	Requests for Leave	26
8.	CPE Program Records Policy and Procedures	26
9.	Commitment to the CPE Program	27
10.	CPE Program Policy & Procedure/Rights & Responsibility	27
11.	CPE Program Policy Procedure for Complaints	28-29
B.	<u>Goals and Objectives</u>	29
1.	The CPE Program at UAMS Medical Center	29
a.	Action Reflection in a Group Learning Process	29
b.	Educational Seminars	30
c.	Case Study	31-34
d.	Critical Incident Report	35-36
e.	Contract for Learning	37
f.	Group Relations Seminar (Tavistock Model)	38
g.	Journal/Weekly Reflection	39
h.	Library Resources	40
i.	Guidelines for Unit Evaluation	41
j.	Reading List	42-43
2.	Mission and Vision Statements	44-45

**CLINICAL PASTORAL EDUCATION
EXTENDED INTERN UNIT (PART-TIME PROGRAM)**

APPENDIX

- A. Organizational Chart
- B. Release of Information Form
- C. Written Reports
 - 1. Verbatim Report
 - 2. Weekly Summary Report
 - 3. Guidelines for Final Evaluation
- D. Infection Control
- E. 1-6 UAMS Policy on Drug/Alcohol Abuse Prevention
- F. UAMS Disaster Plan
 - 1. Implementation of Code Green
 - 2. Transmission of Disaster Information
 - 3. Assembly of Employees, Staff and Students not Specifically Assigned
- G. Inclement Weather Policy
- H. Campus Security

SECTION I 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 New Privacy Rule:

The new 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 HIPPA 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 confidential information or, by failing to safeguard confidential information, allow unauthorized persons to obtain or access confidential information.

2. Dissemination of Medical Information. All inquires 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 Medical Charts. The medical chart is a legal record of the process of treatment received by a patient. The chart is a highly personal document. Chaplains are allowed access to patients' charts in their assigned clinical areas. They also may have access to the chart of a patient in an area other than that assigned, when involved in a pastoral situation resulting from being chaplain-on-call. 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. Writing notes in the charts of patients needs to be done in a professional manner, for example:

Date:

Pastoral Visit:

Time:

Initial pastoral visit: Patient attempting to come to terms with her recent diagnosis and 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 on going support.

Signed-----Chaplain Intern or Chaplain Resident

4. Patient Computer Print Outs. The Department has access to the following patient records on a daily basis for use by our staff. These include the following: 1) Alphabetical Census; 2) Religion Census; 3) Patient Census List by Nursing Units; 4) Admission Register; 5) Discharge Register; and 6) Transfer Register.

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. Pastoral care can sometimes assist patients and families, as well as physicians and hospital staff, as they endeavor to make difficult decisions and plans about health care.

In recent years certain procedures have been developed in health care to enable individuals to express their health care preferences and to give advanced indication of these preferences to family members, loved ones, physicians and other health care providers. These procedures involve the execution of certain instruments that are commonly known as "advance directives", "living wills", and "durable power of attorney".

Recent federal regulations require that all health care institutions provide all patients, or their guardians, with written information about their rights to make health care decisions, including the right to accept or refuse treatment, and the right to execute advance directives regarding their health care. These advance directives help to communicate the patient's preference and can be helpful to physicians and other health care providers in honoring the patient's choices.

At UAMS Medical Center, the Pastoral Care Department has a part to play 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. Patients are given a brochure about advance directives and living wills. Then, after their admission to the floors, the patient's nurse asks the patient if they have questions about their rights to make health care decisions and about any advance directives.

To provide assistance in the event that questions or concerns arise which the nurse is unable to address, UAMS Medical Center has established a special interdisciplinary consultation team. Pastoral Care is a part of this team along with representatives from Administration, Ethics Committee, Legal Counsel, Nursing, Physicians, and Social Work. The Pastoral Care Department serves as the point of contact for nursing staff to request assistance from this team.

When contacted, chaplain from whose clinical area the request comes, is expected to contact the nurse (or other staff person) making the request, ascertain the nature of the need, and make a referral to the appropriate person from the consultation team to respond to the request. As a part of determining the need, it will be expected that the chaplain will consult with the patient or family member, as well as with the nurse making the referral. If the need is primarily pastoral, the chaplain/resident or intern is expected to respond to the need directly as the appropriate member of the team.

Chaplain-Residents and Chaplain-Interns should inform themselves about patients' rights to make health care decisions about the various types of advance directives, and about the policy and procedures designed by UAMS Medical Center to safeguard these rights.

B. VISITING POLICIES

1. General Visitation Policy. Only two visitors can visit any particular patient at one time. Patients and their families may decide to limit visitors to those in the immediate family; this may be done by notifying the patient's nurse of this desire. Visitors need to be alert to any special precautions required in making a visit (e.g., special dress, time limitations, no touching, etc.). These exist for the protection of the patient and the visitor. It is important that visitors read the alert signs on a patient's door (See Appendix A for specifics). If any questions arise, a nurse or a health care team member will be glad to clarify limitations placed upon visitation. Visiting hours in the general nursing units are 10:30 a.m. - 8:30 p.m. Children under 14 years of age are not permitted above the first floor; special exceptions may occasionally be made by the head nurse on the unit.

2. Critical Care Visitation. The critical care areas have more limited visitation for family and friends, due to the serious condition of the patients. Visiting hours in these areas are as follows:

Medical Intensive Care (MICU) and Neurological Intensive Care(MCU)
9:00 a.m., 11:00 a.m., 12:00 p.m., 2:00 p.m., 4:00 p.m.,
6:00 p.m., and 8:00 p.m., 10 minutes only.

Surgical Intensive Care (SICU) and Cardiovascular Intensive
Care (CVICU)
9:00 am., 11:00 am., 5:00 p.m., 9:00 p.m., and 1:00 am.
10 minutes only

Intensive-Care Nursery (1CN) Parents and Grandparents only,
Any time, day or night, except:
1) 6:30 a.m. - 8:30 a.m., for shift change, X-rays, baths;
2) 2:30 p.m. - 3:00 p.m., for shift change, and;
3) 10:30 p.m. - 11:30 p.m. for shift change.

3. Waiting Areas. Eight major waiting areas exist for families and visitors.

1) Main Lobby, Ward Bed Tower; 2) E. R. Waiting Area. The above two areas are available to children as well as adults. 3) overnight area is located on the fourth floor; 4) two adjacent surgery waiting areas, second floor hallway of Ward Tower. Keys to these rooms are on the on-call key ring. 5) Labor & Delivery waiting area, fifth floor hallway, Ward Tower, and another small area just outside Labor & Delivery, SE. 6) two adjacent waiting areas for Medical, Surgical and Neurological Intensive Care Units, 4E, with recliners and showers on fourth floor hallway, and one small area just outside the unit. 7) Cardiovascular ICU waiting room, across hall from the unit, 6B. 8) Bone Marrow Transplant Unit waiting room, seventh floor hallway, Ward Tower, and a small area just outside the unit, 7E.

4. Family and Consultation Rooms. There are eight areas for family or consultation rooms available to chaplains, physicians and other staff to speak privately with families concerning a patient 1) ER, adjacent to main waiting area. The key to this room is on the on-call key ring and the Chaplain-on-Call should check this room each day before morning report. Other staff in ER have keys to this room and if the chaplain finds someone in the room the chaplain should determine why the room was opened before asking the person to leave. 2) Surgery Consultation Room is across from main surgery waiting room and requires no key. 3) Two ICU Consultation Rooms adjacent to each other just off the entrance to the unit. The Ward Coordinator has the key if the rooms are locked. 4) two consultation rooms and a large conference room available to Pastoral Care and Nursery staff, 5B. 5) CVICU Consultation Room across from unit, next to waiting room. The key from the Ward Coordinator and is also on the on-call key ring. 6) 6E Consultation Room on the unit is always open. 7) Bone Marrow Transplant Unit Consultation Room, 7E, is always open. 8) Labor & Delivery Family Room is just outside the unit on 5E.

C. CHAPLAIN-ON-CALL

1. The Chaplain-on-Call will receive and immediately respond to all calls. The nature of response is the determination of the Chaplain- on-Call. Several dimensions of an appropriate pastoral response exist. Some include the following: 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 proceeding to manage the call 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 on the form requested on the day one is on-call. The notes need to be concise and legible 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 beepers to the person assuming on-call responsibility and to make necessary referrals for follow-up.
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 supervisor and the Department Secretary, as well as change the on-call schedule on the Department office bulletin board.
5. In the event of beeper failure it is the responsibility of the Chaplain-on-Call to submit it for repair at Instrumentation and to direct Instrumentation to call the Department Secretary for the Department's account number. The chaplain will use the back-up beeper until repairs are made.
6. Chaplain-Interns serving on-call will carry an On-Call-Key Set that will provide access to the Family Rooms on the second and third floors, the Department Office, and the on-call room. This set of keys should be returned to the next on-call chaplain at morning report. Chaplain-Residents will use the keys issued to them.
7. 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 on-call as scheduled and are required to remain at the hospital and medical center for the entire time of on-call duty. The on call chaplain is also expected to attend whatever seminars are occurring the day subsequent to duty. If the on-call period has been especially demanding, the Chaplain-on-call may request 4 hours off following the subsequent day's seminars; this request must be presented to the Supervisor for approval.

The Chaplain-on-Call will be provided space for sleeping, facilities for a shower, and cafeteria vouchers for meals while on duty; no one else is permitted to use the room to visit, or to stay overnight.

8. The Chaplain-on-Call is part of the hospital Trauma Team, and in addition to carrying the regular pager also carries a trauma pager. The Chaplain-on-Call will respond to all trauma pages by going to the Emergency Room Trauma Room immediately. A trauma page takes precedence over a regular page.

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, friends of family, hospital staff and trainees in CPE for prayer, meditation, and personal worship. Worship services are conducted each Sunday, beginning at 10:00 a.m. by our staff of ecumenical chaplains. The Sunday Chaplain-on-Call will be responsible for planning and leading the service that day. Special worship services may be held in conjunction with major religious holidays. Full time residents and interns in other CPE programs will share responsibility for conducting special worship. Any group use of the chapel (e.g., meditation group, bible study, devotional, wedding, etc.) requires clearance through the Department of Pastoral Care and Education. Such requests should be channeled through the Director.

E. PASTORAL INITIATIVES FOR GROUP ACTIVITY

Given the needs of our large patient and staff population and the sensitivity we anticipate in our residents and interns in training, we assume that ideas for more comprehensively delivering pastoral care will arise. However, no student should initiate any group activity in the hospital or on the UAMS campus without authorization from one's supervisor. It will also be necessary to 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 Department is facilitating and overseeing the ministry of local and area clergy within the hospital and medical center. An area in the chapel is provided where clergy may consult with patients from their respective churches. CPE students are expected to be sensitive to the ministers and laity who frequent it. Both your cooperation and participation in this relationship between the local church/parish and the hospital and medical center can nurture this meaningful bond. In addition, be aware that we are here to support the continuation of meaningful relationships between church members and their clergy. Our role as chaplains includes honoring these relationships and tempering our pastoral initiatives with respect to them.

G. BIBLES, RELIGIOUS LITERATURE, AND SYMBOLS

Through our Department budget and the generosity of Gideon's International, our Department maintains a supply of New Testaments and Bibles located in the Department Office or the CPE Seminar Room. These Bibles are available for distribution to patients upon patient request and appropriate discernment of the chaplain.

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 without direct clearance from the Department Director. 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". Other records which are kept include completed Patient Referral Slips and Pastoral Care Activity Reports. 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 the hospital and of the Pastoral Care Department that no staff member is to receive personal gifts from patients or their families. Yet, on occasion a patient or family member will offer a gratuity to a chaplain for services rendered as an expression of thanks. When someone insists on giving a gratuity in the form of money or a check, the chaplain is to give this gift to the Department Secretary who will deposit the gift in the Department's Chapel Fund. The Chapel Fund is used for Chapel worship supplies and pastoral care needs, and is provided as a means to allow for gratuities when a patient or family member needs this form of expression.

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. TEAM MEETINGS ON CLINICAL UNITS

As a matter of general pastoral practice where regular team meetings occur within the chaplains clinical areas, it is expected that the chaplain will participate.

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 student's supervisor.

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. A general listing of churches and clergy may be found in the Department Office on the Secretary's desk.
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 Baptism whenever possible should include the presence and permission of the primary family members attending the patient. 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. In the event that the Baptism is of a Catholic child, the family's home parish should be notified within twenty-four (24) hours.

Information required for record of Baptism must include the following: 1) the full name of the person baptized; 2) the full legal names of both parents (if available); 3) the date and place of birth; 4) the date and place of the Baptism; 5) the name and signature of the person conducting the Baptism; and 6) the names of two (2) witnesses. A Certificate of Baptism that meets the necessary criteria for obtaining required information 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. LATE VIEWING OF BODIES BY FAMILY MEMBERS

Occasionally a family member will arrive at the UAMS Medical Center to view the body of a loved one after the body has been removed to the morgue. If the chaplain is aware of such a family member, the chaplain is to contact the Nursing Supervisor to arrange a viewing. It is appropriate for the chaplain who has been called into such a situation, to participate in this late viewing.

N. 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.
- 6. 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 | • Water |
| Elevators | Sewer |
| Fire Alarms | Medical Gases |
| Natural Gas | Medical Vacuum |
| Heating / Cooling | 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.

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's 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 heavysset**
- **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: _____

**SECTION II
POLICIES AND PROCEDURES OF
UAMS MEDICAL CENTER
AND
THE DEPARTMENT OF PASTORAL CARE AND CLINICAL PASTORAL EDUCATION**

A. STIPENDS

The Stipends of Chaplain-Residents are distributed on a monthly basis. A resident may elect to authorize the UAMS Medical Center to deposit their stipend check directly into a bank account. Checks (or receipts for those who elect to deposit directly) will be placed in Chaplain-Residents' folders on the last working day of the month. The Department Secretary 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 quarters 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. *Professional Leave: Chaplain Residents may receive up to three days professional leave with the approval of the Director of the Department, through the student's supervisor.

3. 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, through the resident's supervisor.

5. *Health Insurance: Qual-Choice health coverage is available to Chaplain-Residents at a reasonable cost. Premiums are deducted from stipend checks. A family plan is available at a higher, yet competitive 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 Out-Patient 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.

*Items designated by an asterisk apply only to full time Residents.

C. DRESS CODE

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

SOURCE: Administration	POLICY TITLE: Dress Code
PAGE: 1 of 2	REPLACES POLICY DATED: 11/1/00
DATE APPROVED: 11/27/95	REVISION DATE: 8/03, 3/05
EFFECTIVE DATE: 11/27/95	REFERENCE NUMBER: HR.2.04
SCOPE: UAMS Medical Center	
PURPOSE: Proper Dress Code	
<p>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.</p> <p>Any employee or student and non-clinical program employees in patient care areas will comply with UAMS Medical Center dress code.</p>	
<p>PROCEDURES:</p> <p>I. General Guidelines</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>D. Undergarments must be worn at all times. The outline and color of undergarments should not be visible.</p>	

- 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, MP or CD players, walkmans 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 photo-copying for bona fide educational materials only. Any photo-copying will be the responsibility of the trainees and may be done on the department's copy machine.

F. PARKING

All residents and interns shall park their cars at the War Memorial Stadium parking lot. A regular shuttle service is provided between the parking lot and the Hospital. 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 on the top level of the parking deck.

G. KEYS

Each full-time resident will be issued a set of keys. These keys gain entrance to the Department Office, the CPE Seminar Room, the On-Call Room, the second and third floor Family Rooms, and to a student drawer in the Seminar Room. Chaplain-Interns will receive a similar set of keys when they come on-call; these keys are to be carried by the on-call chaplain.

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 be expected to 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.

J. HEALTH CARE WHILE AT WORK

If a trainee needs medical attention while at work, they should ask the Department Administrative Assistant 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 (available from Stockroom) 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 Secretary 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

All staff are expected to manage their schedules in a way befitting professional persons. 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 8:30 am. for Pastoral Care Interns. Thursday through Sunday on-call hours run for twenty-four (24) hours, beginning at 8:00 a.m. on the day for which a Chaplain Resident assumes responsibility.

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.

N. MEALS

The hospital provides a cafeteria for your use. It includes a short-order grill for hamburgers and other sandwiches as well as a serving line with full meals. In addition, a soup and salad bar and a sandwich line are available: Staff members receive a 20% discount on food purchased in the cafeteria. The cafeteria is located on the ground floor. Hours are:

Breakfast	6:30 a.m. to 9:00 a.m.
Lunch	10:45 a.m. to 2:00 p.m.
Dinner	4:30 p.m. to 6:30 p.m.

O. INCLEMENT WEATHER

All trainees are expected to be at the hospital during regular working hours. In the event of severe inclement weather where safety in transit is endangered, trainees are to contact their Supervisor or the Director of the Department. See Inclement Weather Personnel Policy, Appendix G.

P. TELEPHONES

The Pastoral Care and Clinical Pastoral Education Department telephone number is **(501) 686-5410**.

To Receive Incoming Calls: Outside callers can reach you by calling the Departmental telephone number. This number, 686-5410, is the only number that should be given to others outside of the Department. 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	686-6890
On-Call Room	681-3714
Pastor's Phone (in hallway, near office)	686-6889
Director of Pastoral Care & Clinical Pastoral Education	686-6888

To Call Long Distance: Long distance calls are the privilege of the permanent staff. Chaplains 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. Students shall 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 ---- speaking."). When receiving a call for another staff member, courteously ask the name of the person calling before putting him or her on "hold" and proceeding to contact that staff member. 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 notation for him or her so that a return call is possible.

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. Head Nurses and Nursing Directors are specified but may change at any time. A map showing the general layout of each floor of the hospital concludes this section (See Appendix C). Nursing units are found on Wings A, B, C and E of the Hospital, with the following room numbers on each (see Appendix D for a map of the UAMS Medical Center. **):

Wing A: Rooms 1 – 14

Wing C: Rooms 33 - 46

Wing B: Rooms 18 – 29

Wing E: Rooms 51 – 89

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.

* Subject to change

**Subject to change

SECTION III 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.

Please refer to the Departmental organization chart (See Appendix G) for a schematic illustration of the administrative relationships within the Department.

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.

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;
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;
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;
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. Emotional maturity and stability;
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.

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.

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.

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 they have been acted upon. Those admitted 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 and their application materials returned or forwarded to their next choice of CPE Center. Admissions to the program are closed as soon as sufficient qualified students are accepted and confirmations are received.

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:

- (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

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.

- a. Application Fee: \$25.00 per application, due upon receipt of Application.
- 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: \$300.00 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.

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 do they 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).

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

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 to others outside the CPE Center except with the written permission of the trainee (See the Release of Information form in the appendices).

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 and all items are destroyed, except the following: the initial application face sheet; all trainee and supervisory unit evaluation reports, CPE committee action reports, and a copy of the official trainee record card. These items of the purged file constitute the trainee's official record and shall be kept in the Center's files for five years.

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.

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.

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 weeks 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 students and prospective trainees 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 in order to inform you of the expectations, requirements, rights and responsibilities. It is your responsibility to read, understand and follow this Handbook.

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 in relationship to this CPE Center.

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.

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 Development Board or designee, the Vice Chancellor of Clinical Programs of the UAMS Medical Center, Dick Pierson; 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.

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

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

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.

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)

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

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

In 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 analyze it.

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.

On the following page is a sample of a case study.

The format, questions, and suggestions are guidelines only and is not intended to be rigidly adhered to.

CASE STUDY-sample

<u>Case Study #:</u>		<u>Chaplain:</u>	
<u>Date Presented:</u>		<u>Date of visit(s):</u>	

II. Preliminary Data:

Patient's Initials:		Age:		Gender: M F	Ethnicity:	
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Religion/Belief System:		Length of Visit:	
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Admission Date:		Unit:	
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Diagnosis / Prognosis (if known):	
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III. Background Information:

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

IV. 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).

V. Reason for presenting this patient:

What question(s) were raised for you that you want feedback on?

-Case Study Sample continued

VI. Verbatim Report

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" visits. 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.

d. CRITICAL INCIDENT REPORT

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.

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.

An example of a critical incident:

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

e. **CONTRACT FOR LEARNING**

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.

f. GROUP RELATIONS SEMINAR

(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

g. 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 will keep a journal as a formal way to reflect on learning and growth in CPE. This journal will 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 will 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. Every educational event in the program should be commented on in the journal. This material is confidential and will be carefully respected by the supervisor.
- C. Journals must be handed into the supervisor twenty-four hours before the individual supervisory conference.
- D. Suggestions for subjects for journalizing:
 - 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.

h. LIBRARY RESOURCES

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.

i. GUIDELINES FOR UNIT EVALUATION

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.

j. **READING LIST**

Books:

Boisen, Anton T., The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience, Philadelphia, University of Pennsylvania Press, 1936.

Out of the Depths: An Autobiographical Study of Mental Disorder and Religious Experience, New York, Harper & Brothers, 1960.

Bettelheim, Bruno, Freud and Man's Soul, New York, Vintage Books (Random House), 1984.

Campbell, Alastair, V., Professionalism and Pastoral Care, Philadelphia, Fortress Press, 1985.

Capps, Donald, The Depleted Self: Sin in a Narcissistic Age, Minneapolis, Fortress Press, 1993.

Clinebell, Howard, Basic Types of Pastoral Care & Counseling, Nashville, Abingdon Press, 1984.

Friedman, Edwin H., Generation to Generation: Family Process in Church and Synagogue, New York/London, The Guilford Press, 1985.

Gardner, Richard A., M.D., Protocols for the Sex-Abuse Evaluation, New Jersey, Creative Therapeutics, Inc., 1995.

Hall, Charles E., Head and Heart: The Story of the Clinical Pastoral Education Movement, USA, Journal of Pastoral Care Publications, Inc., 1992.

Hillman, James, The Soul's code: In Search of Character and Calling, New York, Warner Books, 1996.

Stokes, Allison, Ministry After Freud, New York, The Pilgrim Press, 1985.

Wise, Carroll A., The Meaning of Pastoral Care, New York, Meyer Stone Books, 1966.

Reading List – continued

Articles:

- Bond**, Alma H., Ph.D. (1998), “Midwifery of the Soul: A Holistic Perspective on Psychoanalysis”, [Review of Article by Arden, Margaret], *Psychoanalytic Books: A Quarterly Journal of Reviews*.
- Banet**, Anthony G. Jr., **Hayden**, Charla (1977), “A Tavistock Primer”, *The 1977 Annual Handbook for Group Facilitators*, University Associates.
- Hart**, Curtis W., Rev. (Spring 1999) “Helen Flanders Dunbar: Physician. Medievalist. Enigma”, *Journal of Religion and Health, Volume 35, No. 1*, pp. 47-58.
(Spring 1999) “Pastoral Care and Medical Education”, *Journal of Religion and Health, Volume 38, No. 1*, pp. 5-13.
- Powell**, Robert Charles, M.D., Ph.D. (1976) “Anton T. Boisen (1876-1965):’Breaking an Opening in the Wall between Religion and Medicine”, *Association of Mental Health Clergy*.
(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?”
- Truman**, John T., M.D., (1986), “Custody of a Minor: The Chad Green Case in Historical Perspective”, *Pediatric Hematology/Oncology*, Chapter 7, (Eds. John T. Truman, M.D., Jan van Eys, M.D. and Carl Pochedly, M.D.), New York/London, Praeger Publishers.
“Response to Adversity” *Pediatric Hematology/Oncology*, Chapter 8.
- Wildes**, Kevin Wm., (1999 April 3) “Medicalization and Social Ills”, *AMERICA*.
- Lawrence**, Raymond J., “George Fitchett’s Symposium”, Issue 94. “A Gloomy Assessment of the Current Frenzy”, Issue 93. “The Intimate Hour”, Issue 92. “The Trouble with Spirituality”, Issue 91. “Bursting the Bubble” Issue 73. “Culture Clash in Pastoral Training”, Issue 70. “Gerkin’s Waffle, Issue 64. “A Seminarian in New York”, Issue 54, “Edwin Friedman’s Tour de Force” Issue 53. “A Remedy for Marie Fortune’s Crusade”, Issue 52. “The Case of Cardinal Jackson” Issue 34.

2. Mission Statements. The Clinical Pastoral Education program at UAMS Medical Center is designed to be consistent with the above understanding of CPE in its relationship to theological education, and is also designed to be consistent with the mission of the University of Arkansas for Medical Sciences Medical Center.

UAMS Medical Center Mission

Welcome to UAMS Medical Center, “Where Knowledge Creates Better Medicine.”

Our mission is to provide patient-centered, cost-effective care through a health care system enriched and committed to education and research. Achievement of this mission relies on a steady commitment to three fundamental values:

- Achieving total satisfaction among the various “customers” of the UAMS patient care network, the most important of whom are our patients and their families;
- Continually improving services;
- Valuing the contribution and needs of all individuals in order to create a workplace that inspires constant innovation, excellence and teamwork.

Through their association with the UAMS College of Medicine, our physicians keep abreast of the latest in research and technology which enables them to deliver the most up-to-date medical procedures. The rest of our staff (nurses, technicians, housekeepers, dietitians, and support personnel) are also committed to providing you with world-class care.

We hope you will choose UAMS Medical Center as your healthcare provider.

UAMS Mission

The mission of the University of Arkansas for Medical Sciences is to provide educational opportunities for students of the health care professions in a stimulating environment of basic and clinical research, integrated with the delivery of superb, comprehensive health care services.

CPSP Mission

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

Clinical Pastoral Education Department at UAMS Medical Center Mission Vision Statement

Pastoral Care at UAMS Medical Center is part of a comprehensive care program that addresses the religious needs of patients and their families in conjunction with the medical care.

UAMS chaplains are available to provide pastoral and emotional support to patients and family members and can be reached at: 686-5410 or by beeper 688-2060.

In addition, clergy of all faith traditions visit the UAMS Medical Center regularly and can be contacted by staff members should a patient request their own clergy.

Vision Statement

Pastoral Care services at UAMS Medical Center will continue to ensure a personal spiritual component in the totality of patient care and services by providing professional religious and pastoral consultation to patients, families and employees. The Pastoral Care staff and chaplain trainees will continue to provide interfaith ministry through the variety of faith affiliations they represent. The Director of Pastoral Care will assess the need to further develop connections with local clergy and faith communities as the need arise.

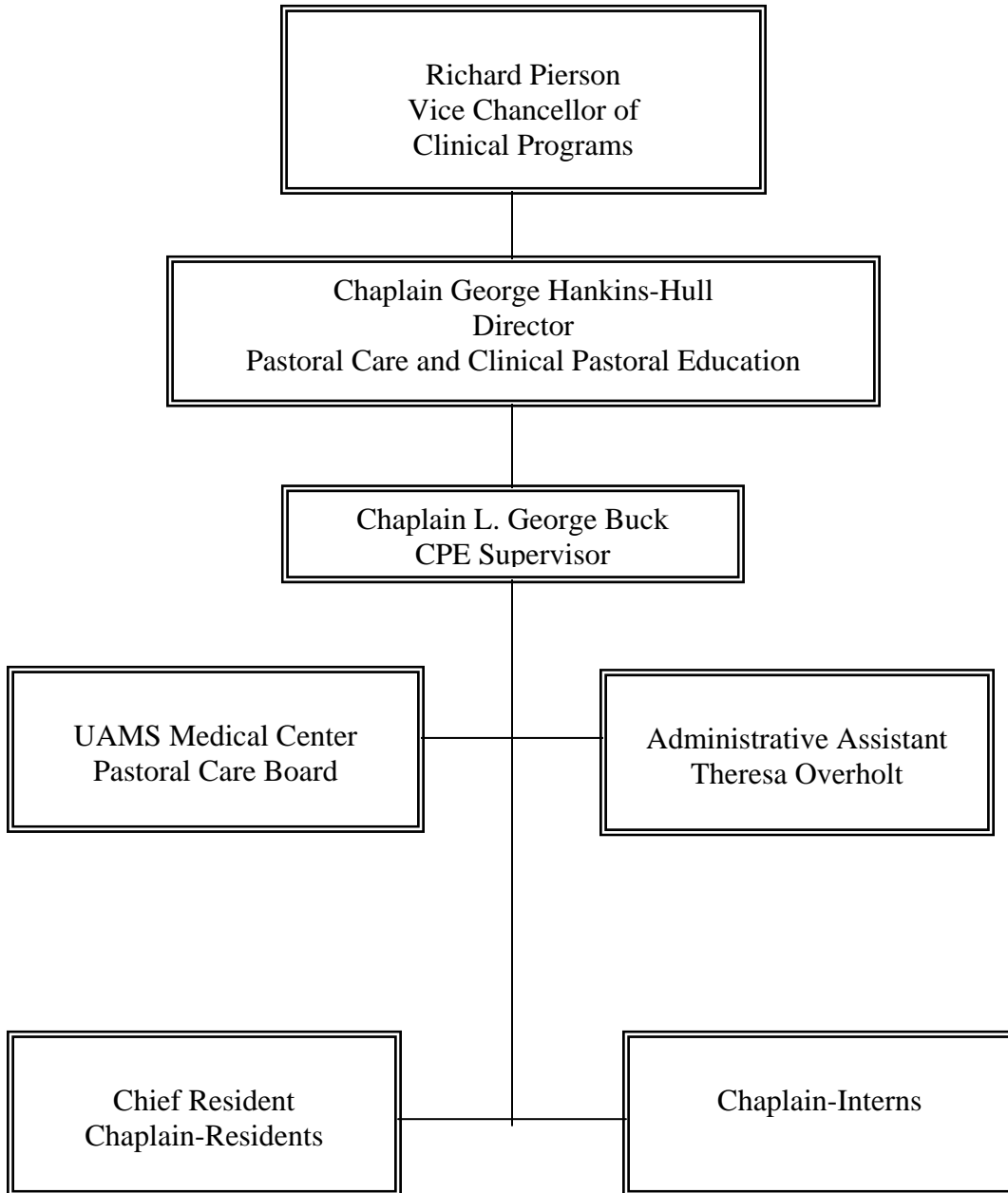
It is now widely understood that health and illness are holistic matters involving all the aspects of what it means to be human: physical, emotional, mental, spiritual, economic, social, cultural, religious, ethical, and others. If modern health care is to effectively treat and prevent illness and promote health, these various aspects of a person's life must be competently addressed.

Pastoral care contributes to this holistic effort, especially by providing ministry that addresses emotional, spiritual, and religious needs, but most especially, by upholding the integrity and worth of each person as a person. In these ways, pastoral care contributes not only to the lives of individuals, but also to the milieu of the institution and to its overall mission. In order that these benefits would be realized within UAMS Medical Center, the administration and other leaders of the institution, along with religious leaders of the community, became committed to establishing and developing a Department of Pastoral Care and Education, including the creation of an accredited Clinical Pastoral Education program. By means of the Department and its programs, UAMS Medical Center makes specific provisions for meeting the religious dimension of patients' needs, continues to demonstrate its commitment to providing for the education of persons in the health care field, of which clergy and other religious workers are a vital part, and further enhances the progressive and high quality health care offered here.

The UAMS Medical Center Clinical Pastoral Education program has dual major goals: to provide learning opportunities for those in training for ministry and qualified persons lay and ordained in ministry to develop their pastoral strengths, and to provide pastoral care services to the patients, patients' families, and staff of UAMS Medical Center. Thus, service and education are an integrated whole and comprise the central mission of the Department of Pastoral Care and Education.

ORGANIZATIONAL CHART

Department of Pastoral Care and Clinical Pastoral Education



CLINICAL PASTORAL EDUCATION
Department of Pastoral Care and Education
University Hospital-University of Arkansas for Medical Sciences
Little Rock, Arkansas

Release of Information

I, _____, hereby authorize the

Department of Pastoral Care and Education to release CPE evaluation reports and other written information pertinent to my participation in Clinical Pastoral Education programs at UAMS Medical Center to _____

Restrictions: _____ Signed: _____

_____ Date: _____

This form will become a part of the above named student's permanent file at this center.

INFECTION CONTROL

Infection Control is important for the welfare of patients, staff and visitors. Adhering to both the hospital-wide Infection Control policy and department specific policies is important for the control of, and containment of, infections and infectious processes.

Universal Precautions (UP), as outlined by the Centers for Disease Control (CDC) and the Occupational Health and Safety Administration (OSHA) are used in this institution in conjunction with category-specific isolation. Some diseases, however, warrant additional protection not addressed by UP.

Universal Precautions assures that every patient, regardless of who they are and if you know them, is capable of transmitting a blood-borne infection to you. Universal Precautions apply to the following body fluids: blood, any body fluids containing visible blood, semen, vaginal secretions, CSF, synovial, pleural, peritoneal, pericardial, and amniotic fluids. Precautions do not apply to the following unless they contain visible blood: feces, nasal secretions, sputum, sweat, tears, urine, and vomitus. The use of protective barriers to prevent exposure to blood and body fluids should be determined by the type of exposure anticipated. Chaplains rarely come in contact with these body fluids, but should know how to take precautions should the need arise.

All chaplains are to abide by the isolation procedures set forth during the orientation period. There are 4 category-specific precaution cards that are color-coded and are appropriately posted on patients' doors to alert staff and visitors that a certain type of precaution procedure is in effect. Always read and follow the card instructions. If you have any questions about the color-coded cards or infection control, please do not hesitate to call either: Kim Hoffman, MT(ASCP) office: 686-5133 or beeper: 688-6410, or Connie Cavanaugh, RN office: 686-8568 or beeper 688-6733

Again, there are 4 color-coded precaution cards; they are as follows:

Contact Precaution	Neon Green
Airborne Precaution	Pink
Droplet Precaution	Orange
Neutropenic Precaution	White

All chaplains are to wash their hands regularly between visits with patients and adhere to each individual isolation type, wearing the appropriate attire (e.g., mask, gloves) before entering patients' rooms, and discarding of this protective equipment on exiting the patients' room.

NOTE: Handwashing is the single most effective means by which we can prevent the spread of infection.

Dear Member of the UAMS Campus Community:

The purpose of this letter is to inform you of the current policies regarding Drug and Alcohol Abuse Prevention at the University of Arkansas for Medical Sciences. Although we are mandated to do this annually by Federal law, UAMS has a commitment that extends far beyond merely meeting regulatory requirements.

Enclosed is information describing the health risks associated with the use of illicit drugs and the abuse of alcohol. Also enclosed are various system and UAMS policies outlining standards of conduct and sanctions pertaining to drug and alcohol abuse. I hope you will take time to review these materials.

You may be aware by now that an Employee Assistance Program (EAP) is available to assist employees with a wide range of problems that include drug and alcohol abuse. The EAP is located in room 322 of the dormitory. Appointments for one-on-one information, counseling sessions, and referrals can be scheduled by calling 686-8377. Usual hours of operation are from 8:00 am. to 4:30 p.m. Monday through Friday. Emergency assistance and information are available 24 hours a day, 7 days a week by calling the same number, 686-8377.

Assistance for students is provided through the Office of Student Mental Health Service in the Department of Psychiatry. The office can be reached at 686-5383 during normal working hours, and after hours assistance is provided through the UAMS Emergency Room. In addition, a substance abuse hot line is available at 686-6566 for general information and assistance.

UAMS is truly committed to the principle of a drug-free environment. With the help of every student and employee, we can make this a truly obtainable goal.

Sincerely,

John E. Pauly, Ph.D.
Vice Chancellor for Academic Affairs
and Sponsored Research

Enclosures

THE VERBATIM REPORT

The verbatim report is a recording of a pastoral visit or visits. The purpose of a pastoral visit is to communicate your availability to the patient and to give the patient the opportunity to become acquainted with you as his/her pastor if he/she so chooses. Accordingly, the focus of a pastoral visit is upon establishing or developing a relationship, rather than on gaining information, which would be the purpose of an interview. Therefore, the primary purpose of the pastoral visit(s) is to make clear your availability as chaplain/pastor to the patient.

Note: If you have had more than one visit with a patient on whom you are writing a verbatim report, you are to include all previous conversations in your write-up. We are interested in looking at a summary of your whole pastoral relationship.

The guidelines for preparing a verbatim report are as follows:

- I. The Heading: Certain factual information will help the reader in understanding some issues of the visit.

<u>Item</u>	<u>Example</u>
Your Name	I. B. Eager
Verbatim Number	Verbatim #3
Date Report is Written	September 15, 1998
Name of Patient or Family Member	I. B. Sickagin
Race, Marital Status, Sex	WMF
Patient's Room Number	Room 675
Patient's Home	Hillbilly, Arkansas
Patient's Age	41
Patient's Religion	Baptist
Patient's Diagnosis	Cancer of the Liver
Patient's Physician(s)	Dr. U. R. Cured
Date of Admission	September 13, 1998
Date and Number of Visits	September 14, 1998 (1)

- II. Introduction: Write a paragraph or two that features how you came in contact with the patient and/or family member; i.e., routine visit, referral, pre-op visit, etc. Write a summary of your relationship (if any) prior to this visit and whatever information you have about the patient's (family member's) needs. Indicate what you were feeling prior to this visit and how this affected your visit. Describe your feelings about how the patient appeared and the mood of the setting. Briefly describe how you were greeted and your response to it.
- III. Body of Report: The body of the report is comprised of the clinical data of the pastoral visit; i.e., the chaplain's and patient's family member's statements and responses, both verbal and non-verbal. At the appropriate places (see below) parenthetical notes should be made regarding the patient's behavior, movements, and other non-verbal responses, as well as your own behavior,

movements, feelings, etc. If something causes you to feel uncomfortable, put it in parenthesis. If scripture, prayer or other liturgical act or other reading is used, be sure to include it in the body of the report. The following is an example for designating individual responses (C for chaplain; P for patient; W for wife; H for husband; D for doctor, etc.)

Example: C-1 "Good morning, I'm Chaplain Eager. I am the chaplain assigned to this floor. (I was feeling _____ because I _____)
P-1 "Oh?" {She frowned and seemed angry).
C-2 "I wanted to meet you and let you know that there is pastoral care available to you." (I really felt like running).

- IV. The Evaluation: In two or three paragraphs, evaluate your pastoral involvement and efforts. Were you able to hear the patient's concerns and were you able to address them in the visit? What feelings were raised (in you-in the patient) that influenced how the visit went. What about you was helpful in shaping this visit and what about you got in the way of hearing the patient, family member, etc.? How would you relate differently if you could change how you related? What made this visit a pastoral one?
- V. Sociological Issues: What might be some of the family dynamics? What is the length of illness and the effects on patient/family? Who is the main family character and why? What racial, cultural, or economic issues are affecting the patient/family?
- VI. Psychological Issues: What is the patient's and/or family's psychological state? Is there support, conflict, ambivalence, etc.? Is there hope, despair, resignation, or anger on the part of the patient and/or family member(s)?
- VII. Theological Concerns: Indicate what you see as the major theological concern in this report. Try giving the situation a theological diagnosis. What biblical or theological illustration best describes the patient and/or family member(s)?
- VIII Learning Concerns: List your learning concerns about your pastoral work in this relationship. What are the questions that this encounter raised for you? How can others help address your concerns?

The verbatim report should be written within twenty-four hours of the pastoral visit in question. Your supervisor should receive two copies. If presenting in a scheduled seminar, you should prepare one copy per group member and two copies for your supervisor. Leave a two to three inch margin on the left side of the report for comments by others.

WEEKLY REFLECTION REPORT

This report is intended to give you the opportunity to journal your learning for each week. Accordingly, you are to write a summary of your learning in each of the seminars-as well as in your supervisory sessions.

Supervisory Session: How do you feel you used supervision this week? Do you feel your supervisor heard and responded to your concerns? What could you have done differently?

Verbatim Seminars: Write a paragraph or two on personal/pastoral learning as a result of the verbatim discussion. Were you able to identify with and engage the presenter?

Interpersonal Seminars: Write a paragraph or two on how you experienced this seminar. Were you able to engage your peers? If so, how? If not, why? Give a summary of the basic concern(s). What, if anything, did you learn about yourself?

Theological Integration Seminar: Write a paragraph or two on the basic theological issue or concern. How did the theological discussion affect your own theology?

Didactic Seminar: Write a paragraph or two on what you learned from this seminar. Was the presentation clear and informative?

CLINICAL PASTORAL EDUCATION
UAMS Medical Center
Little Rock, Arkansas

Guidelines for Final Evaluations

Evaluation is a dynamic process through which the individual student, his/her peers, and the supervisor share conjointly their perceptions of the learning and growth that has occurred. The intent of this process is to provide an opportunity for constructive and integrative reflection on the various aspects of your learning experience, including both personal and professional dimensions, so that you may arrive at a reliable understanding of what and how you have learned, where you are now in your learning, and an identification of your continuing learning needs.

The following items are intended as general guidelines for evaluating your unit of CPE. Since this is your final written evaluation, it should include an appraisal of the entire unit.

1. Your general assessment of your unit of CPE: Where you are now in relation to where you were personally and professionally when you began the unit. Indicate some of the changes, if any, that you have experienced and recognized in yourself.
2. Relationships with Patients and Family Members: What have you learned about yourself personally and professionally as a result of your contacts with patients and family members? Include particular relationships that seemed significant and indicate why.
3. Your relationship in the group seminars and with your peers: Give a general assessment of your peer group learning experiences (verbatim, IPR, etc.). Describe your learning relationship with each member of the peer group. Assess what you have learned about yourself personally and professionally as a result of being in a relationship with each. What theological issues arise as a result of each relationship?
4. Evaluate your experience with the supervisor. What have you learned about your relationship to, and your exercise of authority? How have you grown toward the capacity to evaluate your own ministry?
5. Relationships with Other professionals: Include an assessment of your contacts and significant encounters with persons in other roles, e.g., nurses, physicians, administrators, hospital staff, local clergy, other members of pastoral care department. How did you make use of them? What did you learn about yourself personally and professionally as a result of these contacts?
6. Relationship with Theology: What theological issues were significant for you during this unit of CPE?
7. Conclusion: What insights, strengths and skills have you learned and developed as a result of this CPE unit?
8. What metaphor, myth, psychological idea, biblical image, or theological concept best characterizes your experience in CPE?

**UNIVERSITY OF ARKANSAS SYSTEM
Policy on the Possession and Use of Intoxicants**

Possession and use of intoxicants in public areas of University facilities (including organized houses) and at official University functions held on campus is prohibited. Persons of legal age as prescribed by state law regarding alcoholic beverages may possess and consume these beverages in the privacy of assigned student rooms. Irresponsible behavior while under the influence of intoxicants is not condoned and may be subject to review and or action by the appropriate judicial body.

Policy No. 860.1

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Policy on the Drug Free Workplace**

POLICY

The University of Arkansas for Medical Sciences (UAMS) supports the concept of a drug-free workplace, as enacted in the federal Drug-Free Workplace Act of 1988 and the State of Arkansas Executive Order EO-89-21 issued March 30, 1989. It is the policy of the State of Arkansas, and thereby the University of Arkansas for Medical Sciences, that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in a UAMS workplace or by an employee while on a University assignment is prohibited. However, nothing in this policy will preclude the medical or research use of alcohol or controlled substances. UAMS will not differentiate between drug users and drug pushers or sellers in the applicability or enforcement of this policy.

- (1) All employees will be informed through orientation, published literature, and/or periodic in-service education of the dangers of drug abuse in the workplace, the UAMS policy of maintaining a drug-free workplace, available counseling and rehabilitative services, and the penalties imposed for drug abuse violations.
- (2) The UAMS Office of Human Resources will provide all new employees with the UAMS Drug-Free Awareness Statement at orientation, and each employee will be required to sign the Acknowledgement and Receipt of Drug-Free Awareness Statement from at that time. The Office of Human Resources will be responsible for collecting and retention of all signed acknowledgements.
- (3) Any UAMS employee who illegally uses, gives, sells, or in any way transfers a controlled substance to another person, or manufactures a controlled substance while on the job or on UAMS premises will be subject to discipline up to and including termination.

- (4) UAMS recognizes that addiction to drugs represents a disease state and that treatment of such problems is a legitimate part of medical practice. Any employee who recognizes such addiction or problem is encouraged to seek assistance as specified in the UAMS Substance Abuse Policy. Employees will not be disciplined for seeking such help, although disciplinary procedures linked to performance criteria are still applicable.
- (5) The Drug-Free Workplace Act of 1988 requires contractors and grantees of federal agencies to certify that they will provide a drug-free workplace. The Office of the Vice-Chancellor for Academic Affairs and Sponsored Research will be responsible for certifying UAMS as a drug-free workplace for all grant and contract employees.
- (6) The Office of Human Resources will identify all employees working with federal grant or contract funds and will provide each employee a copy of this policy and the UAMS Drug-Free Awareness Statement . As a condition of employment on such a grant or contract, the employee will abide by the terms of the Statement. The employee will also be informed through the Office of Research Administration regarding the required written acknowledgement of the receipt of the policy and Drug-Free Awareness Statement.
- (7) Grant and contract employees must notify their supervisor and the Office of Research Administration of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction. The Office of the Vice-Chancellor for Academic Affairs and Sponsored Research will be responsible for notifying the appropriate granting agency when a violation of a criminal drug statute by such employee has occurred on UAMS premises.

DEFINITIONS

- (1) The term “conviction” shall mean a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court, or other court of competent jurisdiction.
- (2) The term “controlled substance” shall mean any drug listed in Volume 21 of United States Code (U.S.C.) Section 812 or in any other federal regulations. Generally, these are drugs which have a high potential for abuse, including but not limited to Heroin, Marijuana, Cocaine, PCP, “crack” and “legal drugs” which are not prescribed by a licensed physician.
- (3) The term “workplace” shall mean UAMS property and all places designated for employees during the course of any University affiliated assignment.

Policy No. 4.4.05

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Drug-Free Awareness Statement

The University of Arkansas for Medical Sciences supports the concept of a drug-free workplace, as enacted in the Federal Drug-Free Workplace Act of 1988 and the State of Arkansas Executive Order EO-89-2, issued March 30, 1989.

As a health care institution, employees who abuse drugs on the job pose an imminent danger to patients, visitors, and others we serve. It is the policy of the State of Arkansas and UAMS, that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance while on UAMS premises or during the course of any University assignment is prohibited.

Any employee who illegally uses, gives, sells, or in any way transfers a controlled substance while on the job or UAMS premises will be subject to disciplinary action up to and including termination. This includes employees who report to work under the influence of drugs, if they are not able to perform their jobs in an efficient and safe manner.

Employees who recognize their own disease state of addiction to alcohol and/or other drugs are encouraged to seek assistance as specified in the UAMS Substance Abuse policy. Employees will not be disciplined for seeking such help, although disciplinary procedures linked to performance criteria are still applicable.

Policy No. 4.4.05

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Extract from Basic Code of Conduct

PURPOSE

The purpose of this policy is to notify departments within the University of Arkansas for Medical Sciences (UAMS) of the procedures to be followed in establishing and communicating a basic code of conduct for all employees. The code is necessary to communicate to all UAMS employees the University's expectations governing employee conduct. It is the responsibility of the department directors and supervisors to fully explain the following procedures to employees, to discuss their specific application within their departments, and to assure that they are observed. Appropriate disciplinary measures must be taken in cases where there have been violations of this Code of Conduct.

PROCEDURE

- (9) Employees must not report to work or be on the University premises if under the Influence or odor of intoxicating liquor or controlled substances not prescribed by a physician.

Policy No. 4.4.1

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
Substance Abuse Policy

It is the goal of the University of Arkansas for Medical Sciences 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 produced by intoxication or addiction to alcohol or other drugs; therefore, the following policy is established:

1. It is the underlying philosophy of the campus administration that addiction to alcohol and/or other drugs represents a disease state, and treatment of such problems is a legitimate part of medical practice. Any employee or student with an addiction is encouraged to seek help through the UAMS Student/Employee Health Service.
2. Individuals who seek help through the UAMS Student/Employee Health Service will not be punished for seeking such help.
3. Appropriate disciplinary procedures linked to performance criteria are not precluded by this policy.
4. The use or possession of any illicit drug by any student or employee while on University property or on a University affiliated assignment will not be tolerated as described by the campus drug-free workplace policy.
5. The illegal exchange, sale or use of controlled substances by University students or employees will not be tolerated.
6. Consumption of alcohol on University property will not be tolerated, except within approved areas by individuals over the age of 21 years. (This policy does not preclude the medical or research use of alcohol.)
7. Neither students nor employees may report for their assignments and/or classes impaired by the use of alcohol or following the use of illicit drugs.
7. Violators of this policy will be disciplined up to and including termination.

Approved by Chancellor's Cabinet – 7/28/89

HEALTH RISKS OF DRUG AND ALCOHOL USE

Did you know?

One in seven Americans suffers from addiction to alcohol or other drugs

Fetal alcohol syndrome is the third leading cause of birth defects

The effect of the father's alcohol consumption just prior to conception is being studied for its relationship to fetal alcohol syndrome

The life expectancy of people who smoke is seven years less than those who don't

Cocaine is involved in a significant percentage of the deaths of young black males

Steroid use can cause sexual problems such as impotence and shrunken testicles in men and breast shrinkage and menstrual problems in women.

Illicit drugs as well as alcohol and other drugs have two types of effect on the body and mind. The initial, short-term effects are the positive feelings like alertness, optimism, self-confidence, energy, or stress relief. These positive feelings and reactions are the primary reason drugs have appealed to so many for so long. However, the secondary, long-term, negative effects far exceed the positive effects.

Effects on the Brain

In the brain, drugs can enhance or block the brain's own chemicals. This interference can cause changes in the brain. One change is increasing tolerance for the drug which necessitates taking more and more to get the same result. This leads to the risk of overdoses. Other changes can lead to physical or psychological dependence. Still other changes lead to physical manifestations that range from sleep disorders and behavior changes to heart or breathing irregularities.

Because the normal checks and balances in the brain are disrupted, the desired effects may be magnified out of control. For example, the benefit of the sharp rise in energy level and self-confidence produced by stimulants such as cocaine or amphetamines is counteracted by accompanying loss of judgment, and it may be followed by depression, confusion, anxiety, or panic. The stimulation causes a rise in blood pressure that can go too high and cause strokes or the heart may beat so rapidly and irregularly that it stops.

Effects on the Body

While the main effects of psychoactive drugs are on the central nervous system, side effects can involve other body organs. Not all changes are noticeable until after significant damage is done. The long-term health affects are linked to where the chemical is processed and where it acts on the body. Alcohol is processed in the liver. In the liver, alcohol speeds up the formation of fats resulting in cirrhosis, a disease that eventually stops all liver function. Alcohol also interacts with estrogen, heightening and prolonging alcohol's effects during the time before menstruation.

Depressants such as marijuana and alcohol can impair the immune system so the body is more susceptible to bacterial and viral infections. Infections such as AIDS or hepatitis can be gotten from needles used to inject cocaine or steroids.

While not illegal, nicotine is also a drug, which gives initial good feelings and long-term harmful effects. Cancer, lung, and heart disease are the better known problems. Damage to blood vessels causing impotence is a less known health concern.

Effects on Behavior

Drugs decrease coordination, distort perception of capabilities, increase combative behavior, irritability, and mood swings. Resulting changes in behavior increase the risk for accidental injury and can disrupt interpersonal relationships.

Drug dependency changes priorities and influences behavior. Procurement of the drug becomes the primary goal. Careers, relationships, even physical and mental health are no longer important. Anxieties, tensions, depression, and denial are exaggerated. The drug becomes the focus- the rest of life is out of control.

Because every body and brain are not exactly alike, the exact effect of a drug will not be the same for everyone. It is important to know that alcohol and other drugs do cause changes. For some the changes are irreversible. For some they are fatal.

DISASTER PLAN INTRODUCTION

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.

Definitions:

Code Green provides necessary personnel and support when the volume of patients requiring emergency treatment exceeds the capacity of the Emergency Department. The measures invoked by Code Green are designed to allow for rapid, orderly, and efficient assessment and treatment of victims resulting from a disaster. It may become necessary to admit disaster victims to the hospital. While this plan has considered the most likely scenarios to take place in a disaster situation, common sense and good judgment must be used when variations from this plan are necessary.

Code Green Standby alerts administrative and clinical personnel of an impending disaster alert within the next 48 hours. This alert is to allow for orderly preparation and timely mobilization of necessary personnel. When Code Green Standby is activated, hospital departments will be notified over the paging system and by telephone as to the nature of the alert. Once the alert is initiated, preparation should begin immediately to adjust schedules to provide sufficient support for any incoming patients. Code Green (the disaster plan) will be implemented at such time that victims arrive at the Emergency Department.

OVERVIEW OF PLAN

Part I:	Implementation of Code Green
Part II:	Disaster Facilities
Part III:	Other vital Contingencies
Part IV:	Discontinuing the Plan

The following documents provide more detailed information about the plan:

“UAMS Policies & Procedure Guide” (on-line)

“UAMS Emergency Incident Command System” (Director’s Office)

PART I: IMPLEMENTATION OF CODE GREEN

HOSPITAL NOTIFICATION

The Hospital will be notified of a disaster in many ways. Two examples are a call to the Emergency Department by a police agency or an announcement on radio or television.

The persons receiving the initial notification should obtain any pertinent data and immediately notify the Emergency Department Director or, in her absence, the designated nursing director or APCA. This individual, after consultation with the Emergency Department attending physician, shall then notify:

Executive Director of Clinical Programs or Designee (686-5660)
8:00 a.m. - 5:00 p.m., Monday through Friday or
Assistant Director of Nursing (686-7174 or 686-7175)
5:00 p.m. - 8:00 a.m., Monday through Friday
24 hours - Saturday, Sunday, Holidays

The Assistant Director of Nursing shall contact the Executive Director of Clinical Programs or designee.

Authority to Implement CODE GREEN

The authority to implement the *Plan* rests with the Executive Director of Clinical Programs. In his absence, the following individuals, in the order shown, are authorized to implement the plan:

Chief Operating Officer
Assistant Hospital Director (s)
Assistant Director(s) of Nursing

If the Executive Director or designate cannot be reached because telephones are in-operable, the Assistant Director of Nursing on duty at the time of notification may assume the authority to implement the Disaster Plan.

After being advised that an emergency situation exists, the Executive Director of Clinical Programs or designate:

- (1) Verifies the emergency situation; and
- (2) If necessary, authorizes the implementation of the disaster plan.

Transmission of Disaster Information

When instructed by the person authorized to implement the Plan, the Switchboard Operator will begin an orderly transmission of disaster information by making the following announcement three (3) times over the public address system:

"ATTENTION ALL PERSONNEL - CODE GREEN"

The switchboard operator(s) will then notify the key individuals of Code Green status as instructed, who will notify responsible staff to report to their assigned areas. The call list below is to be utilized.

TRANSMISSION OF DISASTER INFORMATION

After the switchboard operator announces "ATTENTION ALL PERSONNEL - CODE GREEN" she will then call the following areas as a back up measure...

1. Emergency Department (Charge Nurse on duty)
2. Short Stay
3. Patient Care Administrator on Duty
4. Public Safety Officer
5. Hospital Admissions supervisor or interviewer on duty
6. Inpatient pharmacy
7. Director of blood bank
8. Chief medical technologist on duty in clinical lab
9. Chief radiology technologist on duty
10. Director of respiratory services or supervisor on duty
11. Chaplain on Duty
12. Director of university relations and development
13. Supervisor of heart station
14. Director of nutrition services
15. Medical records supervisor on duty
16. Central control
17. OPC & ACRC director

NOTIFICATION OF CLINICAL SERVICES

ED admissions will notify each clinical service individually by paging each on-call resident. The on-call resident is responsible for notifying his Department Head and initiating the department telephone call tree as set forth by that individual department's disaster plan.

Recall of Employees, Staff, and Students Via Media

If deemed necessary by the Executive Director of Clinical Programs or designee, the Director of University Relations and Development shall contact the television and radio stations to

request a public service announcement recalling University Hospital employees, staff; and students.

<p>Assembly of Employees, Staff and Students Not Specifically Assigned</p>

Employees not specifically assigned should report to their normal work areas when they hear the announcement of a disaster. Medical Staff not specifically assigned should report to the office of their Chief-of-Service. House Officers; medical and other, and all medical students in the hospital at the time of the implementation of the plan, who do not have specific disaster assignments, should report to the Radiology Reading Room in the Radiology Department. These individuals may be assigned as needed. Do NOT CONGREGATE IN THE EMERGENCY DEPARTMENT. Employees will respond according to the pre-established plan for that department. All employees who are home shall remain home, pending notification.

AREA: PASTORAL CARE

DUTIES:

1. The Switchboard Operator will notify the On-Call Chaplain (Beeper #688-2060) when the Disaster Plan is put into effect.
2. The On-Call Chaplain will notify the Director of Pastoral Care and Education (or his designee).
3. The Director of Pastoral Care and Education (or his designee) will implement the internal Pastoral Care disaster plan.
4. The role of the Chaplains of the Department of Pastoral Care and Education during a disaster will be to: 1) provide emotional/spiritual support, in a crisis intervention mode, to disaster victims when appropriate, and to family members and friends of victims, to staff persons and to the general public who may come to the campus, and 2) to assist in providing information about disaster victims and their status to the above persons on "**need-to-know**" basis, including clergy and other ministers from both within and outside the Little Rock Metropolitan area.
5. Two Chaplains will be stationed in the ER Triage Area. All other available chaplains will be stationed at the ED III Auditorium, designated for family members and the public. The secretary of the Department of Pastoral Care and Education will be stationed in the Department Office to serve as a communication center for the Chaplains. If telephone service is interrupted, two of the Chaplains will be appointed as "runners" to communicate between ER Triage and ED III and between ED III and the Department Office.

HeadiUse hard-copy with letterhead

REVISION:
 SECTION: ADMINISTRATION
 AREA: GENERAL ADMINISTRATION
 SUBJECT: INCLEMENT WEATHER PERSONNEL POLICY

PURPOSE

The University of Arkansas for Medical Sciences (UAMS) recognizes that transportation problems result from inclement weather and hazardous road conditions. However, by virtue of our commitment to patient care, academics, and research, this campus never closes. When conditions dictate, the normal work schedule may be revised by excusing late arrivals or permitting early departures. Decisions will be made on an individual case basis for each incident of bad weather or hazardous road conditions.

PROCEDURE

- (1) In severe weather or hazardous road conditions, the Chancellor or his designated representative will decide if a liberal work schedule excusing late arrivals or permitting early departures will be allowed.
- (2) The decision of the Chancellor or his designated representative will be conveyed to the Office or Human Resources (OHR) as soon as it has been reached.
- (3) The OHR will immediately notify the "Daily Minute" and will telephone the offices listed below. The administrators within these divisions will be responsible for communicating the decision to all departments reporting to them. Department Chairmen and Directors will be responsible for communicating the decision to their staffs.

Office of the Vice Chancellor for Academic Affairs

- Office of the Vice Chancellor for Administration/ Fiscal Affairs
 - Office of the Dean, College of Medicine
 - Office of the Dean, College of Nursing
 - Office of the Dean, College of Pharmacy
 - Office of the Dean, College of Health Related Professions
 - Office of the Executive Director of Clinical Programs
 - Office of the Executive Director of Campus Operations Office of the AHEC Director
 - Office of the Executive Director, Arkansas Cancer Research Center
- (4) In addition to contacting the administrative offices listed above, the Office of Human Resources will also notify the following radio and television Stations:

Radio Stations

Television Stations

KARN AM 920
KURB FM 9~.5

KARK Channel 4 News
KATV Channel 7 News
KTHV Channel II News

- (5) The Office of Human Resources may also directly notify, upon request, any other UAMS department whose operations are directly and critically affected by inclement weather.
- (6) When recording time for an authorized late arrival or early departure. Department Directors or their designated assistants should record the employee's regularly scheduled hours as hours worked.
- (7) Employees requesting the use or accrued Holiday, Annual Leave or Compensation Time during inclement weather conditions must obtain approval from their Department Director. Department Directors may approve such requests only after all staffing requirements have been met for the department.
- (8) Departments adequately staffed, as determined by the Department Director, shall not charge employees for late arrival or early departure (normally two hours).
- (9) Employees absent during inclement weather conditions without approval from their Department Director will be charged for leave of absence without pay, and a disciplinary notice may be issued.
- (10) Employees of the University Hospital must also comply with Inclement Weather Policy F-3 of the University Hospital Policy and Procedures Manual.

REFERENCE

UAMS Policy **4.4.01**. Basic Code of Conduct
UAMS Policy **4.4.02** Employee Disciplinary Notice
UAMS Policy **4.6.08** Leave of Absence Without Pay

SIGNATURE:

DATE: _____

UAMS Policies and Practices Relating to Campus Security

The UAMS Police Department is located at 8th and Cottage Drive. The UAMS Police jurisdiction includes all property owned or operated by UAMS and adjacent street and alleys. The UAMS Police Department employs 36 police officers who meet all state training requirements. They are graduates of the Arkansas Law Enforcement Training Academy located in Camden, Arkansas. Members of the force have received training with the FBI, the Department of Justice and the Arkansas Law Enforcement Academy in courses such as crime investigation, rape investigation, hostage negotiation, drug detection, youth gangs and many other police related subjects. UAMS Police Officers are sworn to uphold all federal, state and local laws and the enforcement thereof. UAMS Police give instruction in crime prevention to students, employees and to various community organizations throughout the state, providing a great service that is available to the people of UAMS and the community. Topics of prevention programs include self-protection, rape prevention, date rape, theft prevention, as well as UAMS Police goals and services. Police also offers to the University and Community their own "McGruff, the Crime Fighting Dog Program" that has been a great hit with children and adults alike with programs on safety, drug abuse, child abuse and law enforcement. Call 686-7933 to arrange a program on any of the above- mentioned program. UAMS Police have available for distribution, crime prevention literature on self-protection, rape prevention, crimes against senior citizens, theft prevention, coloring books and prevention of crime on campus. Reports on campus crimes, emergencies, and traffic related problems are provided in addition to this annual report, monthly in the Police Department's "police-Parking Update Bulletin". These bulletins are distributed to the entire campus through the campus mail-processing center, and are posted in strategic areas by our Police Officers.

Residence Hall Security

Rules, regulations and information concerning the Jeff Banks Student Dormitory are in the "Residence

Hall General Policy Governing Occupancy ADDENDUM to UAMS Housing agreement" that is given to all residents. The UAMS Student Activities and Housing Office makes safety of residents and security of their property its highest priority. Maintenance requests involving safety and security are given priority, even if after-hours work is necessary. Fire alarm systems and fire fighting equipment are placed in all buildings for protection. Our UAMS Police patrol the Dormitory and grounds 24 hours a day, checking door security, suspicious persons, and for anything that could prove to be a hazard to the residents' security or safety. Entrance after hours is monitored by an electronic card access system on the north entrance to the Dormitory. Closed circuit T.V. cameras monitor the Dormitory resident parking lot. There are two Emergency-Police phones located near the north and east ends of the Dormitory. Trees and shrubs are kept trimmed for safe passage of students and visitors. A number of programs, including the annual student orientation, inform residents of safety and security measure and of their responsibilities to ensure their own safety and that of their neighbors. Special programs are offered as needed on topics which include personal safety on campus, vandalism and security, theft and burglary, rape and sexual assault. Fire safety, substance abuse, and harassing communications. We would like to remind everyone to secure all personal property they bring to the campus. Valuables left in cars should be locked in the trunk and purses should be locked in cabinets or desks. Anyone who discovers their property has been stolen should notify the UAMS Police Department immediately at Extension 686-7777. Stolen credit cards and bank-cards should also be reported to the company or bank. Under no circumstances should your bank access code or PIN numbers be given to anyone identifying themselves as police or bank employees. Employees should question and report suspicious people loitering in their working areas.