UAMS MEDICAL CENTER

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

# HANDBOOK FOR TRAINEES

IN

# CLINICAL PASTORAL EDUCATION

## DEPARTMENT OF PASTORAL CARE AND CLINICAL PASTORAL EDUCATION

2026-2027

CPSP The College of Pastoral Supervision and Psychotherapy

*The Highest Standard in Clinical Chaplaincy and Clinical Pastoral Training*

**Dear CPE Residents and Interns,**

Welcome to the UAMS Department of Pastoral Care & Clinical Pastoral Training!

We are so very glad you are here. Each of you has been chosen for this program because you bring unique gifts, deep potential, and a sincere desire to learn and grow as a pastoral caregiver. we are looking forward to sharing this journey with you.

You will soon be the heart of our pastoral work here at UAMS. You will be offering compassionate, ecumenical, and comprehensive spiritual care to patients, their loved ones, and your colleagues across UAMS. During your training, you will be entrusted with meaningful pastoral responsibilities that not only support our patients and staff but also offer meaningful opportunities for your own learning and growth.

We hope that, as you serve, you will discover what it means to be a healing presence—you will listen deeply, respond with sensitivity, and honor the diverse faith traditions and cultural backgrounds of those entrusted to you.

A vital part of our work is respecting and supporting the ongoing connection between patients and their faith communities while they are here at UAMS. These connections remind patients that even in moments of uncertainty, they continue to be surrounded by friends, loved ones and community.

As you begin your training, we ask that you commit fully to both your learning and to the trust we place in each of you as we strive to meet the pastoral needs of our Medical Center community. Our program hours are 8:00 a.m. to 4:30 p.m., Monday through Friday, with residents and interns also sharing in the 24-hour on-call ministry. These experiences will stretch you, shape you, and—most importantly—move you to become dedicated to the discovery of the soul of your own pastoral identity.

Clinical Pastoral Education is designed to be both challenging and deeply rewarding. We hope your time here will foster creativity, resilience, and growth in ways that will surprise and bless you.

We are excited to walk alongside you in this season of formation. Thank you for saying yes to the learning and work of pastoral care.

With warmest regards,
**Susan McDougal**

*"Being heard is so close to being loved that for the average person, they are almost indistinguishable."*

— David Augsburger

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# CPE at UAMS – A Historical Perspective

In the 1920s, theological education began a profound transformation influenced by the evolving medical model of education. This shift was largely in response to the influential *Flexner Report* of 1910, which revolutionized medical training by emphasizing scientific rigor, clinical experience, and structured mentorship.

At that time, theological education was primarily academic, theoretical, and forensic in nature. However, just as medicine adopted a hands-on approach to learning through clinical practice, some in the theological world began exploring the value of learning ministry "at the bedside"—in direct contact with living persons and their real-life struggles. This marked the beginning of what would become Clinical Pastoral Training, later renamed Clinical Pastoral Education (CPE).

CPE introduced a disciplined, case-based method for examining pastoral care encounters and counseling experiences. It emphasized reflective learning, the use of supervision, and the clinical method as central tools in the formation of religious professionals. Over time, CPE became widely recognized as a vital component in preparing individuals for ministry.

The individual most responsible for initiating this educational movement **was** Anton Boisen (1876–1965). Boisen, a minister and former patient who had experienced psychotic episodes, sought to understand the spiritual and psychological dimensions of his own illness. This personal quest led him to establish a model of theological education that integrated pastoral care, psychology, and experiential learning. Boisen's work laid the foundation for what would grow into a national and international movement.

Initially, Clinical Pastoral Training attracted only a small number of students; those dissatisfied with traditional seminary education and drawn to Boisen's vision. But the approach gained traction over time. Today, Clinical Pastoral Education is an established, respected, and often required element in many theological schools, as well as a prerequisite for ordination in numerous religious denominations.

At UAMS, the legacy of this movement continues. CPE remains an integral part of forming competent, compassionate, and reflective spiritual caregivers, equipping them to serve in today's diverse and complex healthcare environment.

## Accreditation

The Clinical Pastoral Education (CPE) training programs at UAMS Medical Center are fully accredited by the College of Pastoral Supervision and Psychotherapy (CPSP) and Clinical Pastoral Education International (CPEI).

College of Pastoral Supervision and Psychotherapy (CPSP) is an international, theologically grounded covenant community that provides accreditation and certification for individuals and programs demonstrating excellence in the fields of pastoral counseling, pastoral supervision, and psychotherapy. CPSP grants credentials including Diplomate in Pastoral Supervision, Pastoral Counselor, Board Certified Clinical Chaplain, and Board Certified Associate Clinical Chaplain to those who meet its rigorous standards, embody its principles, and commit to its ongoing discipline and communal life.

Many CPE Residents further their personal development and professional goals by joining the local CPSP Chapter and seeking Board Certification during their final unit of training at UAMS.

## CPSP Mission Statement

The College of Pastoral Supervision and Psychotherapy, Inc. (CPSP) offers its programs in Clinical Pastoral Education/Training (CPE/T), pastoral psychotherapy, pastoral supervision, and psychotherapy supervision as a unique form of ministry and education. Respect for the Trainee's person and their personal growth, professional development, and unique integration of the personal and professional functioning is central to the CPSP mission.[1]

## CPEI Mission Statement

The mission of CPEI is to provide quality, inclusive, and life-transforming clinical pastoral education internationally through online and hybrid modalities to develop competent pastoral clinicians and supervisory educators.

[1] The Standards of the College of Pastoral Supervision and Psychotherapy, Adopted by the Governing Council March 20, 2022, page ii.

# UAMS Clinical Pastoral Education Curriculum

Clinical Pastoral Education (CPE) programs generally adhere to the Standards established by their accrediting body. At UAMS, each unit of CPE consists of a minimum of **400 hours** of supervised clinical ministry and educational reflection.

CPE Trainees are assigned to specific areas of pastoral responsibility within the medical center—such as the Emergency Department, Intensive Care Unit, or other clinical settings—where they engage in direct patient care. Pastoral placements are determined collaboratively between the Trainee and their supervisor, with consideration for educational goals and hospital needs.

Because of the clinical requirements of each hospital unit, evening, weekend, and overnight on-call assignments are included as part of the training experience.

## UAMS Clinical Pastoral Education Supervisors

Susan McDougal, MA, BCCC is the Director of Pastoral Care and Clinical Pastoral Education at UAMS Medical Center. Susan is a Diplomate in The College of Pastoral Supervision & Psychotherapy and a Board-Certified Clinical Chaplain.

George Hankins-Hull, Dip. Th., Th.M., is a Diplomate in The College of Pastoral Supervision & Psychotherapy and a Board-Certified Clinical Chaplain.

## 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 oneself 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.

## Educational Training Seminars

While each CPE program has some flexibility in the specific seminars it offers, the following core components are typically included at UAMS:

***Clinical Case Study***

Case studies are a foundational learning tool in Clinical Pastoral Education. Each Trainee is required to present written and verbal reports of actual pastoral encounters. These presentations invite peer feedback and group reflection. The primary goals are to develop pastoral insight, foster peer consultation, and cultivate clinical and theological competence.

*Interpersonal Relationship Group (IPR)*

This peer group experience serves a dual purpose. First, it offers a space for Trainees to explore personal and professional dynamics that emerge during training. Second, it functions as a living laboratory for studying group process, communication, and relational patterns. The group experience itself becomes a tool for self-awareness and growth.

*Didactics*

A series of interdisciplinary presentations are offered to enhance clinical and pastoral understanding. Topics may include pastoral theology, ethics, cultural competence, bereavement, trauma, and healthcare systems. Presentations are led by CPE Supervisors and invited professionals from various disciplines. Trainees will also design and present a didactic seminar during the third and fourth units of the residency.

*Multi-Media Learning*

Throughout the training year, the peer group will engage in multimedia learning sessions. These may include video, podcasts, articles, and interactive content aimed at deepening understanding of complex clinical, pastoral, or ethical topics. This component encourages a dynamic and accessible approach to adult learning.

*Individual Supervision*

Each Trainee meets regularly with a CPE Supervisor for individual supervision. These one-on-one sessions are focused on reviewing clinical work, exploring personal and professional development, and evaluating progress toward learning goals established at the beginning of each unit. Supervision is scheduled at least once per month, with additional meetings available as needed.

## Completion of Training

Upon successful completion of the extended part-time evening program (Internship) - consisting of **400 hours** of supervised clinical training – the intern will receive official certification for **one unit of Clinical Pastoral Education (CPE)**.

The full-time Residency program consists of **1600 hours** of supervised clinical training. Upon successful completion, Residents will receive official certification for **four units of Clinical Pastoral Education (CPE)**.

The Resident is then eligible to apply for **Board Certification as a Board-Certified Clinical Chaplain** through the College of Pastoral Supervision and Psychotherapy (CPSP), provided all additional certification requirements are met.

# Section I - Policies and Procedures Of UAMS Medical Center and the Department of Pastoral Care And Clinical Pastoral Education

This Handbook is not a contract. The Policies and Procedures of the Pastoral Care Department and Clinical Pastoral Education programs and those of UAMS may be modified at any time. Seek clarification from the Director when necessary. Current UAMS and Medical Center policies are published online and are incorporated herein by reference. The Compliance 360 UAMS portal for all UAMS policies are https://inside.uams.edu/compliance/uams-policies/.

## Time Off

Chaplain Trainees do not receive time off, unpaid or paid, for vacations, conferences, appointments or sick days, with exceptions noted below in BENEFITS and in the UAMS Nursing/ICE Service Line Attendance and Tardiness Policy, NR.AD.1.60, as modified, in Appendix 3.

## Dress Code

As members of the professional staff and health care team, Chaplains and Trainees observe high standards of personal appearance and hygiene during working hours, including all on-call responses and during all occasions while representing UAMS. Chaplain Residents and Interns are to dress in "Business Causal Attire." Review the guidelines of the Administrative Guide policy 4.4.21; however, T-shirts, sweatshirts, and denim articles of clothing are not allowed, regardless of branding or slogans.

"Business casual" attire includes slacks or business dress pants, pressed khakis, tucked in, button-down, long-sleeved shirts, sweaters, blouses, and knee-length dresses or skirts,. Closed-toed shoes are also mandatory. Dangling earrings are a safety hazard and are not permitted in patient areas. Optional items include cardigans, blazers or sport coats. **Seek clarification from the Director.**

"In patient care areas, individuals with long hair are required to keep it tied back or secured to ensure that it does not interfere with medical procedures or compromise clean or sterile environments."

"Nails must be kept short, with either clear polish or no polish, and artificial nails are not permitted."

## Stipends

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

## Benefits

- Sick Leave is to be approved by the Director. 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 the Director.
- Psychotherapy allowance. Chaplain Residents may have up to two hours per week away from the department for psychotherapy appointments, if approved by the Department Director.
- Death in Immediate Family: Residents may receive up to three days off with pay, with the approval of the Department Director.
- State and Federal Holidays: Chaplain Residents receive 12 paid holidays. Chaplain Residents are responsible as a group to ensure that on-call coverage is provided throughout each holiday period.
- Health Insurance: Comprehensive health coverage is available to Chaplain-Residents. Premiums are deducted from stipend checks. A family plan is available at a higher rate. Additional options, including dental insurance, are also available. Basic Life Insurance is provided by the UAMS Medical Center.
- Credit Union: All Residents on stipend are eligible to join the UARK Federal Credit Union. Information on membership may be obtained from the credit union office, G301; 501-686-6419.

## Orientation to the Department of Pastoral Care

Incoming Trainees will participate in the orientation process for new members of the Department of Pastoral Care and Clinical Pastoral Education. Such orientation will normally take place the first two weeks of the CPE program and include computer-based training assigned in Workday by Human Resources including training for EPIC,

the software platform used for electronic medical records for patients. Trainees will also be given the opportunity to shadow with current Chaplain Residents to become familiar with the hospital layout and procedures prior to beginning on-call duties.

## Library Resources

Trainees participating in the CPE program at UAMS Medical Center will have access to adequate library and educational facilities. The Library offers a rich source of materials to Trainees in print, in electronic publications (BrowZine app, +100 databases), and through inter-library loans. Remote access to databases is also available for research from off campus. The Library also provides personal study space and additional computers available for use during Library hours.

In addition, the Pastoral Care Department library is comprised of books, articles, journals and media resources that contain over 200 single volumes on subjects relating to Pastoral Care and counseling and related theological subjects.

## Parking

All residents and interns shall park their cars at the War Memorial Stadium, Rick's Armory, or Ray Winder Field parking lots. A regular shuttle service is provided between these parking lots and the Medical Center. The one exception in this parking policy is made for the Chaplain On-Call who is spending the night at the hospital. This person may park overnight in Parking Lot 1B with the use of the department hangtag kept in the Seminar Room. The UAMS Shuttle Tracker (RideSystems) is available through web browser or as a smartphone app. UAMS Parking Operations provides additional information regarding parking, campus maps, and transportation services.

## Security

The UAMS Medical Center provides around-the-clock police officers for the protection of employees, patients, visitors, and property. Officers are trained to deliver quality police and public safety services in a professional and sensitive way. They assist with personal escorts to parking areas at any time of day or night and help motorists with vehicle lock-out and battery jumps.

Please make certain that your valuables are secured. **If the police are needed, call 501-686-7777**. Visit the UAMS Police Department website for additional public safety services information.

## Health Care While At Work

Individuals who suffer a needle stick injury or blood/body fluid exposure should report immediately to Employee & Student Preventative Health Services, in person during regular business hours (Monday – Friday 8-4:30 main clinic and 7:00 – 3:30 satellite clinic in the Central Building) or to the Emergency Department after regular hours. Individuals who suffer an injury that is serious and requires immediate attention should report immediately to the Emergency Department. The Incident & Injury (I&I) form must be completed and the injury reported to the Company Nurse Injury Hotline (1-855-339-1893) as soon as possible after initial treatment. See the Occupational Health & Safety Injury and Incident Reporting page for additional guidance. See Administrative Guide 11.4.01 for additional information on Incident and Injury Reporting (in Appendix 3 and online at Compliance 360.

When an employee has an "on the job injury" requiring medical treatment, Worker's Compensation forms must also be completed by calling the Company Nurse Injury Hotline 1-855-339-1893. These forms must be completed before seeking medical treatment *except when the injury involves a needle stick, blood/body fluid exposure or requires immediate attention*.

## Public Information

The Director of the Department will provide all official and public information concerning the Department of Pastoral Care and Clinical Pastoral Education or any information concerning UAMS Medical Center **At no time** is a Chaplain Resident or Intern to speak officially on behalf of the Department or UAMS Medical Center without clearance by the Director.

## Hours

The Office of the Department of Pastoral Care and Clinical Pastoral Education is open from 9:00 a.m. until 4:30 p.m., Monday through Friday. Standard hours for the CPE Resident program are Monday through Friday, from 9:00 a.m. to 4:30 p.m.

Weekend on-call shifts for Chaplains are typically 8:00am to 8:00pm and 8:00pm to 8:00am.

Residents begin the assigned weeknight on-call shift at 5:00 p.m., after a day of didactic, group work and seeing patients. An on-call weeknight shift is finished when relieved by the oncoming Chaplain at 8:00 a.m. After the weekday overnight shift, the Resident is expected to complete the morning report, didactic and IPR or case study activities, and leave campus at approximately noon.

## Photo Identification Badge

All Trainees will have a photo identification badge made upon beginning service at UAMS Medical Center. ID badges are to be worn at lapel level in such a way as to be visible to patients at all times. No badges are to be worn at waist level. ID badges must be returned at the end of the term or resident year.

## Meals

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

## Inclement Weather

Chaplains are considered Essential Personnel by UAMS Medical Center. All Trainees are expected to be at the hospital during regular class and working hours and to be responsible for their assigned on-call shifts. In addition, the Pastoral Care Department has implemented an on-call backup list; chaplains must be aware of their current status of on-call backup and make plans to travel to the Medical Center in advance of weather that may impede travel. The chaplain on duty must be prepared to stay in the hospital until additional staff are able to arrive safely. In the event of severe inclement weather where safety is endangered, Trainees are to contact their Supervisor or the Director of the Department. For further information see the UAMS Administrative Guide 3.1.02 - Inclement Weather and Other Emergencies Policy (Appendix 2; and Compliance 360)

## Telephones

The Pastoral Care and Clinical Pastoral Education Department telephone number is (501) 686-6888. The on-call cell phone is to be used for official business purposes only. The Chaplain Trainee on call shall always be available by phone in order to respond to any emergencies that arise.

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|---|---|
| Vocera call number: | 501-526-4100 |
| On-Call Chaplain Pager | 501.688.2060 |
| On-Call Chaplain Cell Phone | 501.516.9120 |
| Director Susan McDougal | 501.414.1092 |

## Description Of Nursing Units

The UAMS website contains descriptions of the clinical nature of each of the Inpatient Clinical Areas within the UAMS Medical Center, as well as the descriptions for the Women and Infants Clinical Areas.

## UAMS Tobacco- and Drug-Free Campus Program

The Department of Pastoral Care and Clinical Pastoral Education supports and adheres to UAMS Medical Center policies regarding tobacco use, drug and alcohol abuse and prevention. See also UAMS Administrative Guide 3.1.01 Smoking/Tobacco Policy, 4.4.05 Drug Free Workplace Policy, and 3.1.14, Drug and Alcohol Testing available through the Compliance 360 portal, https://inside.uams.edu/compliance/uams-policies.

# Section II - CPE Program Administration and Governance

## CPE Program Admission Policy Criteria

Applicants must demonstrate readiness for CPE through the following **general criteria**:

1. Ability to function with both autonomy and interdependence.
2. Capacity to exercise and respond to authority appropriately.
3. Ability to work ecumenically, across disciplines, and respectfully within diverse cultures and faith traditions represented at UAMS.
4. Openness to using the clinical method of learning.
5. Ability to reflect on and learn from personal experience.

## Prerequisites by Program

**Residency Year**

1. Completed standard application.
2. Graduation from an accredited seminary, or concurrent enrollment in a seminary program requiring a CPE year; or ordination/licensure/certification with ministry experience; or equivalent professional education/experience in counseling, psychotherapy, or related fields for lay applicants.
3. Appropriate ecclesiastical, seminary, university, or other endorsement.
4. Preference for applicants who have completed at least one prior CPE unit.
5. Admission interview with a CPE Supervisor (typically on-site with the Admissions Committee).
6. Final acceptance by the CPE Program Director.

**Summer Unit**

1. Completed standard application.
2. At least one year of theological education at an accredited seminary; or ordination/licensure/certification in a religious vocation; or equivalent ministry or counseling-related education and experience.
3. Appropriate ecclesiastical, seminary, or other endorsement.
4. Admission interview with a certified CPE Supervisor.
5. Final acceptance by the CPE Center Supervisor.

**Part-Time Extended Unit**

1. Completed standard application.
2. At least one year of theological education at an accredited seminary; or ordination/licensure/certification in a religious vocation; or equivalent ministry or counseling-related education and experience.
3. Active involvement in an appropriate ministry during the program.
4. Appropriate ecclesiastical, seminary, or other endorsement.
5. Admission interview with the CPE Department.
6. Final acceptance by the CPE Center Supervisor.

## Admission Procedures

The Director of Pastoral Care and CPE coordinates:

- Program announcements and publicity
- Applicant correspondence
- Application review and interviews
- Selection decisions and notifications

Program announcements are sent to seminaries, CPE Centers, ecclesiastical offices, and other relevant organizations. Applications are evaluated on individual merit, in keeping with the non-discrimination policy, diversity goals, and admission criteria.

Applicants will receive prompt notification of admission decisions. Those accepted must provide written confirmation of their participation. Admissions close when all positions are confirmed.

## Commitment to the CPE Program

Trainees are expected to complete the full duration of their accepted program:

- **Residency:** Mid-August through the following August
- **Extended Unit:** September through May
- **Summer Unit:** 11 weeks

The program has no semester or seasonal breaks. Attendance at all didactics, group sessions, and curricular activities is required.

## Dismissal Policy

Progression from one unit to the next depends on the successful completion of the preceding unit. Dismissal from the Residency program will only occur after consultation with the Trainee's Supervisor.

All CPE Trainees have the right to appeal a dismissal decision through UAMS procedures.

In accordance with UAMS policies, dismissal may occur for reasons including, but not limited to:

1. Abandonment – Three consecutive days absent without notification.
2. Jeopardizing the best interest of a patient.
3. Unapproved absence from assigned duties or program activities.
4. Disruptive behavior that interferes with the functioning of the Clinical Program.
5. Theft of hospital property.
6. Breach of patient confidentiality.
7. Refusal to submit to a required drug test.

## Program-Specific Grounds for Dismissal

1. Failure to visit assigned patients.
2. Failure to complete required clinical assignments.
3. Falsifying documentation in a patient's electronic medical record (EMR).
4. Inability or unwillingness to participate in, or utilize, the CPE clinical method of learning.
5. Romantic or sexual relationships between Trainees – While comradery, teamwork, and friendships are encouraged, dating between Trainees is prohibited. Romantic and/or sexual relationships undermine the group experience and are grounds for immediate dismissal.
6. Plagiarism, including inappropriate use of generative artificial intelligence to create work represented as one's own (see "Use of Artificial Intelligence" policy below).

These and other forms of misconduct will be dealt with under relevant UAMS and Department policies and may include dismissal from the CPE/T program without the opportunity to reapply.

## Use of  Artificial Intelligence

The objective of CPE is the development of personal and pastoral identity and the growth of professional competence as a chaplain. In this action/reflection model of education described in the CPE curriculum, your growth and development as a chaplain in CPE/T require your emotional and psychological engagement with the process.

The action/reflection model presumes Trainees are transformed by the process of acting (e.g., meeting a patient) and then reflecting on the encounter. Transformation doesn't come in any way except through the self! Your reflections cannot "be found" by artificial intelligence: the only intelligence is yours—emotional and otherwise—the intelligence you bring to bear on forging your identity as a chaplain.

As you prepare case studies and unit evaluations and create presentations of any kind, you write about your own life and experiences. This process allows you to develop your own voice and authority. You are the curriculum. You owe to yourself, your colleagues, and your chaplaincy an authentic commitment to present your work as honestly and fully as you can.  By using your own words to help your experiences become alive again; by presenting yourself in your own voice, your unique work provides input to the group and impacts the group dynamics.

Chaplaincy is a profession calling us to the highest efforts of authenticity and integrity and the highest standards of professional conduct.[2] We share high values of truth, moral conduct, honesty, fairness, and transparency with all professions. Though CPE is not a credit-bearing course of study at the University, the UAMS College of Health Professions policy regarding Scholastic Dishonesty notes that plagiarism in any form is "an activity that is unprofessional and against the ethical tenets of the health professions." The use of generative artificial intelligence third-party services without acknowledgement or attribution is considered plagiarism, as it presents "parts of passages of others' writing as products of one's own mind."[3]

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[2] CPSP Code of Professional Ethics and Principles for Processing Ethical Complaints, 3/3/2020. https://static1.squarespace.com/static/6635ac9452a63c7df7aa4333/t/6636ea2486d82e17369b102d/1714874916379/Code-of-Professional_Ethics-and-Principles-for-Processing-Ethical-Complaints-Approved-030320.pdf.  Accessed August 1, 2025.

[3] https://healthprofessions.uams.edu/faculty/resources/policies-and-procedures-guide/academic-affairs/01-00-02/ Accessed August 1, 2025.

For all of these reasons, we suggest Trainees limit use of generative artificial intelligence for help with grammar and readability.

**Documentation of AI-Generated Work**[4]

If you do use AI to give you some ideas, please submit with your assignment 1) a screenshot of the prompt(s) you used and 2) the work the AI generated.
If you have used AI extensively, Supervisors may require a conversation with you. Note that, for any reason, including doubts about whether a paper was written with external help, any student can be required to come for an oral examination on their paper. In such a case, the assessment for the oral examination will replace that for the paper.
At the bottom of your assignments, please write the statement that most closely describes your use of AI.

1. I did not use Generative AI for this assignment
2. Generative AI helped with grammar and readability, but the original writing is my own.
3. Generative AI helped with idea generation, but I wrote the assignment myself.
4. A small amount of [this assignment] (just a couple of sentences) was written by Generative AI. What was AI-generated is highlighted in the assignment.
5. A small amount of [this assignment] (just a couple of sentences) was written by Generative AI. What was AI-generated is highlighted in the assignment.
6. A small amount of [this assignment] (just a couple of sentences) was written by Generative AI. What was AI-generated is highlighted in the assignment.
7. Generative AI significantly wrote [this assignment], but I edited it.

*Note: Generative AI helped with grammar, readability, and idea generation for this policy section (see footnotes), but I drafted this assignment myself.*

If you do use AI in your work, you must properly cite it. Look at these guidelines for how to cite properly in APA style: https://apastyle.apa.org/blog/how-to-cite-chatgpt

[4] Adapted from Vanderbilt University Grand Challenge Initiative, Syllabus AI Policies, Policy Ideas for the Use of AI in Higher Education, see, https://as.vanderbilt.edu/gci-ai/syllabus-ai-policies/, accessed August 1, 2025.

## CPE Program Fee - Tuition

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. Training Fee is $650.00 per unit for Residents and Interns, due and payable on the first day of the CPE unit.

## Endorsing Relationships Maintained

CPE Trainees are expected to maintain themselves in good standing with their endorsing organization, denomination or faith group.

## Academic Credit for CPE

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

## Requests for Leave, Extended Absence, Time Off

Requests for leave will be considered in relation to pastoral service needs within the hospital and the educational schedule of the CPE program. Trainees must clear their requests with the Director of the Department prior to taking leave.

## CPE Program Records Policy and Procedures

Records of Trainees' completed units are maintained electronically and kept in the offices of the Department of Pastoral Care at UAMS.

This CPE Center maintains 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 the Pastoral Care Department and electronically. Any written, audio, video or other materials, from initial application material to final evaluation and committee review reports, are confidential and are treated accordingly.

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

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

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

**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.

## CPE Program Students Rights and Responsibilities

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 at the CPSP website.

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: 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.

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

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.

You have a right to have your student records maintained consistently with CPSP Standards. These standards assure you that your CPE trainee 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.

You have a right to be informed in writing of your rights and responsibilities with this CPE Center.

## CPE Program Policy and Procedure for Complaints

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 ensure that your rights are honored.

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.

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."

**Procedures for Handling Complaints**

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 taken up the chain of command. CPE Center's Standing Committee for Complaints. This committee is composed of [a member of the Pastoral

Care Advisory Board or designee,] the Vice Chancellor of Clinical Programs of the UAMS Medical Center, and a person who has successfully completed this Medical Center's CPE  Residency Program; this person shall be designated annually by the Board's Nominating Committee in consultation with the Advisory Board and the Director of the Department.

The 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 the policies and procedures of the College of Pastoral Supervision and Psychotherapy (CPSP).

## CPE Group Learning Process

**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. Chaplain Trainees 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. interfaith 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 Trainees 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:

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;

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

Gaining awareness as a pastoral care giver while developing pastoral identity and authority.

***Educational Training 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:

***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.

***Inter-Personal Relations (IPR)***

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. 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.

***Individual Supervision***

Over the course of each unit the Trainees will participate in individual supervision and consultation with the CPE Supervisor. Individual supervision provides an opportunity for more extended, specific interaction and consultation on learning goals and integration of the self into professional ministry.

Trainees are responsible for setting the agenda for these sessions with the supervisor. They may include reflection on written assignments, consultation on pastoral issues and personal support. Trainees are encouraged to deal with significant therapeutic issues in more appropriate environments (e.g., in therapy); and to bring issues involving the learning group to the group itself through IPR.

***Educational/Didactic Seminars***

Each CPE unit focuses on areas of clinical and pastoral experience and features seminars arranged to meet the needs and experiences of the Trainees in subsequent units and as needed. Templates for written work are available in the File section of Teams/Group

To aid in record keeping and documentation, please use the following format of file naming to submit any written work to Supervisors. Email the file itself, not the link to the file, to Supervisors.

Lname_CaseStudy_0#

Lname_UnitEval_0#

Lname_CriticalIncident_0#

***Case Studies and Critical Incidents***

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.

Purpose: To have an appropriate format to report clinical work so peers and supervisors, in light of the objectives of CPE and the individual Trainee, can provide feedback and enhance individual and group learning.

Policy: Write and submit case studies to be presented in the peer group or to the supervisor. This will present the opportunity to learn from input by peers and supervisors. One of your case studies may be replaced by a critical incident report, seen below.

Trainee Interns will submit a minimum of six case studies. Trainee Residents will submit a minimum of 10.

The following is the basic form used for a case study:

Case Study # Chaplain: Fname Lname

Date Presented: Date(s) of Visit(s):

Patient Name (*Not actual Name*): Patient Age:

Patient Age: Gender: Ethnicity:

Marital Status: Religion/Belief System:

Length of Visit: Admission Date:

Floor: Diagnosis/Prognosis:

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

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).

Reason for presenting this patient: What question(s) were raised for you that you want feedback on?

Verbatim Report:

In this section, please include verbal and non-verbal communication. Put non-verbal communication in parentheses ( ). Number the lines of the dialogue by role, consecutively. Note the speakers as follows: C-1 (for chaplain), P-1 (for patients), D-1 (for doctors) or N-1 (for nurses), appropriately.

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?

Analysis of 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?

The most useful 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. However, the best visits to write about are ones where you feel you have something to learn. A "good" or "bad" case study is revealing of your capacity as a 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. One way is to choose a pastoral visit for case study then immediately jot down key words, exchanges and themes.

If the situation you want to write does not lend itself to the format, vary it as needed. When a learning situation is something other than a "normal" visit, the experience may be a Critical Incident reported to the peer group or supervisor.

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.

The following is a basic form to report a Critical Incident.

Chaplain: Fname Lname

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?

2. What happened?

Narrate the incident itself as you experienced and perceived it.

3. What made the incident critical for you?
4. Pastoral Assessment of the Incident

in terms of:

a) psychological issues
b) sociological issues
c) theological issues

5. What did you learn from the Incident?
6. Time elapsed in Incident

***Contract for Learning***

At the beginning of training and the start of a new unit of CPE, you are asked to identify your learning goals for the unit. You are encouraged to write goals even though these goals are not usually well defined early in training. The goals may be redefined as your growing edges come more clearly into focus. The goals are your contract for learning.

The learning goals of each Trainee are first shared in the CPE group where the Trainee and group members discuss each of their goals in terms of their understanding of themselves as pastoral care providers, their issues, patterns in relationships and vicissitudes of life. Sharing with the group encourages a deeper look at the meaning their stated specific challenge holds in terms of their cultural and religious background, family of origin, their experience in school, work, and adult relationships.

The learning contract becomes a window to the perceived needs of the individual Trainee – giving a look into their social processes where ideas may be more easily explored when seen as "normal" and "natural." The learning goals are an important written record of the interior world of the Trainee as training ensues, a starting place for the supervisor and Trainee to begin to experience one another.

*Unit Evaluation*

The **Unit Evaluation** is your opportunity to:

1. **Reflect** on what you have learned during the unit.
2. **Consider** how this Clinical Pastoral Education experience has influenced the development of your personal and pastoral identity and authority.

Your responses should be **specific** and **concise**, drawing on concrete examples from your clinical work and learning experiences. Please address the following areas:

1. Learning in Relationship to Patients

- Describe what you learned from your work with patients during this unit.
- Provide specific examples from patient encounters that illustrate your growth in pastoral care skills, self-awareness, and theological reflection.

2. Relationships with Peers

- Reflect on your interactions with each peer **individually**, naming them.
- Consider your experiences in **case reviews** and **group relations seminars**.
- Identify what you learned <u>about</u> <u>yourself</u> through your peer relationships, noting both challenges and growth moments.

3. Relationships with Interdisciplinary Staff and Authority Figures

- Comment on your working relationships with members of the interdisciplinary team (e.g., physicians, nurses, social workers, therapists).
- Name each individual or role and reflect on how these interactions informed your professional identity and pastoral practice.

4. Relationships with Supervisors

- Reflect on your work with your supervisor(s), naming them.
- Identify key moments of learning, challenge, or growth that occurred in supervision.

5. Theological Reflections

- Share theological insights or questions that emerged during the unit.

- Describe how your theology informed your ministry and how your clinical experience shaped your theological perspective.

6. Program Evaluation

- Provide constructive feedback on the CPE program for this unit.
- Note aspects of the program that supported your learning as well as areas that could be improved.

# Section III - Pastoral Services

## Information about Patients

**Confidentiality and Patient Information.**

Comprehensive privacy legislation, known as the Health Insurance Portability and Accountability Act (HIPAA), was passed by Congress in 1996 and provides medical privacy regulations to govern the use and release of patient's personal health information, also known as "protected health information" (PHI). Patients' right to privacy is protected by HIPAA.

The basic intent of HIPAA is very simple: protect confidentiality rights and needs of patients and making certain that the patient understands all of their rights about care and facilitating the necessary release of information to provide that care while still protecting the patient's privacy.

As a condition of access to confidential information, and as a Chaplain in Training, it is acknowledged that the use of confidential information is on a need-to-know basis in order to perform legitimate duties as a Chaplain in Training. All care will be taken not to misuse protected health information (PHI) or, by failing to safeguard PHI, allow unauthorized persons to obtain or access confidential information.

**Dissemination of Medical Information**

The chaplain is not tasked with offering any medical details to patients or their family members. All inquiries concerning a patient's medical conditions are to be directed to the patient's nurse or doctor. 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.

**"No Info" Patients—Unknown, Confidential Patients**

Chaplains in the course of their work may learn the name of individuals who arrive at the hospital as "Unknown" patients. Other patients who are admitted may want to keep their admission confidential. In both cases Chaplain Trainees must not share any information, including even the acknowledgement of their presence in the hospital, about these patients without first obtaining the permission of the Director of the Department.

**Electronic Medical Documentation**

The medical chart is a legal record of the process of treatment received by a patient. The chart is a highly personal document. Trainees have access to the Electronic Medical Record (EMR) for patients to whom they provide pastoral care.

Write notes in a professional manner, using proper spelling and grammar. Use the Pastoral Care Note template in EPIC shown below. At the end of each note, always enter your appropriate title of either Chaplain Resident or Intern. An example of documentation is in Appendix 2.

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

*Pastoral Care Note (EPIC Template)*

**Type of Visit:**
**Date:**
**Patient's Name:**
**Date of birth:**
**Marital Status:**
**Patient Race:**
**Religious Affiliation:**
**Faith Community Attended:**
**The patient requests a visit from their faith community representative: Yes/No**

**Reason for visit:**

**Patient Support:**

**Patient and Family Concerns:**

**Pastoral Assessment:**

**Follow Up:**

**Chaplain Fname Lname Phone:**
**Chaplain 24 Hour Support Number: 501-516-9120**

**Patient Record Keeping And Reporting**

Upon entering a CPE program, Trainees will be familiarized with the instruments of record- keeping used by the Department. A significant element of our recording

system is the hand-written *Pastoral Care On-Call Record*. This form is covered in detail in the section entitled "Chaplain On-Call". This record keeping assists us in offering continuity of care, enables us as a Department to be accountable, and allows us to gather data to evaluate various functions of the Department.

## Patients' Autonomy and Health Care Decisions

Respect for patients' self-determination is a cornerstone of ethical health care. Some questions regarding health care are complex and require considerable thoughtful deliberation. A significant role of Pastoral care is to support patients and families, as they endeavor to make difficult decisions and plans about health care.

Patients are able to express their health care preferences and to give advanced indication of these preferences to loved ones, physicians and other health care providers by means of an "advance directive." An advance directive communicates the patient's wishes when they cannot speak for themselves and may include the execution of a "living will", and the appointment of a "durable power of attorney for healthcare" or a "healthcare proxy".

CPE Trainees should become familiar with patients' rights to make health care decisions. Advance Medical Directive provides information and forms for patients and families, to ensure patients' wishes are followed.

## Patient- and Family-Centered Visitation Policies

**Visiting Hours**

Stay up-to-date and informed of visitation policies to aid visitors as requested. Visiting hours begin at 8:00 am and end at 8:00 pm each day. However, these policies are administered by the Nurse Manager of each unit as they see fit for the care of patients and ease of staff.

**Family Consultation Rooms**

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

**Translation Tablet (The "Kermit")**

For translation needs use the portable green Translation Tablet ("the Kermit") available in the Seminar Room. These translations are the most reliable and accurate translations. The instructions for logging in and requesting translation are printed on the attached instruction card. Remember to bring Kermit back to the Seminar Room with you.

Please note the use of the Translation Tablet and the language of the patient in the documentation of your visit.

## Chaplain On-Call

Chaplain Trainees are typically required to provide overnight or weekend pastoral care on an on-call basis:

- **Residents:** Minimum of once per week.
- **Interns:** Minimum of once every other week.

During nights and weekends, the Chaplain On-Call is the only chaplain in the hospital and responds to all calls—regardless of nature. The Chaplain On-Call must:

- Have a full knowledge of the hospital layout to ensure timely responses.
- Be physically able to walk extensively (7+ miles during a shift is possible).

**Procedures**

The general procedures for on-call shifts are as follows.

1. The Chaplain On-Call schedule is negotiated monthly by the Chief Resident and Trainees, with final approval given by the Supervisor.
2. If the occasion arises when a Trainee needs to exchange a day of on-call, that individual has the responsibility to work with peers to exchange coverage. The Trainee needing to alter the on-call schedule will notify the Chief Resident, who will update the schedule to reflect the change so that all are aware.
3. Parking for Chaplain On-Call is available in Lot 1-B. The parking permit tag hangs on the wall near the Kermit in the Seminar Room. Take the tag the morning of your shift to park. Return the tag after your shift before leaving campus.

4. A Resident Trainee will be scheduled on a rotating basis as the "On-Call Backup" and serves as the first point of contact if an urgent re-scheduling need arises. The On-Call Backup is expected to be available during their assigned week and to fill in or assist with filling any shift.

5. The Chaplain On-Call will be provided space for sleeping (Central 3A/314), facilities for a shower, and meal tickets for meals while on duty. Linens, blankets, pillows, towels are available in the linen closet on the unit. Each Trainee is responsible for keeping this common area clean and tidy, including stripping the bed linens and collecting used towels and placing them in a laundry hamper before 7:45 a.m. so that the cleaning service may come into clean the room.

6. The Chaplain On-Call will be responsible for pastoral care duties over a twelve to twenty-four (24) hour period ***in addition to [Required]*** **attendance and participation at morning report, didactic and group activities before *and* after one's on-call shift except when excused by the Supervisor.**

7. Chaplain Trainees are required to remain at the Medical Center during their on-call duty.

8. The Chaplain On-Call will maintain possession of all of the on-call devices (phone, pager and Vocera) during their shift. They will clean the devices and maintain battery life on the devices prior to transferring them to the incoming Chaplain. Please report broken and malfunctioning equipment to the Chief Resident.

9. The Chaplain On-Call will receive and triage all calls. The person requesting pastoral care is calling for a reason and will value good communication. If the response is delayed or deferred, communicate with the requester with a best guess of response time.

***Pastoral Care Patient Triage Protocol***

When multiple pages or calls arrive at once, **communication is of primary importance**.

- Always acknowledge the call immediately.
- Inform the caller (usually the nurse) if there will be a delay and give an estimated time of arrival.

- Speak calmly, with compassion and clarity: knowing that a chaplain is being requested because the need feels urgent.
- Anxiety is greatly reduced when staff and families know you are aware and on your way.

Triage ***Priorities***

**1. Death & End-of-Life Events (Highest Priority)**

Attending patient or family in end-of-life situations is in most cases the chaplain's top priority.

Situations include:

Compassionate extubation
Transition to comfort care
Actively dying (minutes to hours)
Attend patient and family at time of death

**2. Trauma**

Chaplains are members of the trauma team, providing care for Patients and families, Staff, EMS, and others impacted by the event.

Even if immediate bedside presence is not possible the chaplain should

Check in with the ED Charge Nurse letting the nurse know estimated time of arrival (ETA) and an (ETR), estimated time of return if called away to other events

**3. Code Blue**

If attending to another patient or family (e.g., death or trauma), excuse yourself with explanation to both those present (and the ED Charge Nurse if appropriate).

Attend the Code Blue as soon as possible, then return to the prior setting once available.

**4. Morgue Escort**

Chaplains are essential members of the Morgue Transport Team.

First, confirm the requesting unit has called the Transport Team before responding.

Excuse yourself with explanation and ETR if already engaged with another patient or family, then return as soon as possible.

- Please review **Practice Alert: Morgue Transportation for Adult Expired Patients** in Appendix 3.

**5. Consultations (Case-by-Case)**

- General consultations with patients, families, or staff are triaged based on urgency.
- These can often wait if a higher-level pastoral emergency (death, trauma, Code Blue, morgue) is occurring.

10. When the Chaplain On-Call responds pastorally in areas of the hospital assigned to a fellow Trainee, the Chaplain On-Call will report the outcome to the Chaplain assigned to that unit. Use EPIC message for this.

11. A *Pastoral Care On-Call Record* binder is maintained in the Pastoral Care seminar room. The Chaplain On-Call will record entries in the call record at the time of pastoral intervention. The documentation is to be concise, able to be easily read and reported at the morning report.

**Pastoral Care On-Call Record**

Patient's Name: _____
Date: _____ Time: _____ am _____ pm Room # _____
Age: ____ Male __ Female __ Race: _____
Referral __ Ending in Death __ Palliative __
Bible Given __ Bereavement __ Baptism __
Trauma __ Code Blue __ Morgue Transport __

*Patient Sticker/MRN*

Background _____
_____
Pastoral Care Provided _____
_____
_____
_____
Chaplain _____

12. Each weekday will begin with Morning Report conducted in the CPE seminar room at 8:58 a.m. **All Residents must attend and be on time.** This is an opportunity to review with colleagues the activity that has occurred during the prior period(s) of on-call, to make referrals for follow-up, and to report clinical follow-up with trauma patients and families.

## Chapels of the Medical Center

The Samuel Moore Walton Memorial Chapel is located in the hallway behind the Information Desk on the first floor of the Medical Center and is open daily from 6:00 a.m. to 8:30 p.m. The Chapel in the Cancer Institute is located in the Patient Support Pavilion and is open from 8:00 a.m. to 4:30 p.m. Monday through Friday. The Chapel in the UAMS Outpatient Center is located adjacent to the waiting area near the Outpatient Surgery check-in desk. Trainees will benefit from visiting these spaces. Please help maintain cleanliness and report any issues to the Supervisor. No religious literature may be left in the chapel.

The Chapels are available to patients, families, loved ones, visitors and hospital staff for prayer, meditation, or personal worship.

## Palliative Care

The goal of Palliative Care is to prevent or treat, as early as possible, the symptoms and side effects of the patient's disease and its treatment, in addition to any related psychological, social, and spiritual problems of the patient.

When patients are on the Palliative Service, they are attended by the Palliative Care Chaplain during regular business hours (M-F, 8:00 a.m.-5:00 p.m.).

Daytime Business Hours: "Palliative Care" is a category/field Trainees will add to their unit lists in EPIC in order to screen for and exclude palliative patients from unit rounds. Always review the patient's status regarding Palliative services. If a patient you have been referred to is palliative, notify your education supervisor – Susan McDougal, 501-414-1092, who will pass the information on as required.

Evenings, Weekends and Holidays: When requested by the patient's care team the Department of Pastoral Care is responsible for providing pastoral and emotional support to palliative patients and their loved ones if the Palliative Care Chaplain is unavailable – typically this is during non-business hours.

The Pastoral Care Department's staff chaplains and pastoral trainees will document the pastoral support provided to the patient and their loved ones in the patient's medical record. The attending chaplain will also send a secure EPIC email to the Palliative Care Chaplain on the provision of pastoral care and any issues or concerns related to the pastoral support of palliative care patients, copying the Director of Pastoral Care.

As an educational experience, Chaplain Trainees will observe Palliative Rounds via Teams once a week on Wednesday morning at 8:30 a.m. per a schedule posted by the Chief Resident.

## Pastoral Initiatives For Group Activity

Chaplain Trainees need authorization from the Director of Pastoral Care before initiating any group activity in the Medical Center or on the UAMS campus.

## Clergy Liaison with Local Faith Communities and Clergy

Chaplain Trainees honor and support the continuation of meaningful relationships between faith community members and their clergy. When a patient or their loved one makes a request, the Chaplain Trainee will reach out to the patient's local parish or pastoral care provider to arrange a pastoral visit.

Resource of Local Clergy. A directory of local clergy may be found in the Seminar Room bookshelf, the notebook labeled "Resources."

Catholic Parish Information. UAMS Medical Center resides in the parish of Our Lady of the Holy Souls Catholic Church ("Holy Souls") and a lay sacramental minister provides communion to Catholic patients daily Each morning the census of Catholic patients is emailed to the parish office for that purpose. Chaplain On-Call may contact the parish office to arrange for priestly *sacramental services* for Catholic families such as live infant Baptism or Anointing of the Sick. The phone number for Holy Souls is listed in the On-Call phone.

Jehovah's Witness Patients: A representative from Jehovah Witness will call the On-Call phone each morning between 8AM-9AM to get the Jehovah Witness census. Both of the JW Hospital Liaison minister's phone numbers are in the On-Call phone if you have any questions or need to get a hold of a Jehovah Witness minister for a patient.

## Bibles, Religious Literature, And Symbols

The Pastoral Care Department maintains a supply of New Testaments in English and Spanish, Bibles in a few scripture translations, Jewish Scriptures, Quran in English translation and other sacred texts located in the Seminar Room. These materials are available for distribution to patients *upon request*.

When asked to deliver religious literature, deliver it in person and use the occasion for a pastoral care visit. Documentation is then written in the patient's EMR.

All religious literature used in the Medical Center must be approved by the Director of the Department. No individuals or religious groups are authorized to distribute religious literature or symbols other than to members of their own faith

tradition. Any practice to the contrary should be brought to the attention of the Director immediately.

All written materials taken to psychiatric patients in PRI must be softcover. No rosaries may be given to PRI patients.

## Gratuities Policy

It is the policy of UAMS Medical Center and of the Pastoral Care Department that no staff member shall solicit or accept a gift from a patient, visitor, or a person or entity that contracts with, does business with, or seeks to do business with UAMS. A gift includes everything of monetary value. A one-time gift or meal of a value of $25 or less may be accepted. In the case of a chaplain performing a wedding during work hours at UAMS, no honorarium may be accepted.

## Interdisciplinary Team Meetings on Clinical Units

It is expected that when Interdisciplinary team meetings occur within the Chaplain Trainee's assigned clinical areas, the Trainee will attend and participate.

## Employee Counseling Relationships

Any occasion for counseling with a UAMS 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.

## Sacraments

**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.

**Baptism**

While Baptism is more appropriately performed in the context of a parish setting, emergency situations arise in a hospital setting which may necessitate immediate

provision of this sacrament as the only appropriate pastoral response. Baptism is recognized by all churches as a rite of initiation that by definition is based in the family as well as the larger church community. Thus, a request for infant Baptism may only be initiated by the parent or parents of the infant. The Chaplain Trainee should encourage the presence of family members and loved ones. It is the responsibility of the chaplain conducting the Baptism to see that this process occurs in a pastoral and professional manner.

Baptism is a legal act of record. When a baptism is conducted at the UAMS Medical Center, a record is made in the infant's EMR in the Pastoral Care progress note, and also documented in the Baptismal Register in the online Baptism file folder section of UAMS Pastoral Care & CPE. Baptismal Certificates may be found there in both English and Spanish. Instructions on completing and printing the certificates are located in the same folder.

**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. A box of Fellowship Cups containing wafers and juice are on the bookshelf in the Seminar Room.

When communion is requested, it is the responsibility of the Chaplain to clear it first with the Nurse to ensure there are no dietary restrictions for the patient.

**Anointing Oil**

The use of oil to anoint for healing and blessing is a scriptural practice. Small bottles of jojoba oil dedicated for this purpose are on the bookshelf in the Seminar Room.

## Appendix 1 UAMS Medical Center Policies and Practices

The following Policies and Procedures are included in this Handbook as selected examples that apply to the Department and the education programs in Pastoral Care.

Please review the current policies, scope of practice and guidance documents published online and accessible through the **Compliance 360** UAMS portal at https://inside.uams.edu/compliance/uams-policies/.

## Policy: UAMS Clinical Pastoral Education Resident Role And Function

Purpose: The purpose of this policy is to establish the role and responsibilities of the Clinical Pastoral Education (CPE) Resident Chaplain in providing pastoral and emotional support to patients, families, and staff within the one-year CPE Residency Program at UAMS.

Scope: This policy applies to all CPE Resident Chaplains enrolled in the one-year CPE Residency; Chaplain Interns enrolled in the Part-Time Extended or Full-Time Intensive units of CPE.

Position Summary: The CPE Resident Chaplain is a pastoral student enrolled in the one-year Clinical Pastoral Education (CPE) Residency Program.

The resident works under the direction and supervision of the UAMS Director of Pastoral Care & Clinical Pastoral Education program.

The CPE Resident serves as a colleague with other CPE Residents and participates in the educational programs of CPE, providing pastoral and emotional support to patients, families, and staff as a member of the interdisciplinary team.

The CPE Resident fulfills the educational requirements of the residency year of Clinical Pastoral Education and demonstrates standards of performance ownership, teamwork, clear communication, and compassion that support a patient- and family-centered care approach.

Responsibilities:

1. Provides pastoral and emotional support to patients, families, and staff in assigned clinical areas.
2. Participates in the interdisciplinary team approach to patient care.
3. Participates in the 24-hour in-house pastoral care on-call rotation.
4. Participates in departmental meetings, projects, community events, and education.
5. Maintains satisfactory participation and progress in each unit of CPE.
6. Complies with and abides by the CPE program policies, protocols, and procedures.

7. Complies with and abides by the UAMS Medical Center policies, protocols and procedures.

The CPE Resident performs other duties as assigned.

Experience: A qualified candidate should have a theological and psychological understanding of religious and human dynamics and be ecumenical in outlook and approach.

9/2025

## Pastoral Care and Education – Scope of Service. Standard Operating Procedures Scope 0007

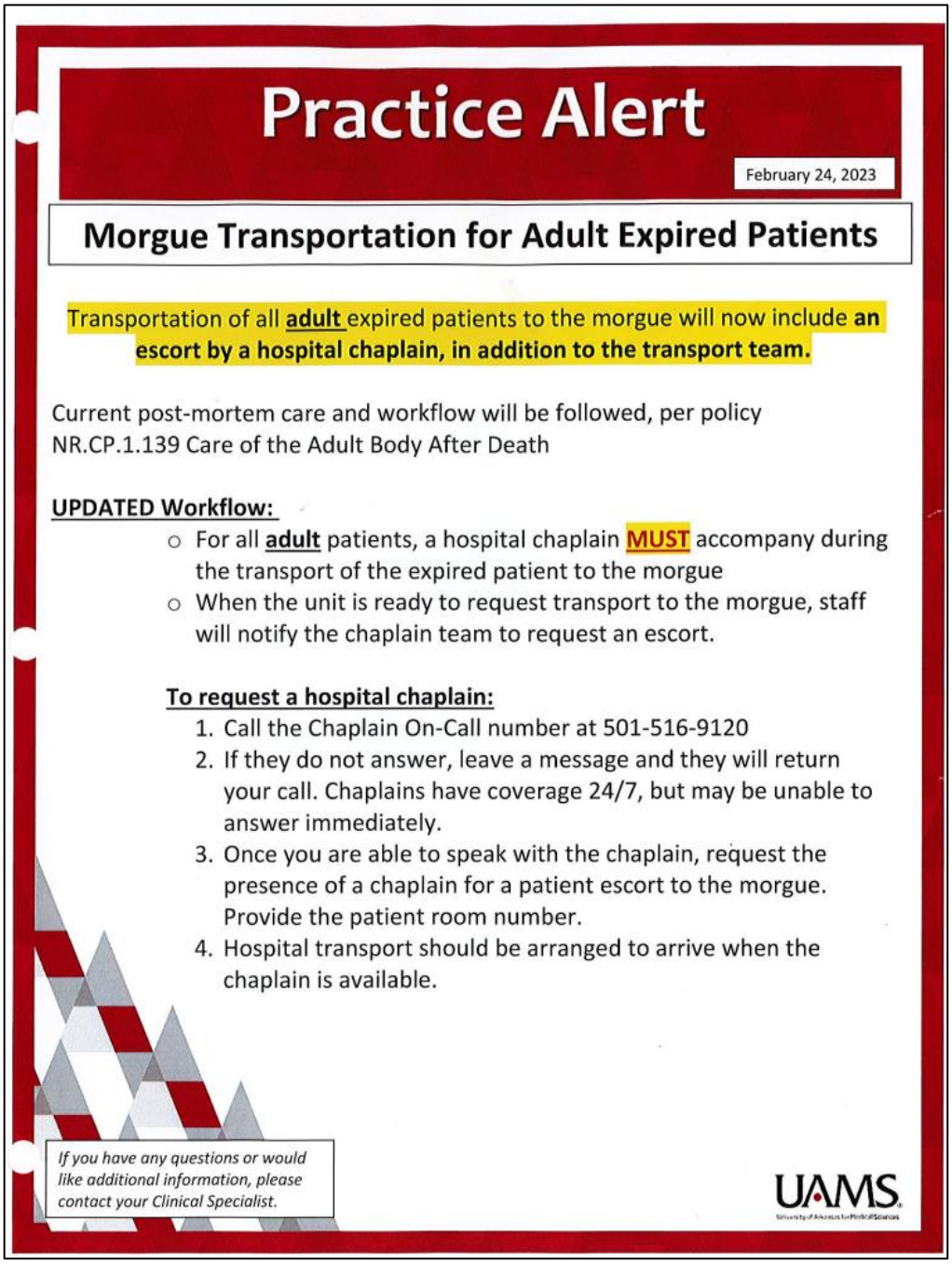
UAMS
Medical Center

| | |
|---|---|
| **Department:** | **Pastoral Care and Clinical Pastoral Training** |
| **Scope of Services:** | Pastoral care and counseling services(including emotional and pastoral assessment and support, crisis intervention, counseling and psychotherapy, living donor support, grief and bereavement counseling, group work, prayer sacramental ministry, worship opportunities, liaison with community clergy, consultation on health care ethics issues) to patients, their loved ones and to the staff of UAMS Medical Center; in-service educational programs, for hospital staff, Chaplaincy Education Program; participation on Trauma Team; facilitation of the ministry of community clergy to patients who are members of their congregations |
| **Patient population:** | Infant, adolescent, and adult patients |
| **Standards of practice:** | UAMS Medical Center Policies and Procedures Manual; College of Pastoral Supervision & Psychotherapy Standards, Centers for Medicare, and Medicaid Conditions of Participation. |
| **Availability of services:** | Pastoral Care, Chaplaincy services are available in-house 24 hours per day, seven days per week. |
| **Resources to provide services:** | The Director of the Pastoral Care Department and CPE Training Program, one Chaplain Educator/ CPE Supervisor, two Staff Chaplains, six CPE Chaplain Residents, and six CPE Chaplain interns provide pastoral services. |
| **Integration of Services:** | Chaplains function as interdisciplinary healthcare team members, working closely with physicians, nurses, social workers, and care managers to provide comprehensive care to patients and family members. A Chaplain is assigned to each in-patient care area. A Chaplain-On-Call rotation provides pastoral care coverage in-house around the clock, seven days a week, for response to referrals and emergencies, including code blue and trauma pages. Chaplains make referrals to other providers when appropriate. |
| **Performance Improvement Priorities:** | Promote cultural and religious/spiritual competence through increased cultural awareness stressing inclusion, fairness, teamwork, and religious knowledge that recognizes, explores, and harnesses the patient's faith toward support, recovery, and healing. |

**Authorization:** Susan McDougal January 30, 2025

**Department Director**

## Practice Alert: Morgue Transportation for Adult Expired Patients



# Practice Alert

February 24, 2023

## Morgue Transportation for Adult Expired Patients

Transportation of all **adult** expired patients to the morgue will now include **an escort by a hospital chaplain, in addition to the transport team.**

Current post-mortem care and workflow will be followed, per policy NR.CP.1.139 Care of the Adult Body After Death

**UPDATED Workflow:**

- For all **adult** patients, a hospital chaplain **MUST** accompany during the transport of the expired patient to the morgue
- When the unit is ready to request transport to the morgue, staff will notify the chaplain team to request an escort.

**To request a hospital chaplain:**

1. Call the Chaplain On-Call number at 501-516-9120
2. If they do not answer, leave a message and they will return your call. Chaplains have coverage 24/7, but may be unable to answer immediately.
3. Once you are able to speak with the chaplain, request the presence of a chaplain for a patient escort to the morgue. Provide the patient room number.
4. Hospital transport should be arranged to arrive when the chaplain is available.

*If you have any questions or would like additional information, please contact your Clinical Specialist.*

UAMS

# Dress Code Administrative Guide 4.4.21

UAMS
University of Arkansas for Medical Sciences

**UAMS ADMINISTRATIVE GUIDE**

**NUMBER: 4.4.21** **DATE: 01/06/2016**

**REVISION:** 5/16/18; 6/20/18; 10/29/20; 1/1/21; 6/23/21; 1/10/23; 3/08/23; 6/13/23; 2/13/24; **08/25/2025 PAGE: 1 of 11**

**SECTION: HUMAN RESOURCES**
**AREA: EMPLOYEE RELATIONS**
**SUBJECT: DRESS CODE/APPEARANCE**

## PURPOSE

To establish guidelines for University of Arkansas for Medical Sciences ("UAMS") employees that facilitate the presentation of a professional image to patients, visitors, students, and fellow employees.

## SCOPE

All UAMS employees, faculty, staff, vendors, volunteers, non-employee visitors, and contractors.

## DEFINITIONS

**Uniforms** shall mean specific articles of clothing furnished for particular roles within ICE. Uniforms are to be worn during assigned work shifts, such as certain positions in patient transport, housekeeping, hospitality, access coordinators/admissions staff, campus facilities, grounds, and nutrition services.

**Restricted Areas** shall mean sterile environments (*e.g.*, the operating rooms on the 2nd and 5th floors of the hospital, One Day Surgery, Eye Institute Surgery and sterile processing areas, Psychiatric Research Institute floors 4, 5, and 6, and research areas).

**Semi-Restricted Areas** shall mean areas adjacent to sterile environments where routinely covering or removing Hospital-Provided, Hospital-Laundered Scrubs is impractical (*e.g.*, staff lounges and call rooms, 2E Satellite Pharmacy, Pre-Op, PACU and Phase Two).

**Hospital-Provided, Hospital-Laundered Scrubs** shall mean the scrubs UAMS provides to employees who work in Restricted Areas. Hospital-Provided, Hospital-Laundered scrubs are provided only for employees who work in Restricted Areas such as operating rooms, procedural areas and sterile processing. These scrubs must be laundered by UAMS. They shall never be worn outside the hospital except in the area between Cancer Institute and Spine Institute.

**Direct Clinical Patient Care Staff** shall mean employees serving in roles designated by UAMS ICE Leadership as providing direct patient care. See section IV.H for a broad listing of categories and associated required scrub colors. Roles may be further defined or assigned by ICE Leadership as needed with the approval of the Dress Code Committee.

## POLICY

UAMS employees are expected to maintain a neat, clean, and professional appearance while at work or at a function representing UAMS. As such, UAMS employees are required to adhere to

the dress code associated with their respective position and other applicable requirements.

Managers and supervisors are responsible for enforcing this policy throughout the institution.

Departments may not create or implement a department-specific policy without approval of the Dress Code Committee. Standard disciplinary procedures shall be followed when the dress code is not met, up to and including dismissal. Supervisors may, with approval of their Department Head, send individuals home to change, without pay, if their on-duty appearance violates the Dress Code/Appearance Policy.

**PROCEDURE**

**I. UAMS ID Badges**

A. UAMS ID badges must be worn in an upright, readable position on the outer most layer of clothing.

B. UAMS ID badges must be worn with a clip or lanyard above the waist so the name, job title, department and picture are clearly visible at all times. Employees coming to work or leaving work in nonbusiness/work attire should not wear a UAMS ID badge until they are dressed in approved clothing for their role. However, UAMS ID badges must be available to present upon request.

C. UAMS ID badges must not be worn when outside the UAMS campus unless the employee is representing UAMS in an official capacity.

D. UAMS ID badges are not to be worn when on campus as a visitor.

**II. Business Attire**

A jacket, suit, sport coat, tie or professional shoes may be required at certain times depending on your work location and the nature of your role. Hosiery and socks are not required in non-clinical areas.

A. Tops
   1. Shirts and blouses must fit properly and be neat, clean, wrinkle free, and in good condition.
      a. Employees may not wear sleeveless attire unless covered by a jacket, sweater or lab coat.
      b. **Prohibited:** Sleeveless attire, including but not limited to tank tops, halter tops, tube tops, and spaghetti strap tops if worn as single layer.
      c. **Prohibited:** Exercise tops.

B. T-Shirts and Sweatshirts
   1. UAMS Marketing Department designed/approved T-shirts and sweatshirts with business attire pants/skirt or scrub pants are permitted.

a. T-shirts and sweatshirts must be in good condition and free of wrinkles.
b. **Prohibited:** Other logo t-shirts or sweatshirts unless prior approval from the manager/supervisor.
c. The UAMS Health Therapy and Sports Performance department must wear black bottoms with the UAMS-approved shirt.

C. Pants/Skirts
1. Pants should be (mid-calf or longer) and must be secured at the waist. Skirts/dresses should be 2 inches from the top of the knee or longer. A slit or kick pleat in a dress or skirt must not exceed 5 inches above the middle of the knee.
a. Cargo-style pant are permitted **only if allowed** within the uniform of the work area.
b. Leggings are permitted **only if** worn with a skirt, dress, or tunic.
c. **Prohibited:** Cargo pants, jeans/denim of any color including jean/denim skirts (See II.D.1), sweatpants, gym clothes, yoga pants, scrub pants, sleepwear, leggings if worn as pants, stirrup pants, and stretch pants.
d. **Prohibited:** Shorts, including Bermuda shorts, bike shorts, skorts, culottes, or above-the-knee gauchos.

D. Jeans
1. Denim jeans or jean-styled pants may be worn in non-clinical areas **only** when supervisors determine and announce that business attire is not required, **and may be worn only with an official UAMS T-Shirt** or sweatshirt (*e.g.*, on Fridays or during emergencies).
a. **Prohibited:** Denim jeans or jean-styled pants (blue jeans, white jeans, colored fashion jeans, made with denim, etc.) that are torn, tattered, or contain holes, including clothing purchased in such condition.
2. Denim jeans or jean-styled pants **are not allowed** in patient care areas.

E. Additional Prohibited Attire
1. Offensive slogans, pictures, gestures, profanity or nudity on any item of clothing is not allowed.
2. No holiday-themed attire may be substituted for business attire, Uniforms, or scrub attire as required by this policy unless supervisors determine and announce that normal work attire is not required.

**III. Uniforms**

A. Employees required to wear a UAMS-provided Uniform for their job role should wear all pieces of the Uniform at all times. Uniforms should be well-fitting, clean, odor-free, and without rips, tears and missing buttons.

B. Employees required to wear Uniforms may wear casual attire to and from work. This excludes sleepwear, flip-flops, and tank tops. UAMS ID badges should not be worn unless the employee is dressed in appropriate attire as outlined in this policy.

C. When an employee leaves a position requiring a UAMS-provided Uniform, the Uniform must be returned in good condition, or cost of the Uniform will be deducted from the employee's pay.

## IV. Scrubs

A. Employees in roles designated as direct patient care must wear scrubs and shall follow the established scrub color guidelines for their role. Piping and decorative trim in contrasting colors are allowed.
   1. UAMS Marketing Department designed/approved T-shirts and sweatshirts with appropriate colored scrub pants are permitted. Sweatshirts must be crew neck and low-linting.
      a. **Prohibited:** Other logo t-shirts or sweatshirts unless prior approval from the manager/supervisor.

B. A solid white, grey, black or assigned role color crew neck or V-neck undershirt is permitted under scrub tops. Undershirts should not extend past the scrub shirt hem at the bottom. Sleeve length should be shorter than the scrub top sleeve or elbow length or longer.

C. Scrub jackets and fleece jackets may be worn in black or assigned scrub colors. Licensed personnel may also wear white jackets or white lab coats. Scrub jackets and fleece jackets may be embroidered with the UAMS logo provided by UAMS Communications and Marketing.

D. Staff attending meetings outside of regular work shifts should wear business attire or scrubs in the employee's assigned role color.

E. Employees in the UAMS Radiation Oncology Center may wear tops in patterns and other colors on designated pediatric patient days.

F. Employees who wear or remove hospital provided scrubs outside of approved areas will be in violation of UAMS policy and subject to disciplinary action.

G. Scrubs worn in non-clinical areas (e.g., research areas) shall not be any of the specified colors below or worn in any clinical areas.

H. See below for assigned scrub colors.

| Role | Scrub Color | Jacket Color |
|---|---|---|
| Nurses/Paramedics | Royal Blue | Royal Blue, White, or Black |
| LIPs (APRNs, MDs, PAs) and Med Students (when in scrubs) | Ceil Blue | White Lab Coat |
| Lab | Evergreen/Hunter | Evergreen/Hunter, White, or Black |
| Respiratory | Jade/Teal | Jade/Teal, White, or Black |
| Unlicensed Techs | Navy | Navy or Black |
| Dietitians | Purple | Purple, White, or Black |

| | | |
|---|---|---|
| Rehab Services | Wine | Wine, White, or Black |
| Licensed Techs/Certified Diagnostic Techs | Red | Red, White, or Black |
| Pharmacy | Charcoal | Black; Charcoal or White |
| Patient Access Staff | Black | Black |
| Patient Education | Chocolate | Chocolate or Black |
| Clinical Vendors | Any color not used by the personnel listed here | Any color not used by the personnel listed here |
| Breast Center (on and off campus) | Pink | White |
| The Orthopedic and Spine Hospital | Black | Black |

## V. Attire in Restricted Clinical Areas

A. All personnel working in Restricted Areas are to be attired in Hospital-Provided, Hospital-Laundered scrub apparel.

B. Street clothes (including white clinical coats) are not to be worn within Restricted Areas.

C. White coats may be worn over the surgical scrubs when leaving the Restricted Area if so desired.

D. Cloth caps are allowed to be worn in the Restricted Area without the disposable bouffant over them as long as it is a clean/freshly washed cap.

E. Head covering is to be left in place for the duration of the shift UNLESS soiling has occurred. It should not be routinely removed when leaving the peri-operative area. This is to reduce the dispersal of skin/hair microbial cells onto scrub attire.

F. Surgical head covering should cover the "near totality" of the scalp hair.

G. Facial hair should be covered in the near totality through the use of surgical masks, beard covers and or hoods as needed.

H. No Hospital-Provided, Hospital-Laundered Scrubs or cloth caps are allowed outside the facility (either leaving the hospital or coming into the hospital wearing them).

I. Scrubs suits and dresses are to be snugly tied with no strings dangling.

J. A low-linting solid white, grey, or black crew neck or V-neck undershirt is permitted under scrub tops. Undershirts should be covered near totality with hospital laundered scrub attire (i.e., shirt, pants, jacket).

K. If it is necessary to enter a Restricted Area for a short period of time, a jumpsuit must be worn over personal attire. Shoe covers, and, cap or hood are also required. This applies to non-OR staff, vendors, family members and others.

L. If it is necessary to leave the perioperative area, masks, and shoe covers shall be removed.

M. Employees who work in Restricted Areas may wear casual attire to and from the dressing area. This excludes sleepwear, flip-flops, and tank tops. UAMS ID badges should not be worn unless the employee is dressed in appropriate attire as outlined in this policy.

N. Personal Items
   1. Personal jackets, sweaters and other personal attire, backpacks, briefcases, books, magazines, purses, food, and similar items shall not be brought into **Restricted Areas** unless the following apply in the Operating Rooms:
      a. Patient care items that are contained in a department provided bag for transport;
      b. Surgeon/Provider briefcase or backpack that is contained in a closed, department provided bag;
      c. Contained item should be stored away from the surgical field;
      d. If the bag becomes soiled or contaminated it will be replaced prior to entering another surgical suite.
   2. Clinical Staff may bring a laptop, briefcase, or other personal item to **Semi-Restricted Areas** only for work-related purposes. Any questions should be directed to Infection Prevention, and Infection Prevention may prohibit any item(s) that do not satisfy the requirements for maintaining a sterile environment.

O. Masks
   1. All persons are to wear a high-filtration disposable mask in the presence of sterile field or laser plume.
   2. The mask is to cover the mouth and nose completely and be secure to prevent venting at the sides.
   3. Masks are not to be worn hanging around the neck or tucked into a pocket and must be removed when leaving a procedure. A new mask is to be worn for each new patient encounter.

P. Shoe covers and/or designated footwear for Restricted Areas
   1. Disposable shoe covers should be worn if it is anticipated that contact with blood and body fluids, splashes and spills may occur.
   2. Knee-high impervious boot style covers should be worn if it is anticipated that there could be a large amount of irrigation fluid use and/or large amount of blood or body fluid loss.
   3. Shoe covers that are soiled and contaminated, torn or wet should be changed as soon as possible.
   4. Shoe covers MUST BE REMOVED prior to leaving the Semi-Restricted and Restricted Area (no shoe covers should be seen in common, unrestricted areas such as the cafeteria).
   5. Surgical personnel who wear footwear designated for use ONLY in the surgery departments must make sure the footwear is cleaned regularly and is free from contaminants.
      a. Footwear designated and worn only in the Restricted Area do not have to be covered by disposable shoe covers.

b. Designated footwear used without shoe covers should not be worn outside of the Semi-Restricted and Restricted Areas (alternative footwear should be worn in non-restricted, common areas such as the cafeteria and when going to and from the Restricted Area).
c. Attending surgeon may request that any person entering the operating room don shoe covers regardless of the use of designated footwear.

Q. Employees who wear or remove hospital provided scrubs outside of approved areas will be in violation of UAMS policy and subject to disciplinary action.

R. Vendors/Contractors who wear or remove hospital provided scrubs outside of approved areas will be in violation of UAMS policy and subject to suspended access to UAMS.

## VI. Lab Coats

Lab coats should be well fitting, clean, odor-free, and without rips, tears, and missing buttons. Lab coats may be embroidered with the UAMS logo and college, service line, or institution name along with the employee's name and title. No other logos or graphics should be visible on lab coats.

## VII. Footwear (All Staff)

A. Staff wearing scrubs and employees who provide direct patient care must wear closed toe shoes, medical shoes, clogs, or tennis shoes (no holes, closed toe). Impervious shoe and boot covers are to be worn when contamination by fluids is anticipated. Shoe covers should be worn only in designated work areas and removed upon leaving the area or when they become contaminated. Hosiery or socks are to be worn by all personnel in Uniform/scrubs.

B. Staff wearing business attire and Uniforms should wear appropriate shoes. Shoes should be clean and in good condition. Flip-flops (including "dressy"), sport slides, beach shoes, shower shoes, and toe shoes are not allowed.

C. Certain work areas, including food preparation areas, require shoes made of anon-porous material due to safety regulations. Check with your manager for specific safety requirements for your department.

## VIII. Eyewear (All Staff)

Sunglasses that prevent your eyes from being seen or hamper interpersonal communication with patients, visitors, and staff are not allowed unless a documented medical exception is obtained or sunglasses are necessary for expected job duties.

## IX. Headwear/Hats (All Staff)

Hats and ball caps must not be worn inside buildings on the UAMS Campus unless required for specific job functions. Exceptions can be made for a recognized religious head covering or for

medical reasons, unless it presents a safety or infection-control issue. Bandanas are not permitted.

## X. Jewelry and Body Alteration/Modification

### A. Jewelry

1. Employees may wear jewelry that does not interfere with equipment or expected job duties.
2. Employees may wear a nose (nostril only) piercing with no larger than a 1.0 mm barbell thickness as a small ring or stud. A nose ring may be no larger than a dime in circumference. Septum, bridge, nasallang, and vertical nose tip piercings are prohibited.
3. Intentional body alteration or modification for achieving a visible, physical effect that disfigures, deforms, or similarly detracts from a professional image is prohibited. **Examples of prohibited items include, but are not limited to, brands, gauges, tongue splitting, tooth filing, ear lobe expansion, jewelry through the septum and visible, disfiguring skin implants.**
4. Facial spacers or retainers are not permitted during work hours. Body jewelry should not be worn under clothing when visible or if it poses a safety risk.
5. **Job/Location Specific Rules.**
    a. **Clinical Care in Non-Restricted Areas:** Employees who provide direct clinical care should not wear earrings larger in diameter than a nickel or earrings that extend more than one inch below the ear lobe.
    b. **Food Preparation:** In food preparation areas, employees may not wear jewelry on their hands, fingers, or arms while preparing food, with the exception of a simple wedding band/set. **Food preparation areas must comply with the Arkansas Health Department regulations.**
    c. **Restricted Areas**
        i. Jewelry such as earrings, necklaces, watches, or bracelets that cannot be contained within the surgical attire shall not be worn (rings, bracelets, and watches may not be worn when scrubbed, and facial piercings, spacers, or retainers are not permitted).
        ii. One simple necklace may be worn, provided it is contained within the scrub attire.
        iii. Non-scrubbed personnel may wear a watch and one ring per hand. A wedding set constitutes one ring.
        iv. Personnel entering the surgical suite are to have earrings (including studs) confined within the surgical cap.

### B. Tattoos

Tattoos that are determined by the manager/supervisor to contain obscene, offensive, or discriminatory images or text or which result in complaints from visitors or staff must be covered.

## XI. Personal Grooming

A. Hair
1. Hair should be clean and neat.
2. Bright/extreme hair color which may be distracting to others in the work environment, is not permitted. All hair styles should be neatly maintained and not block another person's vision. Hair ornaments or other must be appropriate for business attire.
3. Appropriate hair confinement should be used in patient care and food service areas where required by law.

B. Facial Hair
1. Mustaches, beards, goatees, and other styles of facial hair are acceptable as long as they are neatly trimmed and are no longer than 1 inch in length.
    a. Exceptions to the length can be made for non-clinical areas.
2. Facial hair should not prevent proper fit of required protective gear.
3. Food preparation areas must comply with the Arkansas Health Department regulations. Hair and facial hair must be covered or contained at all times.

C. Hair in Restricted Clinical Areas
1. Paper skull caps or personal cloth caps can be worn when close to the totality of hair is covered by it, and only a limited amount of hair on the nape of the neck, or a modest side burn remains uncovered,
2. Cloth skullcaps should be cleaned and changed daily and shall not be worn while entering or exiting the facility.
3. Employees with long hair and/or beards that cannot be contained in a cap and mask are to wear hoods.
4. Head coverings are required at all times, to include bald or shaved heads.

D. Fingernails
1. Clean, well-groomed fingernails are required at all times.
    a. **Clinical Care:** According to the CDC and the WHO, nothing artificial is allowed on the nails of employees who provide direct clinical care. In direct clinical care areas, this includes artificial nails, gels, shellacs, powders, decals, and other enhancements. Nail length should be reasonable, for expected work duties, and not interfere with employee performing job duties.
    b. **Non-Clinical Care:** Nail length should be reasonable, for expected work duties, and not interfere with employee performing job duties. When polish is worn, it must be appropriate for the workplace and a professional appearance maintained.

2. **Exclusions:** Nail polish is not allowed in certain work areas, including food preparation areas, and staff in restricted and Semi-Restricted Areas. This would include OR, ODS, JEI surgical area, L&D, IR, and Cath Lab. **Check with your manager for specific safety requirements for your department.**

E. Hygiene
   1. UAMS employees should practice good daily hygiene. Employees who wear scented products should be considerate of others and use products with a mild scent. Employees should not smell of offensive odors, including cigarette smoke;
   2. UAMS employees should not chew gum, candy, etc. in the presence of patients and families or in any clinical areas.

**Food preparation areas must comply with the Arkansas Health Department regulations.**

**EXPECTATIONS OF UAMS EMPLOYEES**

When arriving for duty, all UAMS employees:

(i) Should be well groomed;
(ii) Should wear clothing that fits properly, and is clean, neat and without missing buttons, stains, loose hems, rips or tears including clothing purchased in such condition. Clothing should not appear too tight, too baggy, faded, or in need of repair;
(iii) Should ensure their torso, cleavage, and shoulders are covered and that all undergarments are not visible.
(iv) Should wear clothing made of fabrics traditionally acceptable for business, such as wool, cotton, polyester, corduroy, silk, linen, rayon, or blends of these fibers.
(v) Should avoid wearing clothing made of unacceptable fabrics like spandex, gauze, metallic, sheers, and clinging knits, and clothing with large graphics, logos, styles, and patterns that suggest casual sportswear.

**Exceptions to the Dress Code/Appearance Policy**

A. Employee requests for an exception to this policy for medical reasons should be presented in writing to the employee's manager with supporting medical documentation.

B. Any employee request for an exception to this policy for religious or cultural beliefs and questions regarding the accommodation of such requests should be directed to the employee's manager and/or Office of Human Resources (OHR) Employee Relations.

C. In the presence of life or death situations, all dress code regulations may be waived.

D. **STRIVE Summer Program:** Direct patient care employees in this program are allowed the following exceptions to the UAMS dress code:

   1. If participating in a scheduled outside activity with the summer program for 4 hours or longer, the employee may wear shorts that are no higher than 2 inches above the knee. Shorts may not be denim of any color.
   2. T-shirts with the STRIVE logo, PRI logo, or UAMS logo may be worn.
   3. When participating in a swim activity, female staff may wear a one-piece swimsuit with adequate coverage and male staff may wear swimming trunks with a tank top. Once leaving the water, an appropriate cover up must be worn.
   4. During the above activities, staff may wear tennis shoes for physical activity or sandals

during swim activity.

5. Upon leaving the outside activity, employees must change back into appropriate UAMS dress code compliant dress.
6. When making home visits, even to drop off paperwork, get a signature, etc., employees must be in dress code compliant dress.

**REFERENCES**

Employee Discipline Policy, UAMS Administrative Guide 4.4.02

**Signature:**  **Date: August 25, 2025**

# Employee/Student Incident/Injury Reporting Administrative Guide 11.4.01

UAMS
University of Arkansas for Medical Sciences

**UAMS ADMINISTRATIVE GUIDE**

**NUMBER: 11.4.01** **DATE: 01/15/1997**
**REVISION: 10/11/04; 09/01/07; 07/07/10, 04/13/13; 09/02/15; 04/09/19; 04/14/21** **PAGE: 1 of 3**
**SECTION: CAMPUS OPERATIONS**
**AREA: GENERAL AND OCCUPATIONAL SAFETY**
**SUBJECT: EMPLOYEE/STUDENT INCIDENT/INJURY REPORTING**

## PURPOSE

The purpose of this policy is to establish procedures for reporting incidents/injuries in a timely manner.

## SCOPE

All UAMS employees, students, volunteers, contractors and vendors.

## POLICY

All incidents on UAMS property that result in injury to employees, students, volunteers, contractors and vendors shall be reported to Occupational Health & Safety (OH&S) within forty eight (48) hours.

Reporting of incidents and injuries is essential for the identification of hazards in the workplace.

## PROCEDURE

### EMPLOYEES

1) All incidents resulting in injury to employees and students must be reported on the *Employee/Student/Injury and Incident Report Form (I&I)*.

   a. If the Employee suffers a needle stick injury, blood/body fluid exposure Immediately— **Notify** Supervisor and **call 501-398-8636**.

      i. Call the Company Nurse Hotline, 1-855-339-1893
      ii. Complete the online or paper I&I

   b. Employees who have been injured on the job **AND** require medical treatment must also:

      i. Call the Company Nurse Injury Hotline 1-855-339-1893 to report a Worker's Compensation claim before seeking medical treatment.
      ii. Complete the online or paper I&I

   c. For Employees, the report can be completed by the employee, or his/her supervisor;

d. The I&I report form can be found online at http://www.uams.edu/campusop/depts/ohs/forms/Accident.aspx and can be completed electronically or by paper. A paper copy can be obtained by clicking on the following link: http://www.uams.edu/campusop/depts/ohs/docs/Forms/EmpInjury.pdf;

e. Routing of handwritten paper copy I&I:

i. The online copy is sent to the appropriate departments listed below automatically once submitted.
ii. The handwritten paper report should be sent to OH&S, Human Resources, and Preventative Occupational Environmental Medicine within 48 hours of the occurrence of the incident.

**STUDENTS**

2) For Students, the report is to be completed by the student or faculty advisor or preceptor;

a. If the Student suffers a needle stick injury, blood/body fluid exposure - Immediately—**Notify** Faculty Advisor or Preceptor and **call 501-398-8636**.

i. Complete the online or paper (I&I) and report the injury to their faculty advisor or preceptor as soon as possible.

b. The I & I report form can be found online at http://www.uams.edu/campusop/depts/ohs/forms/Accident.aspx and can be completed electronically or by paper. A paper copy can be obtained by clicking on the following link: http://www.uams.edu/campusop/depts/ohs/docs/Forms/EmpInjury.pdf

c. Routing of handwritten paper copy:

i. The online copy is sent to the appropriate departments listed below automatically once submitted.
ii. The handwritten paper report should be sent to OH&S within 48 hours of the occurrence of the incident.

**MEDICAL TREATMENT LOCATIONS**

a. Preventative Occupational Environmental Medicine (POEM), in person during regular business hours (Monday – Friday 8-4:30), located on the ground floor of Central Building, across the hallway from the satellite Student & Employee Health Services Clinic, 501-686-6565.

b. The Emergency Department after regular hours.

i. Designated Providers in our Arkansas Worker's Compensation Provider List (employees only).

c. Outside of Central Little Rock, the employee will be sent directly to closest ER for emergency, needle sticks or blood/body fluid exposure incidents. All other injuries needing treatment must call the Company Nurse Hotline 1-855-339-1893 to be directed to the appropriate clinic.

**VOLUNTEERS, VENDORS, CONTRACTORS & OTHER NON-EMPLOYEES**

a. Injuries to volunteers, vendors, contractors and other non-employees must be reported to their specific department/employer and this information forwarded to Occupational Health and Safety by filling out the online I&I.

**PATIENTS AND VISITORS**

a. All patient and visitor-related incidents/injuries must be reported on the Patient Safety Event Reporting System, available at: http://inside.uams.edu/patientsafety/.

*Employee/Student Injury And Incident Report Form available by downloading this pdf file: http://www.uams.edu/campusop/depts/ohs/docs/Forms/EmpInjury.pdf

**REFERENCE**

UAMS Worker's Compensation Policy, Admin Guide 4.1.08
ML 1.02 Patient and Visitor Variance Reporting

**Signature:**  **Date: April 14, 2021**

# Nursing/ICE Service Line Attendance and Tardiness Policy NR.AD.1.60

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
INTEGRATED CLINICAL ENTERPRISE
NURSING PRACTICE MANUAL

| | | | |
|---|---|---|---|
| **Practice Document: Nursing/ICE Service Line Attendance and Tardiness Policy** | | **Number: NR.AD.1.60** | |
| **Reviewed by: Devin Terry, DIR; Eden Fluharty, People and Culture Partner; Jamarion Oliver, ASST DIR** | **Current Review Date: 06/2023** | **Level of Review: 2** | |
| **Approval Date: July 3, 2023** | **Effective Date: August 1, 2023** | **Class: Administrative** | **Pages: 3** |

## PURPOSE

To define Attendance and Tardiness policy for licensed and unlicensed personnel in conjunction with UAMS Medical Center Policies HR.2.01 UAMS Unapproved Absences and 3.1.02 Inclement Weather and Other Emergencies.

## SCOPE

Licensed and unlicensed patient care personnel

## DEFINITIONS

**Licensed personnel** – Registered Nurses (RN), Licensed Practical Nurses (LPN), and other licensed personnel.

**Unlicensed personnel** – Examples include but not limited to; Patient Care Technicians (PCT) Patient Services Associates (PSA) Patient Services Coordinators (PSC) Monitor Technicians (MT) Ortho Technicians (OT) Medical Assistants (MA) Equipment Technicians (ET) Scrub Technicians (ST) and other Unlicensed Personnel roles that fall under a SL or divisional Nursing Director.

**Absenteeism** – The failure of an employee to be at the assigned duty area when scheduled to work.

**Approved Absence** – An absence that has been pre-approved by the Clinical Services Manager (CSM) or the Director after the schedule is posted. The CSM will document the reason for approval on the employee's schedule.

The following (with documentation) are considered approved absences:

- Funeral Leave
- Military Leave
- Jury Duty
- Inpatient Hospitalization for self, spouse, child, brother, sister, parent (step parent), grandparent and grandchild
- Family Medical Leave
- Workers' Compensation Injury

**Unapproved Absence** – An absence that has NOT been pre-approved by the CSM or Director. The failure of an employee to report to work or training classes at the scheduled time and place according to the posted work schedule constitutes an unapproved absence. An unapproved absence begins with the failure of the employee to report to work and ends with the employee's return to a normal work schedule.

**Unapproved Absence Points** – Points are issued when an employee fails to report to work or fails to clock in/out according to the posted work schedule. The acceptable standard for unapproved absence points shall be no more than four (4) within a rolling 12-month period.

**Formal Progressive Discipline spans a rolling 12-month period:** (Policy 4.4.02 Employee Discipline)

Step 1: Oral Warning
Step 2: 1st Written Warning
Step 3: 2nd Written Warning
Step 4: Dismissal

**Tardiness** – The failure of an employee to be at the assigned duty area and ready to work at the start of the posted work schedule. Each episode of tardiness is recorded as a one-quarter (.25) unapproved absence point. An employee who clocks in after 7 minutes after the shift begins is considered tardy. Anything beyond 30 minutes of the scheduled shift is considered a late arrival.

**Late Arrival** - The failure of an employee to be at the assigned duty area and ready to work within 30 minutes of the posted work schedule. Each episode of late arrival is recorded as one-half (.50) unapproved absence point.

**Failure to clock** – The failure of an employee to clock at the beginning and/or end of the posted work schedule. Failure to clock will be recorded as one-quarter (.25) unapproved absence point per day.

**Rolling 12 Month Period** - 12-month period measured from the date an employee receives the point. For example, a point received on November 13, 2018 will not roll off until November 13, 2019.

**No Call/No Show** – Status assigned when an employee fails to report for a scheduled shift and does not contact the CSM, Charge Nurse or designee

## POLICY STATEMENT

It is required for an employee to be at the assigned duty area according to the posted work schedule to promote patient safety and timely hand-off reporting.

## PROTOCOL

- The standard for unapproved absences shall be the accumulation of four (4) points within a 12- month rolling period. Failure of the employee to solve an attendance problem may be addressed through formal progressive discipline following the fourth (4th) unapproved absence.
- Progressive discipline may begin or continue with at least five unapproved absences.
- A first written warning may be issued upon the next or sixth (6th) unapproved absence.
- A second written warning may be issued upon the next or seventh (7th) unapproved absence.
- The next or eight (8th) unapproved absence, along with having two active written warnings for unapproved absences, may result in dismissal.

- **Management of disciplinary process once points and disciplinary actions expire**
  - Unapproved absence points and disciplinary actions (verbal/written warnings) expire 12 months after they are issued, regardless of employment status. Rehired employees may have active disciplinary actions upon return.

If an employee calls-in or goes home before completing ½ the scheduled shift, one (1) unapproved absence point will be accrued. If an employee goes home after working more than ½ the scheduled shift, one-half (0.5) unapproved absence points will be accrued; in this case, if the employee calls-in the following day, an additional one-half (0.5) unapproved absence points will be accrued. Consecutive days off for the same reason will not be considered

additional unapproved absences. If an employee is going to be absent for three days or more, the Clinical Services Manager must be contacted. Absences related to Family Medical Leave Act FMLA) must follow FMLA policy.

An employee scheduled for mandatory education who is late or fails to attend the class will accrue unapproved absence points.

Each day an employee is unable to report for a scheduled shift, the CSM, Charge Nurse or designee must receive a call- at least 2 hours before the start of the scheduled shift. Units that are not equipped to receive calls-ins 2 hours before opening should develop requirements to meet their needs.

Employees calling off for a full workweek must furnish a certificate from a healthcare provider to their manager in order to be paid accrued leave.

An employee who clocks in later than the start of their assigned shift is considered tardy and will accrue 0.25 absence points. For example, if a scheduled shift begins at 06:30, the employee is considered tardy beginning at 06:37 up to 07:07. An employee who clocks in 30 minutes after the start of their assigned shift is considered a late arrival and will accrue 0.5 points absence points

An employee who fails to clock in or out will be assigned 0.25 unapproved absence points per day.

Employees must clock out when leaving campus.

If an employee is absent on a holiday or a scheduled weekend, the CSM may schedule the employee for a subsequent holiday or weekend.

An employee that does not report to work and does not call-in, will be assigned No Call/No Show status and will be given an oral warning-beginning the formal progressive discipline process. A second No Call/no show during that rolling year may result in a written warning, and third may result in dismissal.
Three consecutive days of No Call/No Show may result in dismissal.

## FORMS/DOCUMENTATION

## SUPPLEMENTAL INFORMATION

4.4.02 Employee Discipline UAMS Administrative Guide
4.8.02 Work Schedules Policy UAMS Administrative Guide - Definition of Work day, work shift, pay periods and lunch
4.6.11 Family and Medical Leave Act Policy UAMS Administrative Guide
HR.2.01 Unapproved Absences
4.3.01 Use of Kronos Time and Attendance System UAMS Administrative Guide

## REFERENCES / EVIDENCE

The Service Line Administrator, and the Nursing Payroll Manager, (February 2019)
HR.2.01 - Unapproved Absences Clinical Programs
4.4.02 – Employee Discipline UAMS Administrative Guide
4.6.03 - Sick Leave UAMS Administrative Guide

# Inclement Weather and Other Emergencies Policy UAMS Administrative Guide 3.1.02

UAMS
University of Arkansas for Medical Sciences

**UAMS ADMINISTRATIVE GUIDE**

**NUMBER:** 3.1.02 **DATE:** 12/03/2002
**REVISION:** 12/20/11; 12/05/13; 02/05/14; 11/14/14; 02/15/19; 12/18/20; 12/8/21; 1/8/24 **PAGE:** 1 of 9

**SECTION:** ADMINISTRATION
**AREA:** GENERAL ADMINISTRATION
**SUBJECT:** INCLEMENT WEATHER AND OTHER EMERGENCIES POLICY

## PURPOSE

To ensure that campus critical areas at the University of Arkansas for Medical Sciences ("UAMS") are staffed during natural disasters or Other Emergency Situations, to minimize risks to the UAMS Workforce during these events, and to inform the UAMS Workforce of the procedures to follow whenever Inclement Weather or Other Emergency Situation is declared.

## SCOPE

UAMS Workforce.

## DEFINITIONS

**UAMS Workforce** shall mean physicians, employees, residents, volunteers, students, contractors, and other persons whose work is under the direct authority of UAMS, whether or not they are paid by UAMS.

**UAMS Medical Center** shall include all employees and providers who deliver or provide direct patient care as well as the supporting services for patient care operations. **Supporting services is broadly defined and would encompass areas such as access, supply chain, professional staff office, facilities, environmental services, nutritional services, etc.** In essence, any person who supports any aspect of patient care delivery, both directly and indirectly, is considered campus critical to operations. Service Lines are included in this term.

**Campus Critical Staff** shall mean all UAMS Medical Center staff working in inpatient and ambulatory/outpatient areas and all employees and providers working in UAMS Health. Employees whose job responsibilities require that they work on-site during Inclement Weather or Other Emergency Situations in order to maintain critical institutional functions (for example, access, supply chain, professional staff office, facilities, environmental services, nutritional services etc.), may be designated as Campus Critical Staff by their Department Director based on the employee's duties.

**Non-Campus Critical Staff** shall mean employees whose job responsibilities do not require that they work on-site in order to maintain critical institutional functions, and who may be able to perform their job functions remotely. Non-Campus Critical Staff who are able to work remotely must have an approved **Remote Work Agreement (UAMS Administrative Guide Policy 4.4.22)** on file with the UAMS Division of People and Culture, and must work remotely when non-campus critical areas are closed.

**Inclement Weather** shall mean the existence of extreme climatic conditions (*i.e.* rain, hail, snow,

high winds, cold, extreme high temperature of the like or any combination thereof) by virtue of which it is not reasonable or safe to travel.

**Other Emergency Situations** shall mean those that pose an immediate risk to health, life, property, or environment relative to UAMS work sites.

**Remote Work** shall mean a work alternative for employees whose job responsibilities are suited to an arrangement where the employee may work from home. Remote work must be approved by the employee's department head and the duties must be measurable and quantifiable to ensure job duties are performed.

## POLICY

UAMS recognizes that operational disruptions may result from Inclement Weather, including natural disasters or Other Emergency Situations, which may cause difficulty for the UAMS Workforce to report to work due to road conditions or work onsite due to emergency situations on campus.

When weather and road conditions warrant, or during a natural disaster or Other Emergency Situations, UAMS leadership will declare "Inclement Weather or Other Emergency Situations" in order for the UAMS Workforce to know how to properly respond. Department leaders are responsible for ensuring their departmental Inclement Weather or Other Emergency Situations procedures are reviewed and up-to-date. Weather and road conditions vary throughout Arkansas; therefore, a person will be designated at every UAMS location to be responsible to declare Inclement Weather or Other Emergency Situations when appropriate.

There are two options when declaring Inclement Weather or Other Emergency Situation:

1. "Inclement Weather or Other Emergency Situation Declared - **All Areas Open**" (all employees report to work but use caution on the roadways; a two-hour grace period will be allowed)

2. "Inclement Weather or Other Emergency Situation Declared - **Non-Campus Critical Areas Closed**" (only **Campus Critical** Staff should report to work and **Non-Campus Critical Staff** may be asked work to remotely as designated by department director).

## PROCEDURE

1. Departments will identify and communicate to their employees, which positions, areas, or sub-areas are campus critical or non-campus critical. Therefore, every individual employee should have knowledge if their position and work area is designated campus critical or non-campus critical. Campus critical areas are those that MUST continue functioning when the Inclement Weather or Other Emergency Situation is declared. Campus critical areas follow the UAMS Medical Center Procedures. **(Attachment I).**

2. Students should be informed, during enrollment, of their college's Inclement Weather or Other Emergency Situation Policy.

## I. DESIGNATION

1. **Work locations outside central Little Rock area (or as approved by Senior Leadership):** These work locations shall develop their own plan regarding activation of this Inclement Weather or Other Emergency Situation Policy. Communication to employees in locations away from the central Little Rock area will occur by the designee on site.

2. **Central Little Rock area**: The designated hospital representatives will collaborate with the UAMS Vice Chancellor for Institutional Support Services and the Provost to make the determination regarding declaration of Inclement Weather or Other Emergency Situation.

3. **Notification:** As soon as the decision to declare Inclement Weather or Other Emergency Situation has been made, the designated hospital representative on duty will notify the Office of Vice Chancellor for Communications who will convey the decision to the greater UAMS community and the media. Notification to employees will be made via global email, the UAMS website, and RAVE alert.

4. **Students:** When UAMS is operating under Inclement Weather or Other Emergency Situation designation (the two options outlined in the policy area above) all on-campus classes are cancelled and the Student Success Center ("SSC") will **not** administer any quizzes, tests, or exams. Students should check with their instructor to make arrangements to take missed quizzes, tests or exams. Other SSC services will be available via the website or telephone. Students should refer to the Inclement Weather or Other Emergency Situation Policy within their college for guidance about other types of student rotations (e.g., clinical rotations) and about the method the college uses to provide updates to students.

## II. EXPECTATION AND TIMEKEEPING REQUIREMENT

A. INCLEMENT WEATHER OR OTHER EMERGENCY SITUATION DECLARED-ALL AREAS OPEN

1. Employees should report to onsite work locations, according to their normal work schedule when not pre-approved to work remotely. Employees are urged to use caution on the roadways and will be allowed a two-hour grace period at the beginning of their shift. Employees arriving later than the two-hour window must take vacation leave for the time greater than two-hours. If the employee does not have vacation leave, then time-off will be charged as leave without pay. Employees preapproved to work remotely will work their regular shift.

2. Employees requesting the use of accrued Holiday, Vacation Leave or Compensatory Time during Inclement Weather or Other Emergency Situation conditions must obtain pre-approval from their Department Director. Department Directors may approve

such requests only after all staffing requirements have been met for the department.

3. Employees absent during Inclement Weather or Other Emergency Situation conditions without pre-approval from their Department Director will be charged for leave of absence without pay, and a disciplinary notice may be issued.

4. Employees who are at the work site (not pre-approved to work remotely) when Inclement or Other Emergency Situation is declared may leave up to two hours early only after receiving permission from their Supervisor and will receive time-worked pay for the remainder of the shift.

B. INCLEMENT WEATHER OR OTHER EMERGENCY SITUATION DECLARED NON-CAMPUS CRITICAL AREAS CLOSED

**Campus Critical** Staff must make every effort to report to work. Employees from previous shifts may be held over. Employees in campus critical service areas that depart before a replacement has arrived may be subject to disciplinary action. Having a backup plan for personal responsibilities is ideal during potential inclement weather. **It is the employee's responsibility to understand the Inclement Weather or Other Emergency Situation expectation as it applies to their work area.**

**Pay and remote work guidelines:**

a. Overtime rates will be paid to hourly staff for time worked in excess of forty hours in a week if applicable.
b. **Campus Critical** Staff who are scheduled to work but do not report to work will not receive paid leave compensation.
c. During Inclement Weather or other Emergency Situation status, all hourly Campus Critical Staff reporting to work on time will receive special travel pay of two additional hours per shift.
d. **Non-Campus Critical Staff** whose functions are unable to be performed remotely as determined by the Department Director, will be eligible for Inclement Weather pay under the policy.
e. **Campus Critical and Non-Campus Critical Staff** whose functions are able to be performed remotely, will be expected to perform work duties as outlined in the Remote Work Policy. Campus Critical and non-Campus Critical Staff working remotely during Inclement Weather or Other Emergency Situations must have an approved **Remote Work Agreement** on file in the Division of People and Culture, and work according to the conditions outlined in that agreement.
f. **Non-Campus Critical Staff** who choose not to work remotely, but have the capability to do so, must take vacation leave for the scheduled shift only after receiving permission from the Department Director. If vacation leave is not available, the employee will be placed in leave without pay status.
g. **Campus Critical and Non-campus critical Staff** who are on the job when Inclement Weather or Other Emergency Situation is declared may leave early only after receiving permission from the Department Director. In instances of Inclement

Weather, employees are urged to use caution on the roadways and will be allowed a two-hour grace period from the time of dismissal. **Campus Critical and Non-Campus Critical Staff** who work remotely, or who have the capability to work remotely, will work from home for the remainder of their shift. Campus Critical and non-Campus Critical Staff whose functions are unable to be performed remotely as determined by their supervisor, will be paid for the remainder of their shift.

h. Campus Critical Staff who work in clinics that are closed due to Inclement Weather or Other Emergency Situation declared may receive Inclement Weather pay.

**REFERENCES**

UAMS Administrative Guide Policy 4.4.01, Basic Code of Conduct
UAMS Administrative Guide Policy 4.4.02, Employee Discipline
UAMS Administrative Guide Policy 4.6.08, Leave of Absence without Pay
UAMS Administrative Guide Policy 4.4.22, Remote Work

**Signature:**  **Date: January 8, 2024**

## ATTACHMENT I

**UAMS MEDICAL CENTER PROCEDURES**

**PURPOSE**

UAMS must maintain critical services and operations during any severe weather condition while providing for the protection, safety and health of all patients, students, staff and faculty. UAMS and its staff must be prepared to safely operate and serve during these extraordinary conditions. In UAMS Medical Center Departments where workload is significantly diminished because of Inclement Weather or Other Emergency Situations, Directors will define Departmental mechanisms to maintain efficient operations. In accordance with UAMS Administrative Guide Inclement Weather and other Emergencies Policy, UAMS Medical Center encompasses inpatient and ambulatory/outpatient areas and all employees and providers working within UAMS Health.

**PROCEDURES**

I. Communication

a. The determination to implement the Inclement Weather or Other Emergency Situation Policy is made in collaboration with the Hospital Administrator on duty, Vice Chancellor for Campus Operations (or designee) and the Provost. The decision to implement the Inclement Weather or Other Emergency Situation Policy is influenced by reports from the National Weather Service and local media. This decision is made consistent with community closings. Inclement Weather or Other Emergency Situation status is assessed on a shift-by-shift basis. The duration of Inclement Weather or Other Emergency Situation status is for the length or remaining portion of each shift, depending upon notice of cancellation by Hospital Administration. Employees may check Inclement Weather or Other Emergency Situation status by calling their Department's staff scheduling phone number as applicable. Inclement Weather or Other Emergency Situation status will also be posted on UAMS web sites and may be communicated via e-mail.

i. The Hospital Administrator on Call will notify the Vice Chancellor for Communications, who will convey the decision to the greater UAMS community and media. The Vice Chancellor for Communications & Marketing or designee is the sole contact for communicating the UAMS Medical Center's Inclement Weather or Other Emergency Situation status to the media. The media is encouraged to utilize the term UAMS Medical Center specific to this policy.

ii. During traditional business hours, (8 a.m. to 5 p.m. Monday through Friday) the Hospital Administrator on call will notify the telephone operator and all hospital Departments and Service Line Leadership when Inclement Weather or Other Emergency Situation status has been declared and lifted.

iii. During non-business hours, the Assistant Director of Nursing (ADON) on duty will notify the telephone operator and coordinate notification of all necessary inpatient and outpatient Departments.

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

II. **Staffing**

a. Directors and Managers who work under UAMS Medical Center are considered campus critical to operations during Inclement Weather or Other Emergency Situation and should proactively plan to be present unless they are on leave that was approved prior to the declaration of Inclement Weather or Other Emergency Situation. If a Department Director or provider is on pre-approved leave, arrangements must be made for a designee to be present and responsible for the Department or provider's obligations in service to patients and staff.

b. Department Directors and Managers may work with their HR Business Partner to develop a plan for Inclement Weather or Other Emergency Situation staffing and submit the plan for approval to the Division of People and Culture **prior to forecasts** of Inclement Weather or Other Emergency Situations. The plan must outline the provision for all Department responsibilities. The plan should be comprehensive, address each position in the Department and apply to all Inclement Weather or Other Emergency Situation events. Inclement Weather or Other Emergency Situation conditions can trigger the activation of the **All Hazards Plan**. Each Department's Inclement Weather or Other Emergency Situation plan should incorporate the Department's disaster plan and accommodations in the event of a code during an Inclement Weather or Other Emergency Situation event.

i. The Department staffing plan may include provisions such as:
    1. Remote work for designated positions during Inclement Weather or Other Emergency Situation if technology allows continued work duties to be executed.
    2. If the employee only works part of the day at home, he or she shall submit a vacation leave request for the remainder of the day.
    3. Designated A/B teams of employees to work alternate Inclement Weather or Other Emergency Situation events with reduced levels of staffing to accommodate decreased work load. If an employee does not work, they must take vacation time or leave without pay.

c. All scheduled employees and providers are to make every effort to come to work at the beginning of his or her regular shift.

i. During Inclement Weather or Other Emergency Situation status, all hourly employees reporting to work on time will receive special travel pay of two additional hours per shift.

ii. Any employee (hourly or salaried) arriving within two hours of the beginning of his or her shift will be paid for the entire shift.

iii. Any employee arriving later than two hours from the beginning of his or her shift must use vacation time or leave without pay for the missed time.

iv. Any employee who reports to work late on an Inclement Weather or Other Emergency Situation day normally will not receive a tardy on his or her attendance record.

d. Any employee or provider who is not on pre-approved leave prior to forecasts of Inclement Weather or Other Emergency Situation by the National Weather Service or area media and fails to come to work without Director approval is not eligible for pay for the hours missed and may be subject to disciplinary action.

e. Any employee claiming sick leave **during forecasts** of Inclement Weather or Other Emergency Situation and defined Inclement Weather or Other Emergency Situation periods must have a physician's letter of Proof of Illness. The letter must include a statement of condition along with the physician's original signature and date.

f. Ambulatory Clinics

i. The Director must ensure providers, clinical staff and administrative staff are available to serve patients and families during Inclement Weather or Other Emergency Situation events. Staff must be available to satisfy the needs for:

1. Direct patient care
2. Appointment scheduling and rescheduling
3. Telephone calls
4. Integrated Revenue Cycle functions
5. Prescription refills
6. Other needs unique to the patient population

****Clinic staff may receive Inclement Weather pay in instances that require closure of ambulatory clinic.**

ii. Off-campus clinics in facilities not managed by UAMS may be forced to close because of building/parking lot conditions. Employees scheduled to work in these locations may be asked to work in another UAMS location. If an alternative work location is not feasible, staff may receive Inclement Weather pay.

1. Patients must be notified by phone, e-mail, MyChart message and other available means in advance of their scheduled appointment that the clinic is closed.
2. Clinic phones must have an operator or voice-mail message notifying patients of clinic closure and how to reschedule appointments.

III. **Release of Staff**

a. Once a Director has determined that the Department is adequately staffed to handle patient needs and Department responsibilities, the Department Director may allow employees to leave before the end of their scheduled shift. Employees not working their complete scheduled shift must submit vacation leave or request time off without pay. This determination shall include consideration of areas with interdependent/need.

IV. **Other Accommodations**

a. During periods of Inclement Weather or Other Emergency Situations, efforts will be made to support the needs of employees/providers and their families. These may include temporary housing, meals and other accommodations. Communication regarding the availability of these services will be coordinated by the Administrator on Call.

# Basic Code of Conduct, UAMS Administrative Guide 4.4.01

UAMS
University of Arkansas for Medical Sciences

**UAMS ADMINISTRATIVE GUIDE**

**NUMBER: 4.4.01** **DATE: 07/01/1991**
**REVISION: 09/08/2006; 12/03/2014; 12/10/2019; 06/23/2021; 08/10/2023; 04/16/2025 PAGE: 1 of 6**
**SECTION: HUMAN RESOURCES**
**AREA: EMPLOYEE RELATIONS**
**SUBJECT: BASIC CODE OF CONDUCT**

## PURPOSE

To outline the general guidelines governing employee conduct and behavioral standards at the University of Arkansas for Medical Sciences ("UAMS").

## SCOPE

All UAMS employees, faculty, residents, vendors, volunteers, non-employees, and contractors ("UAMS personnel").

## POLICY

This policy outlines the general guidelines for appropriate conduct for all UAMS personnel. UAMS personnel are expected to support UAMS' mission and core values while creating a fair and respectful work environment free from discrimination.

### Expectations in Interpersonal Relations

1. Refrain from using abusive, provocative, or profane language, and should avoid creating or being party to a disturbance or physical violence.

2. Observe the principle of mutual respect in their contacts with patients, visitors, and students, and in their working relationships with faculty and other personnel.

3. Treat others with dignity, fairness, and impartiality.

4. Do not engage in horseplay, scuffling, running, throwing objects, immoral or indecent behavior on any UAMS premises.

5. UAMS personnel or guests should not visit other UAMS personnel in their work areas for non-work related purposes. Official breaks with other UAMS personnel should be taken in designated areas to not disrupt the work area.

### Workplace Bullying

UAMS does not tolerate workplace bullying behavior, whether intentional or unintentional. Workplace bullying is behavior that creates an abusive work environment for an UAMS personnel. Bullying behavior is behavior in the workplace that a reasonable person would find hostile, offensive, and not related to an employer's legitimate business interests. Workplace bullying can include group bullying, peer-to-peer bullying, supervisor–to-subordinate bullying, and situations

when a subordinate employee subjects a supervisory-level employee to bullying. These acts may occur as a single, severe incident or as repeated incidents, and may include, but are not necessarily limited to, the following:

1. Physical bullying includes pushing, shoving, kicking, poking, and/or tripping another, assault or threat of a physical assault, and damage to a person's work area, work product, or property.

2. Verbal bullying includes: (i) slandering, ridiculing, insulting or maligning a person or that person's family; (ii) persistent name calling that is hurtful, insulting, or humiliating; (iii) using a person as the butt of jokes; or (iv) abusive and offensive remarks.

3. Nonverbal bullying includes directing threatening gestures toward a person or invading personal space after being asked to move or step away.

4. Cyberbullying includes bullying an individual using any electronic format, including but not limited to, the Internet, interactive and digital technologies, or mobile phones.

5. Exclusion includes socially or physically isolating, excluding, or disregarding a person in work-related activities.

Social Media

UAMS expects good judgment to be used when posting on social media sites. Social media activity that violates this Basic Code of Conduct or other UAMS policies may result in disciplinary action in accordance with UAMS *Administrative Guide Policy 4.4.02, Employee Discipline* up to and including termination.

Cellular Phones and Electronic Devices

1. Personal cellular or electronic devices should not be used when they could pose a security or safety risk, or when they distract from assigned or expected work duties.

2. Personal cellular or electronic devices should not be used in the presence of patients and guests unless the use occurs as a part of **official UAMS responsibilities**, while on duty, prior to start of shift, and after shift ends, and while on any UAMS premises.

3. Bluetooth devices should not be worn or used in patient care areas, food preparation areas, common areas, and public areas while on duty, prior to start of shift, and after shift ends, and while on any UAMS premises.

4. During break periods, personal cellular, electronic, or Bluetooth devices **can** be used in designated eating/break areas and not in a manner that will distract others.

5. **Prohibited:** Use of personal cellular or electronic devices on speakerphone, while on duty, prior to start of shift and after shift ends, and while on any UAMS premises.

Physical Appearance and Presentation

1. Certain positions require wearing prescribed uniforms while on duty. Department supervisors or their designees are responsible for informing UAMS personnel of specific requirements. See UAMS *Administrative Guide Dress Code Policy 4.4.21* for details.

2. UAMS expects its personnel to come to work clean, neat, and wearing attire appropriate for the work environment. UAMS personnel should use good judgment and not wear excessive fragrances or extreme hair color. See UAMS *Administrative Guide Dress Code Policy 4.4.21* for details.

3. UAMS ID badges are to be clearly visible and worn above the waist. Badges should be removed, but available to present upon request, when not in an official work capacity, while on any UAMS premises. See UAMS *Administrative Guide Dress Code Policy 4.4.21* for details.

4. Reporting to work or being on any UAMS premises while impaired by or under the influence of intoxicating liquor or controlled substances, or by giving the appearance of intoxication, including but not limited to smell of alcohol, is forbidden.

5. Representing UAMS must be done accurately and honestly, including describing job title, description, and position.

6. When not on duty, UAMS personnel should not be on any UAMS premises, except for valid reasons.

Job Duties and Functions

1. UAMS personnel are expected to meet the expectations outlined in the position description including all verbal, written, and posted work assignments and other duties as assigned.

2. Attention, care, and respect must be given when performing job duties.

3. Compliance with all UAMS policies is expected of all UAMS personnel.

Attendance

1. Regular and punctual attendance is expected and should be maintained. Departments should follow their established Attendance Policy for reporting absenteeism from work and appropriately address attendance deficiencies.

2. Permission from their supervisor or the supervisor's designee must be obtained, in advance, when it becomes necessary to leave the designated work areas during scheduled work hours.

3. At times, it is expected that UAMS personnel, whenever possible, respond to work

assignments outside of regularly scheduled hours, as it may be necessary to provide essential staffing or support services to meet business needs.

Maintaining Records

1. Recording work time must be done accurately.

2. Advance approval from the supervisor or designee is expected to work additional hours and shifts.

3. Do not clock in or out for other UAMS personnel.

4. Falsifying or inaccurately entering information on any UAMS or hospital records, including patient records, time records, employment applications or other personnel records is strictly prohibited. Failure to meet this expectation can be grounds for immediate dismissal.

Health and Safety

1. Smoking is prohibited on any UAMS property, including parking lots as UAMS is a smoke-free campus and this activity is not allowed.

2. Sleeping on the job is **strictly forbidden**, except for when in an **on-call status** and should be done only in designated areas approved by the supervisor or designee.

3. Know and observe established fire and emergency procedures.

4. Only authorized UAMS entrances and exits should be used to enter or exit the premises.

5. Establish safe work practices and follow all published safety rules.

Property Access and Use Privileges

1. The use of UAMS Internet is for official business purposes only. Disciplinary action may be taken for any inappropriate use.

2. UAMS telephones, fax machines, and other telecommunication devices are intended for official UAMS business transactions. These resources should not be used for personal reasons, except in cases of an urgent nature or with prior approval from the supervisor.

3. UAMS property and equipment must be used in a safe and proper manner. Making equipment inoperative or failing to use proper safety devices can result in injuries to one's self or others.

4. UAMS property should be used for official business purposes only.

5. UAMS equipment, buildings, and grounds should be kept clean, orderly, and in good

condition. Creating or contributing to unsanitary or unsightly conditions is not permitted.

Solicitations

1. Engaging in solicitation and/or distribution of printed or written material or posting and/or removal of notices or signs is not allowed, unless when explicitly permitted or authorized in advance.

2. Refer to *Administrative Guide Policy 4.4.09, Ethical Conduct/Gift Policy*, regarding gratuities, gifts, or personal favors from vendors, patients, or visitors.

Campus Police and Security Measures

1. Anyone finding property on the main UAMS campus should contact the **Clinical Risk Department at (501) 296-1039** or **Academic Services at (501) 686-5577**, where a lost and found service is provided. UAMS premises away from the main campus should develop lost and found procedures.

2. Packages, handbags, purses, tote bags, briefcases, shopping bags, or other containers being brought into or taken from any UAMS building must be made available for inspection upon request by supervisors or the Campus Police Department.

3. Unauthorized firearms or weapons of any kind **must not**, under any circumstances, be brought onto any UAMS premises, including UAMS parking lots.

4. All criminal acts on any UAMS premises, including UAMS parking lots, are prohibited.

5. Stealing, misappropriating, or unauthorized removal of property from UAMS premises is strictly prohibited. This includes the removal of any discarded UAMS property and sample products.

## PROCEDURE

The Division of People and Culture (DPC) should be contacted with any questions related to this policy. Appropriate corrective measures should be taken in instances where there have been violations of this Code of Conduct. Such actions should be undertaken with care, objectivity, and full consideration for the rights and interests of UAMS and its personnel.

## REFERENCE

UAMS Administrative Guide Policy 3.1.03, Telephone Use Policy
UAMS Administrative Guide Policy 11.4.01, Employee/Student Incident/Injury Reporting
UAMS Administrative Guide Policy 11.4.15, Unsafe Equipment and Furniture
UAMS Administrative Guide Policy 3.1.01, Smoking/Tobacco Use Policy
UAMS Administrative Guide Policy 4.4.02, Employee Discipline
UAMS Administrative Guide Policy 4.4.09, Ethical Conduct/Gift Policy

UAMS Administrative Guide Policy 11.3.07, Workplace Violence Prevention Plan
UAMS Administrative Guide Policy 2.1.42, HIPAA Sanctions Policy
UAMS Administrative Guide Policy 2.1.08, Reporting of HIPAA Violations
UAMS Administrative Guide Policy 4.4.21, Dress Code/Appearance

**Signature:**  **Date: April 16, 2025**

# Employee Discipline, UAMS Administrative Guide 4.4.02

UAMS
University of Arkansas for Medical Sciences

**UAMS ADMINISTRATIVE GUIDE**

**NUMBER: 4.4.02** **DATE: 09/14/2000**
**REVISION: 12/04/2013; 04/27/2017; 1/10/2020; 06/01/2022; 03/21/2023** **PAGE: 1 of 4**
**SECTION: HUMAN RESOURCES**
**AREA: EMPLOYEE RELATIONS**
**SUBJECT: EMPLOYEE DISCIPLINE**

## PURPOSE

To outline the expectations for addressing unacceptable employee behavior-related incidents at the University of Arkansas for Medical Sciences ("UAMS") and help and encourage all employees to achieve and maintain high standards of performance and conduct that align with UAMS' core values.

## SCOPE

This policy applies to all UAMS employees, excluding tenured or tenure-track faculty.[1]

## POLICY

UAMS will use a progressive disciplinary process when an employee demonstrates substandard performance, misconduct, or other serious offenses in violation of UAMS rules, regulations, or policies. *See Administrative Guide 4.4.01, Basic Code of Conduct.* Supervisors shall generally follow the progressive discipline process by implementing the least severe level of disciplinary action applicable to the situation prior to implementing a more harsh level of discipline. The goal of progressive discipline is to correct the behavior, retain employees, and improve an employee's performance while at the same time documenting the corrective efforts of the employer. All disciplinary actions must be taken without regard to race, religion, sex, sexual orientation, age, national origin, citizenship, genetic information, disability or veteran status.

Appropriate corrective measures will be undertaken with objectivity and full consideration for the rights and interests of both the employee and UAMS. UAMS encourages fair, just, efficient, and equitable processes to address concerns associated with an employee's failure to meet performance and conduct expectations.

## PROCEDURE

The Division of People and Culture ("DPC") will assist and review the determination of appropriate corrective action steps before such action is taken. Each case will be reviewed individually, on its own merit while giving consideration to the intent of the behavior. Proper documentation is essential with regards to each level of progressive discipline outlined below.

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[1] Tenured and tenure-track faculty discipline is guided by the Board of Trustees policies for the University of Arkansas System.

While *counseling* is not considered "progressive discipline," it is a proactive method used for assisting the employee to improve performance and conduct. Counseling should be used in a fair and cooperative manner to identify and proactively correct behavior concerns. Supervisors can reference the ***"counseling session"*** template and the *"**employee disciplinary action repository**"* at www.hr.uams.edu.

**A. Levels of Progressive Discipline:**

**Prior to issuing a for cause dismissal notice, consultation with DPC Employee Relations must occur.**

(1) **Oral/Verbal Warning:** In general, the first step in progressive discipline is an oral/verbal warning. The supervisor may issue a documented oral/verbal warning for first-time occurrences of minor offenses or misconduct. The supervisor must refer to the guidance materials located at www.hr.uams.edu, Employee Relations, Corrective Actions, or Manager's Toolkit.

(2) **Written Warning:** A supervisor may issue a written warning upon the second or third occurrence of the **same or related** infraction as the previously issued oral warning. Depending upon the severity of an employee's offense or misconduct, a supervisor **may** advance directly to a written warning instead of issuing an oral warning first. The supervisor **must** refer to the guidance materials located at www.hr.uams.edu, Employee Relations or Manager's Toolkit, prior to taking action.

(3) **Dismissal:** Dismissal for cause may be appropriate under the following circumstances (The supervisor **must** refer to the guidance materials located at www.hr.uams.edu, Employee Relations, Corrective Actions, or Manager's Toolkit, prior to taking action.):

(a) If within a twelve-month period, an employee receives (i) a third disciplinary warning (oral warning, written warning & termination) for the same infraction or (ii) three written warnings for unrelated infractions;
(b) Substandard performance, misconduct, or other offenses during an employee's probationary period; or
(c) **Acts of gross misconduct**. Acts of gross misconduct **must** be considered individually and cannot be listed in simple form. However, acts of gross misconduct may include, but are not limited to:
   a. Theft of UAMS property or money
   b. Carrying of unauthorized firearms on the premises
   c. Use of drugs or alcohol on the premises
   d. Acts of violence or a threat directed at another employee, visitor or patient
   e. Violating employee or patient confidentiality
   f. Acts or omissions which seriously jeopardize patient safety
   g. Propping open external doors after the UAMS Police Department locks them for the evening
   h. Falsification of UAMS records in connection with work

**B. Other Disciplinary Actions:**

**Prior to placing an employee on suspension without pay or administration leave, consultation with and approval from DPC Employee Relations must occur.**

(1) **Suspension Without Pay**: If immediate dismissal for cause is not appropriate for repeated infractions or a single serious offense, a supervisor may place an employee on suspension without pay. This means while immediate dismissal for repeated offenses or a single serious offense is too severe, suspension without pay is appropriate. While on suspension without pay, an employee **may not** use accrued leave. Infractions warranting suspension without pay must be considered individually, but may include HIPAA policy violations, sexual harassment, or violations of patient or workplace safety.

(2) **Administrative Leave**: An employee may be placed on administrative leave during investigations of suspected gross misconduct. Administrative leave is appropriate when an employee's absence during an investigation is in the best interest of the employee and UAMS. The employee is placed on leave without pay pending the conclusion of the investigation. While on administrative leave, an employee may not use accrued leave and must be available upon request by the Division of People and Culture. At the conclusion of the investigation, the employee may either be dismissed (effective the last day worked) or reinstated. If the allegations are **not substantiated**, the employee will be reinstated without loss of pay. If the allegations **are substantiated** and disciplinary action, other than dismissal, is administered, the employee will not be paid for the administrative leave time however, the employee may utilize accrued paid leave time, if any, to compensate for missed hours. Please refer to the Employee Relations, Corrective Actions, area of the website to reference the *Discipline-Required Supportive Documentation* handout to assist supervisors in this process.

(3) Suspensions and Administrative Leave requests must be completed in Workday as a business process. Supervisors must complete the employee disciplinary action and upload all relevant documentation to support the request. Please refer to the Employee Relations, Corrective Actions, area of the website to reference the *Administrative Leave/Suspension Checklist for Managers* and *Discipline-Required Supportive Documentation* handout to assist supervisors in this process.

**C. Employee Grievance**

If an employee desires to grieve any employee disciplinary action, it is the responsibility of the employee to follow the procedures outlined in *UAMS Administrative Guide 4.4.16, Employee Grievance Procedure.* Only oral/verbal, written warnings, and terminations can be grieved. Counselings are not discipline and shall not be grieved.

**D. Documenting Disciplinary Actions**

(1) Disciplinary warnings and dismissals must be completed in Workday as a business process. Supervisors **must** complete the employee disciplinary action and upload all relevant documentation to support the request. Quick reference guides (QRGs) on the

Workday business processes are available in the Workday Learning area.

(2) **DPC Employee Relations** must review corrective actions due to **HIPAA violations (all levels)**, corrective actions advancing directly to a written warning, administrative leave and suspensions, and all dismissals.

(3) Employees are sent an electronic copy of their disciplinary action in Workday for comments and acknowledgment. If an employee fails to acknowledge their disciplinary action within 48 hours, it will be considered as "refused to sign" and DPC Employee Relations will advance the disciplinary action process to closure, without the acknowledgment.

**REFERENCES**

UAMS Administrative Guide Policy 4.4.01, Basic Code of Conduct
UAMS Administrative Guide Policy 4.4.16, Employee Grievance Procedure
UAMS Administrative Guide Policy 4.5.17, Employee Transfer/Promotion

**Signature:**  **Date: March 21, 2023**

# Appendix 2

## Pastoral Care Model Progress Note

***The following is a draft of a model note which captures the pertinent information under the recommended headings.***

**Pastoral Care Chaplain Note**

**Type of Visit:** [Initial Pastoral Care Consultation] [Follow-up]
**Date**: [ 8/10/2015]
**Patient's Name:** [Marie Smith]
**Date of birth:** [ 6/27/1952]
**Marital Status**: [M]
**Ethnicity**: [Filipino]
**Religious Affiliation**: [Roman Catholic]
**Faith Community Attended**: [St. Johns, Conway, AR]
**The patient requests a visit from their faith community representative**: [Y]

**Background Information:**
[Marie Smith] is a 63 year old married female of Filipino descent. She is the mother of two adult daughters, both married. She is a Roman Catholic, and when she is able, attends Mass at St. John's in Conway, Arkansas on a regular basis. The patient is open to the Pastoral consultation. Patient indicates she would like to receive communion on a daily basis, and has requested to receive the Sacrament of the Sick. I will contact the parish priest at St. Jude's to inform him of the patient's request.

**Patient Support:**

The patient's husband is present and attentive to the patient, and in conversation relates that there is strong family support.
The patient has two daughters. One of the patient's daughters lives locally, and relieves her father at the bedside of the patient during the time that the daughter's children are in school. The other daughter lives out of state, and is expected to arrive tomorrow in support of her parents as the patient moves toward her natural death.

**Patient/Family Concerns:**

The patient's husband relates that the patient has been diagnosed with end stage COPD, and indicates that his wife does not wish to be placed on the ventilator. The patient's husband further reported that in a prior hospitalization the patient was intubated for an extended period of time, requiring her to have a tracheotomy, and it proved difficult to wean her from the vent. The husband relates that she does not want to go through that

again. The patient nods in agreement at this statement. I note a DNR is indicated in the patient's medical record. The husband relates that the patient's greatest fear is gasping for air which is also very distressing for him to witness, and he reiterates his request to care team that the patient be free of pain at the time of her death.

The patient's husband expects the patient to be discharged to home hospice once the necessary arrangements have been put in place.

**Pastoral Assessment:**

During our conversation, the patient's husband, in tears, holding his wife's hand, indicates that over the years they have had their challenges, but they have loved each other deeply, and he will be there for her until the end. It is evident that the patient and her husband's Roman Catholic faith significantly support them at this time, and that they enjoy strong family support. The patient has expressed a desire to be kept pain free as she moves toward her death. The patient and her husband are very much in touch with their feelings. Both of them grieve for what can no longer be. They express gratitude for what has been.

**Follow Up:**
I will continue to provide pastoral and emotional support over the course of the patient's hospitalization and will coordinate a visit from the patient's parish priest in fulfillment of the patient's request for Sacrament of the Sick.

**Contact Information:**

Susan McDougal
501-414-1092

## Case Study Example

**Pastoral Encounter: Initial Visit**
**Patient Name:** Billy Jones
**Age:** 48
**Location:** Cardiac Unit, Irish Hospital, Little Rock, AR
**Attending Physician:** Thompson
**Chaplain:** Smith
**Date:** 3/4/2025

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**Background and Medical Condition**
Patient is a 48-year-old male admitted for a serious coronary condition requiring surgery. He is currently unemployed and lacks health insurance. He lives alone and is estranged from his only sibling, a sister in New York. Both parents are deceased; his father died of a major heart attack at 68, and his mother passed shortly afterward from what the patient describes as a "broken heart." Raised in a Baptist tradition, the patient has since distanced himself from the church, expressing disillusionment with its perceived judgmental nature. He remains open to the idea that religious communities can have a positive role in society.

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**History and Physical (H&P) Summary**

- **Chief Complaint:** Coronary artery disease requiring urgent surgical intervention.
- **History of Present Illness:** Patient experienced increasing chest pain and shortness of breath over the past three months, culminating in hospitalization.
- **Medical History:** Hypertension, hyperlipidemia.
- **Family History:** Father deceased due to myocardial infarction at 68; mother deceased shortly after.
- **Psychosocial:** Estranged from his only sibling; expresses feelings of isolation and disconnection.
- **Religious/Philosophical Orientation:** Raised Baptist, currently distant from organized religion but retains an ethical framework of compassion and communal responsibility.

**Pastoral Encounter: Verbatim**

**Chaplain Smith enters the patient's room, knocking lightly before stepping inside. The patient is sitting up in bed, looking out the window.**

**Ch.1:** Good morning, Mr. Jones, My name is Chaplain Smith. I'm making my rounds; I visit patients during their hospital stay to offer support. I trust you would be open to a visit?

**Pt.1:** *[Turns to face the chaplain]* Sure. I guess it wouldn't hurt.

**Ch.2:** Thank you. How are you doing today?

**Pt.2:** I've been better. They say I need this surgery, and I don't have a choice. Not exactly where I thought I'd be at 48.

**Ch.3:** It sounds like there's a story to that.

**Pt.3:** *[Sighs]* Yeah. It is. I don't have anyone to talk to about it, really. I'm by myself.

**Ch.4:** Oh, my goodness—you're facing this alone.

**Pt.4:** Yeah. I mean, I have a sister, but we haven't spoken in years. And my folks… they're gone. My dad had a heart attack too. Didn't make it. Mom followed not long after. If you ask me, she died of a broken heart.

**Ch.5:** I hear you saying this brings up a lot—not just about your health, but about family, too.

**Pt.5:** I guess. I don't really know what to do with all of it. It's just there. You must make the best of things when you're by yourself. I've no option…

**Ch.6:** That makes sense and that's not easy.

**Pt.6:** You know, I grew up in church. Every Sunday. But I don't go anymore. It's just not relevant. Too much judging, not enough helping. Love your neighbor and all that takes second place to- judging who's in and who's out. I've no time for that.

**Ch.7:** You sound like someone who's given this a lot of thought.

**Pt.7:** Yeah, well, I've had time. I still think churches could do a lot of good. If they'd stop telling people how to live and just… be there for them.

**Ch.8:** That's important to you—people being there for each other.

**Pt.8:** Yeah. But that's not how it works, is it?

**Ch.9:** It doesn't always seem that way.

**Pt.9:** Nope.

**[Silence for a moment]**

**Pt.10:** It's weird, you know? Being in a hospital bed, knowing they're about to cut you open. Makes you think about things.

**Ch.10:** What kind of things?

**Pt.11:** *[Shrugs]* Just… what comes next. Not just the surgery, but… everything.

**Ch.11:** That's a big question.

**Pt.12:** Yeah.

**[A pause allowing space for the patient's thoughts.]**
**Ch.12:** I appreciate you sharing all of this with me. I'd be glad to check in again if you'd like.
**Pt.13:** Yeah. That'd be okay. I hope you do-Thanks.

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**Pastoral Assessment for Medical Record**
**Patient Name:** Billy jones
**Date:** 3/4/205
**Chaplain:** Smith
**Reason for Visit:** Patient facing significant medical procedure; history of isolation and estrangement; expressed existential concerns.
**Assessment:**

- Patient presents as reflective, articulate, and emotionally reserved, yet open to conversation.
- Expresses feelings of loneliness and disconnection, particularly regarding estranged family relationships.
- Voices disillusionment with religious institutions but maintains a sense of ethical responsibility toward others.
- Indicates underlying anxieties about the upcoming surgery and its broader implications.
- Engages in dialogue but does not seek direct answers or guidance; appears to benefit from presence and nonjudgmental listening.

**Plan:**

- Offer continued pastoral and emotional support, ensuring the patient has space to process his concerns.
- Provide a follow-up visit pre-surgery if desired by the patient.
- Remain attentive to signs of increased distress or existential despair.
- Document any changes in outlook, emotional state, or expressed needs.

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# Appendix 3

## Glossary of Terms Used in Clinical Pastoral Education/Training

This glossary is not exhaustive and is offered as a companion for your CPE journey. The full meaning of each concept will emerge as you present yourself and your work in group and clinical case study presentations, and individual supervision.

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**Psychodynamic Terms**

**Transference:** Feelings and expectations from past relationships unconsciously carried into present encounters.

**Countertransference:** Your own emotional response to another, shaped by your history and inner life.

**Projection:** Attributing your feelings, fears, or traits to someone else.

**Projective Identification:** A more complex form of projection where something projected is contained by another and is unconsciously acted out.

**Enmeshment:** Blurred boundaries making it difficult to know what belongs to you and what belongs to another.

**Primary Process:** The language of the unconscious, including dreams, symbols, slips, and mental images.

**Secondary Process:** The rational, logical mode of thought that helps us analyze and integrate experience.

**Parallel Process:** Dynamics in one relationship unconsciously repeated in another.

**Resistance:** The ways we protect ourselves from what feels overwhelming.

**Holding Environment:** A safe and supportive context that allows growth and exploration.

**Containment:** The ability to bear another's strong feelings without being overwhelmed.

**Boundaries:** Lines that give shape to relationships, defining what is appropriate and safe.

**Anxiety:** Arises when facing the unknown, risk, or vulnerability.

**Integration:** The weaving together of self-awareness, theology, and experience into a developing sense of pastoral identity.

**Pastoral Authority:** The confidence that emerges as you claim your voice and self-understanding as a minister.

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**Family Systems Terms**

**Differentiation of Self:** Staying connected to others while maintaining clarity of your own values, feelings, and identity.

**Triangulation:** Managing tension between two people by involving a third.

**Cut-off:** Emotional or physical distancing to manage unresolved tension.

**Fusion:** Loss of personal identity through blurred boundaries with others.

**Multigenerational Transmission Process:** Patterns of relating and coping passed from one generation to the next.

**Family Projection Process:** Transmission of unresolved parental anxiety to children.

**Emotional System:** Recognition that individuals and families operate as an interconnected system.

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**End Note**

This glossary is not a list to memorize it serves more as a compass. When you notice conflict, anxiety, or strong emotion in your pastoral work or in our group, these terms can help you name what is happening. Naming creates an opportunity for further reflection, and reflection is the ground where pastoral identity takes root and flourishes.

# Appendix 4

## UAMS CPE/T READING LIST

**Books**

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Fortune's Crusade", Issue 52. "The Case of Cardinal Jackson" Issue 34.

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