

# UAMS Clinical Pastoral Education



## UAMS CPE Program Handbook

This handbook provides valuable information about the policies, protocols, and procedures that govern the UAMS CPE training program. Please read this handbook, familiarize yourself with the material, and, when necessary, seek clarification.

NOTE: The Handbook is for educational purposes only and is not to be considered a contract.

# UAMS MEDICAL CENTER

UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

Department of Pastoral Care &  
Clinical Pastoral Education

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Sponsoring Chapter:  
Savannah, Georgia Chapter of  
CPSP

The Clinical Pastoral Education  
Program at UAMS is accredited  
by the College of Pastoral  
Supervision & Psychotherapy  
(CPSP)

The University of Arkansas for  
Medical Sciences is a member of  
and accredited by the North  
Central Association of Colleges  
and Secondary Schools.

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## Welcome to Clinical Pastoral Training

Dear CPE Residents and Interns, welcome to the UAMS Department of Pastoral Care & Clinical Pastoral Training.

You have been appointed to training in this CPE program because you display the essential capability to assume that responsibility with sensitivity and integrity and because of your desire to learn.

Your place here is grounded in our primary responsibility to provide ecumenical and comprehensive pastoral care to our patients, their loved ones, and our colleagues who work and learn here.

During your training, you will be assigned areas of pastoral responsibility that will facilitate your educational goals. We hope you will learn to be a pastoral presence as one who is sensitive and responsive to all patients and staff in a manner that honors diverse beliefs and rich cultural backgrounds.

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

We ask that you sustain the continuity and integrity of your educational process while maintaining the pastoral needs of the Medical Center.

The hours of the program are 8:00 a.m. to 4:30 p.m., Monday through Friday. In addition, Residents and Interns will have 24-hour on-call responsibility minimally once per week. The on-call schedule will be determined in consultation with fellow trainees and require you to stay in the hospital when on-call overnight.

The CPE Program allows you to learn and grow at profound levels. We hope your experiences will be a healthy challenge fostering creative development in surprising and beneficial ways.

We look forward to working with you.

Warm regards-  
*Susan McDougal*



## CLINICAL PASTORAL EDUCATION CLINICAL PASTORAL EDUCATION - AN HISTORICAL PERSPECTIVE:

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

Theological Education, which was almost entirely academic, theoretical, and forensic at that point in history, began to change just as medical education changed. As a result, pastors began using the mentorship approach to learning “at the bedside” in contact with real people and their problems.

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

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

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

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

## CLINICAL PASTORAL EDUCATION IN GENERAL:

Clinical Pastoral Education (CPE) programs provide an opportunity for ministers, seminarians, and lay people to develop pastoral competency within a particular pastoral setting usually a hospital, parish, hospice, or retirement home, and seek to foster the pastor’s self-awareness as a pastoral caregiver.

The CPE approach to training is based upon an "action-reflection" model of learning. Pastoral trainees function as ecumenical chaplains providing pastoral care in assigned areas and use their experience in pastoral encounters as a basis for their learning.

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

## UAMS CPE PROGRAM ACCREDITATION:

The Clinical Pastoral Training Programs at UAMS are accredited by the College of Pastoral Supervision & Psychotherapy, and Clinical Pastoral Education International.



The College of Pastoral Supervision and Psychotherapy  
*The Highest Standard in Clinical Chaplaincy and Clinical Pastoral Training*

### *CPSP Mission Statement:*

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



### *CPEI Mission Statement:*

CPEP's mission 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.

### *UAMS CPE Program Mission: Mission:*

To provide an opportunity for those in training for the ministry, as well as other qualified persons (lay and ordained clergy) already engaged in ministry, a learning environment where they can develop their pastoral care competence, while at the same time providing pastoral care services to the patients' their loved ones, and staff of the UAMS Medical Center.

## CPE PROGRAM STANDARDS:

In general, Clinical Pastoral Training programs follow the Standards set by their accrediting organization. A typical unit of CPE requires a minimum of 400 hours of supervised ministry in a clinical setting. Chaplains in training are assigned to certain areas of pastoral responsibility for clinical pastoral work such as the Emergency Department, or the Intensive Care Unit. Pastoral placement is negotiated with each trainee and the trainee's supervisor. Evening, weekend, and overnight assignments may be necessary depending on the clinical requirements of each unit.

## TRAINING SEMINARS:

While each CPE training program enjoys some latitude in the specific seminars offered, the following seminars are offered at UAMS:

### *The Clinical Case Study:*

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

### *Group Relations or Interpersonal Relationship Group:*

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

### *Didactic Seminars:*

Various interdisciplinary presentations are provided for the group's learning. CPE supervisors and other professionals present talks about pastoral, ethical, and healthcare issues. Trainees may also be able to offer a didactic of their choosing.

### *Reading Reviews:*

Specific reading assignments will be recommended throughout each unit of CPE, and the peer group will meet at regular intervals to review the posted reading materials.

### *Individual Supervision:*

Trainees meet one-on-one with a training supervisor to review pastoral work, reflect on personal and professional growth, and evaluate progress toward individual learning goals. The trainee indicates learning objectives at the beginning of each unit. In addition, a trainee may request personal supervision when necessary. Trainees are encouraged to seek personal supervision on a regular basis.

*Tuition:* Tuition is \$650.00 per unit and checks are payable to UAMS Medical Center. Some scholarships may be available for individuals with limited financial resources. Anyone wishing to apply for a scholarship must do so in writing. Scholarship requests should accompany application materials. Other scholarship opportunities are discussed during orientation.

*Completion of Training:* Upon completion of each unit of 400 hours of supervised training, trainees receive certification for the successful completion of one unit of CPE. Records of completed units are kept at the CPE center where training was completed and are recorded with CPSP.



## GOALS AND OBJECTIVES OF CPE:

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

- To become aware of one's person 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 peer group's support, confrontation, and clarification for the integration of personal attributes and pastoral functioning.
- To become competent in self-evaluation and 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 the 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 various functions such as preaching, teaching, administration, pastoral care, and counseling.
- To become aware of how one's attitudes, values, and assumptions affect one's ministry.
- To understand the theological issues arising from experience and to utilize theology and the behavioral sciences to understand the human condition.

## CLINICAL PASTORAL EDUCATION SUPERVISORS:

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

[Rev. George Hull, Dip.Th., Th.M., BCCC](#), is a Diplomate in The College of Pastoral Supervision & Psychotherapy and a Board-Certified Clinical Chaplain.

## CPE PROGRAM CURRICULUM-COURSE OUTLINE AND DIDACTIC PRESENTATIONS:

### *Unit 1: Narrative Approach to Pastoral Care:*

This approach locates Pastoral Care at the interface of care and the human story. In his book, *At the Will of the Body*, Arthur Frank writes about how sick people operate as storytellers. Illness is both physical and philosophical. The physical nature of illness lands people in the intellectual realm, asking age-old questions about the meaning of suffering. Frank identifies three basic types of narratives into which he categorizes illness stories:

- Restitution narratives, in which an ill person recovers health.
- Chaos stories, in which life never gets better.
- Quests, in which the sickness leads to new knowledge.

For each type of narrative, Frank describes its powers and its limitations. He is deeply concerned with what he terms the pedagogy of suffering and what ill people have to teach society. Although illness stories can contribute to medical decision-making, in Frank's view, their value is not in clinical adjudication; instead, it is in personal becoming.

#### **Didactic Presentations May Include:**

- Narratives of Illness
- Above all else, know yourself. What is your story?
- Encountering the Dying Patient as a Living Human Being
- The Wounded Storyteller, Arthur Frank
- The Man in the Gray Slacks, Frederick Buechner

#### **Recommended Reading:**

Learning to Fall-The Blessings of an Imperfect Life by Phil Simmons

The Diving Bell and the Butterfly by Jean-Dominique

#### **Required reading:**

Out of the Depths by Anton Boisen

Images of Pastoral Care by Robert Dykstra

## *Unit 2: Family Systems:*

The literature indicates that the involvement of loved ones in critical care settings is effective in meeting the needs of families and patients during a medical crisis. This unit presents basic concepts from family systems theory, and we assess the impact of the hospitalization upon the patient and their family. We encounter the patient as a person to discover how this person's illness influences the dynamics of the family and the healthcare decisions making. Bowen family systems theory is a theory of human behavior that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the family. The family systems approach aligns with the UAMS concepts of patient-and family-centered care approach.

Patient- and family-centered care is an approach to planning, delivering, and evaluating health care grounded in mutually beneficial partnerships among health care providers, patients, and their families. It redefines the relationships in healthcare by emphasizing collaborating with people of all ages, at all levels of care, and in all healthcare settings. In the patient- and family-centered care approach, patients and families define their understanding of "family" and determine how they will participate in care and decision-making. A key goal is to promote individuals' and families' health and well-being and maintain their control.

### **General introduction to Bowen Family Systems Theory:**

- Thinking about Families as a System
- Introduction to Family Systems Theory
- Triangulation & Enmeshment
- The Genogram – A Family Snapshot
- Bowen's Theory of Differentiation
- When Helping You is Hurting Me

### **Recommended Reading:**

Black Families: A Systems Approach by Anthony G James

Emerging Best Practices for Preserving the Essence of Family During a Pandemic-IPFCC

### **Required reading:**

Generation to Generation-Family Process in Church and Synagogue by Edwin H. Friedman

Ministry After Freud by Allison Stokes

### *Unit 3: Stages of Faith Development:*

This unit reflects on the meaning of religiosity and spirituality from a practical, theological, and pastoral point of view. We examine the stages of faith development across the individual's life span and explore how a particular patient utilizes their religious beliefs. In this unit, based on the Piaget and Kohlberg stages, we introduce James Fowler's theory of the six stages people go through as their faith matures.

#### **Personality Theorists & Theories explored in Unit 3 include:**

- Sigmund Freud
- Erik Erikson
- Carl Jung
- Karen Horney
- Erich Fromm
- Abraham Maslow
- Carl Rogers
- Victor Frankl
- Harry Stack Sullivan
- Alfred Adler

#### **Recommended reading:**

I Know Why the Cage Bird Sings by Maya Angelou

Faith Development and Pastoral Care by James Fowler

#### **Required reading:**

Man's Search for Meaning by Victor Frankl

Theology of Hope by Jurgen Moltmann

### *Unit 4: A Narrative Reframing:*

Reframing is taking a new look at things from a slightly different angle. Out of this new way of viewing one's world, one's lived experience, comes the possibility for new beginnings, growth, and change. The word "frame" refers to a core narrative we use to put events into perspective and make sense of our lives. Reframing involves:

- Reshaping one's attitudes.
- Changing the storyline that plays out in our minds.
- Changing belief systems about God, Self, suffering, and one's possible future.

In this unit, we explore how a particular patient or a patient's loved ones begin to come to terms with the patient's diagnosis or approaching demise and integrate the experience of hospitalization to re-engage their life. In many ways, the chaplain bears witness and supports the patient's or family members re-envisioning of life's possibilities beyond the medical crisis. "When we are able to 'frame' the event in other ways, we can respond to these experiences differently." Donald Capps

#### **Didactic Presentations in this Unit:**

Generally, there are four main religious reasons that families use to justify continued treatment that is considered inappropriate by the medical team: hope for a miracle, refusal to give up on God, a conviction that life is a gift from God and is to be preserved at all costs, and a belief that suffering is somehow redemptive; therefore, suffering has true meaning.

- **Hope for a miraculous recovery:** A belief in a miracle, an unexpected nature-defying event, is not unusual within a religious worldview, especially in the American Bible belt. Openness to wonder and surprise, inherent in an attitude of faith, discourages a perspective that denies the possibility of miraculous events occurring at critical junctures. Mrs. M's husband hopes for a miraculous recovery considered impossible by the doctors.
- **Refusal to give up God:** The second reason one must not give up on God expresses the believer's personal relationship with God. This reason, unlike the hope for a miraculous extension of life, is not necessarily tied to the life or death of the patient. Instead, the believer understands that the critical issue is whether they have sufficient faith to trust in God in the face of tragedy and assume that God will provide an answer in God's time.
- **A Conviction to preserve life at all costs:** When the wife of Mr. F states that "every day of life is a blessing," she implies a third reason for continued treatment: life must be maintained at all costs. According to this reasoning, each moment of life is precious regardless of its quality. Many will argue that life is a gift from God. However, as with most theological statements, the meaning of such an affirmation depends on its context.

- **The Redemptive Value of Suffering:** Mr. F's wife does not consider alleviating suffering a valid reason to stop life-sustaining treatment. She argues that suffering is redemptive and should not be removed in a knee-jerk fashion.

**Recommended Reading:**

Texts of Terror by Phyllis Tribble

**Required reading:**

Reframing- A New Method in Pastoral Care by Donald Capps

Short-Term Pastoral Counseling and the Use of Reframing-A Guide by Brian H. Childs

SECTION I POLICIES OF UAMS MEDICAL CENTER AND THE DEPARTMENT OF PASTORAL CARE AND CLINICAL PASTORAL EDUCATION

*Stipends:*

The Stipends of Chaplain-Residents are paid monthly. UAMS Medical Center requires the electronic deposit of stipend checks into a bank account. Stipend details are available online on the last working day of each month.

*BENEFITS:*

1. 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.
2. Chaplain Residents may have up to two hours per week away from the department for psychotherapy appointments if the department director approves.
3. Death in Immediate Family: Residents may receive up to three days off with pay, with the approval of the Department Director.
4. Chaplain Residents receive 12 paid holidays. Chaplain Residents are responsible for ensuring on-call coverage during each holiday period.
5. Healthcare insurance is available to Chaplain-Residents. Premiums are deducted from stipend checks. A family coverage plan is available at a higher rate. Additional options, including dental and vision insurance, are also available. The UAMS Medical Center provides basic Life Insurance.
6. All Residents on stipend are eligible to join the credit union. Membership information is available from the credit union office.

### *DRESS CODE:*

The employee dress code is determined by the requirements of each department. Be professional with a warm, welcoming attitude. Adhere to dress codes, and properly wear your ID badge. Chaplain Residents and Interns are to dress professionally with “Causal Business Attire.”

### *CAMPUS 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 runs between these parking lots and the Medical Center. The one exception to this parking policy is accommodation for the Chaplain On-Call, overnight at the hospital. This person may park overnight in Parking Lot 1A with the use of the department hangtag kept in the Seminar Room.

### *SECURITY ON CAMPUS:*

The UAMS Medical Center provides around-the-clock policing services for the security of UAMS employees, patients, visitors, and campus property. Your assistance is needed. Please make sure that your valuables are secured. **If police assistance is required, call 501.686-7777.**

### *UAMS New Employee Orientation:*

Incoming trainees will participate in the orientation process for new Department of Pastoral Care and Clinical Pastoral Education members. Such orientation will generally take place during the first two weeks of the CPE program and includes computer-based training assigned by Human Resources and classroom training for Epic, the software platform used for patient electronic medical records. In addition, trainees will be able to shadow current Chaplain Residents to become familiar with the hospital layout and procedures before beginning on-call duties.

### *HEALTHCARE WHILE At WORK:*

When an employee has an “on-the-job injury” requiring medical treatment, Worker’s Compensation forms must be completed by the Director of the Department. The process begins by calling the Company Nurse Injury Hotline at 1-855-339-1893. The Department Director and the parties involved must complete the necessary paperwork before seeking medical treatment except when the injury involves a needle stick, blood or body fluid exposure, or requires immediate attention.

Individuals who suffer a needle stick injury or blood or 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 serious injuries that require immediate attention should report immediately to the Emergency Department. The I&I form must be completed, and the injury

must be reported to the Company Nurse Injury Hotline as soon as possible after initial treatment.

***PUBLIC INFORMATION:***

All official and public information concerning the Department of Pastoral Care and Clinical Pastoral Education or relating to UAMS Medical Center will be administered through the Director of the Department. At no time is a Chaplain Resident or Intern to speak officially on behalf of the Department or UAMS Medical Center without clearance from the Director.

***HOURS OF SERVICE:***

The Office of the Department of Pastoral Care and Clinical Pastoral Education is open from 8:00 am until 4:30 pm, Monday through Friday. On-call hours are from 8:00 am until 8:00 am the following day for Chaplain Residents during the week. Weekend on-call shifts for Chaplain Interns are typically 8:00 am to 8:00 pm and 8:00 pm to 8:00 am.

***PHOTO ID BADGES:***

All UAMS personnel will be issued a photo identification badge when onboarding with UAMS Medical Center. The ID badge must be worn at the lapel level while on duty. ID badges must always be visible to patients and other staff members. ID badges are not to be worn at waist level.

ID badges will be returned at the end of training before the Department Director issues completion certificates.

***MEALS:***

Chaplain Residents and Chaplain Interns receive a 2% discount on food purchased in the cafeteria; discounts are also granted at Doc Java on the first floor of Ward Tower, in the Lobby Café on the first floor of the Medical Center, in the Gathering Place on the first floor of the Cancer Institute, and the cafeteria in the Reynolds Center on Aging. A UAMS ID badge is required for discount.

***INCLEMENT WEATHER:***

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



**TELEPHONES:**

The Department of Pastoral Care and Clinical Pastoral Education’s telephone number is 501-686-6888. When issued to Chaplain Residents, cell phones are for official business purposes only. The Chaplain Resident on-call shall be available by phone at all times to respond to any emergencies.

- On-Call Pager: 501 688 2060
- On-Call Cellphone: 501 516 9120
- Department Director-Susan McDougal: 501 414 1092
- CPE Supervisor - George Hull: 904 627 4077
- Staff Chaplain Sausen: 501 266 9853
- Staff Chaplain

***In Patient Nursing Units:***

For a description of the UAMS Inpatient Clinical areas, please follow the blue hyperlinks:

[Inpatient Clinical Areas](#)

[Women and Infants](#)

***Drug Free Campus Program:***

The Department of Pastoral Care and Clinical Pastoral Education supports and adheres to UAMS Medical Center policies regarding drug and alcohol abuse and prevention policies.

SECTION II CLINICAL PASTORAL EDUCATION PROGRAM

***Administration and Governance:***

Administration Authorization and Structure: Each Chaplain Resident and Chaplain Intern will be administratively responsible to the Director of the Department or the Director’s designee who is their immediate supervisor. CPE Trainees must clear all administrative matters with the Director of the Department unless specified in Departmental policies.

Chaplain-Residents and Interns will demonstrate an interest and commitment to the whole work of the Department and be prepared to share in the work as a pastoral colleague in an appropriate professional manner and with accountability.

### *CPE Program Admission Policy:*

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

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

### *The Year-Long Residency Program:*

In addition to the completion of the standard application the following apply:

1. Graduation from an accredited seminary, or concurrent enrollment in a seminary degree program of which a CPE year is an integral part; or ordination, licensure, or certification in a religious avocation with experience in same; or if the applicant is a layperson, sufficient evidence of equivalent professional education or experience.
2. Appropriate ecclesiastical or seminary endorsement to engage in the CPE program.
3. Preference is given to applicants who have successfully completed one unit of CPE.
4. An admission interview by a CPE supervisor in person or by ZOOM
5. Acceptance for training by the supervisor of the CPE Center

### *Summer Full-Time Intensive Unit:*

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

### *Part-Time Extended Unit*

Completion of the standard application.

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

### *General Admissions Criteria:*

A Capacity for functioning ecumenically and in an interdisciplinary manner.

1. Capacity for utilizing one's experience for learning.
2. Capacity for using the clinical method of learning.
3. Capacity for exercising and relating to authority.
4. Autonomy and interdependence in functioning.
5. Proficiency in the English language: CPE programs typically include a combination of lectures, group discussions, and reading and writing assignments. In addition, you need an adequate command of English in all skill areas (listening, speaking, reading, and writing) to participate successfully in a unit of CPE.
6. Ability to meet the physical demands of being on-call.

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

### *Admission Procedures:*

The Director for Pastoral Care and Clinical Pastoral Education programs coordinates the admission process, including publicity announcements and all public statements pertaining to the CPE training programs offered at the training center. The Director corresponds with applicants, reviews application materials, schedules interviews, administers the selection process, and communicates admission decisions.

In addition, the Director of training oversees the provision of scholarship information and the collecting of tuition fees. The Director of the CPE training program ensures that all information and application materials are current and available on the UAMS CPE Program website.

As completed applications are received, they will be reviewed and considered on individual merit and in consort with the training group's trainee composition determined by the non-discrimination policy, the diversity principle, and the admission criteria detailed above.

Applicants will be informed whether they have been appointed to training. Those admitted to training must send written confirmation of their intention to pursue the program. Those not admitted will be informed to that effect. Admissions to the program are closed as soon as sufficiently qualified students are accepted and acceptance of appointment to training confirmations are received.

#### *Dismissal Policy:*

The CPE Resident's continuance in the program from one unit to the next is contingent upon the trainee's successful completion of each preceding unit. Dismissal from the Residency program will only occur after consultation with one's supervisor.

When a trainee/employee's performance or conduct falls below departmental expectations and UAMS standards, a disciplinary notice may be issued. Decisions to place an employee on a disciplinary notice will be made without regard to race, color, religion, gender, age, sexual orientation, national origin, disability, genetic information, or veteran status.

The following are considered reasons for dismissal:

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

#### *Drug Testing:*

UAMS enforces a drug testing policy for employees in patient care and or safety-sensitive positions in three instances: pre-employment, for cause, and random. The tests are conducted and validated by an independent medical lab, and other steps are taken to ensure that employees' test results are treated confidentially. Failure to pass a drug test may result in disciplinary action, up to and including termination. An employee's refusal to take a drug test will result in immediate dismissal.

#### *Tobacco Use:*

Employees, students, and all others are prohibited from smoking on or in all UAMS-owned or leased properties, UAMS-owned or leased vehicles, and UAMS adjacent grounds, including parking lots and ramps. A law entitled the Arkansas Clean Air Campus Act of 2009 prohibits smoking or the use of smokeless tobacco on campuses of state-supported higher education institutions. Penalties for smoking convictions are \$100 to \$500 per violation. The UAMS Police Department will enforce this law and issue official citations. In addition to monetary fines, standard disciplinary procedures are to be used for employee compliance problems. Repeated violations may result in progressive disciplinary actions, including termination.

### *Sexual Harassment*

All employees and students have a right to work in an environment free of discrimination, which includes freedom from harassment. It is the policy of the UA System to prohibit sexual harassment of its employees in any form. Such conduct may result in disciplinary action up to and including dismissal.

UAMS defines sexual harassment as any unwelcome sexual advance, request for sexual favors, or any physical or verbal behavior of a sexual nature, either in or out of the workplace, when submission to or rejection of the conduct is either explicitly or implicitly made a term or condition of employment; submission to or rejection of behavior that will influence any personnel decision regarding that employee's employment; and behavior that reasonably interferes with an individual's work performance, creating an intimidating, hostile, or offensive environment for work.

Employees or students who have complaints of harassment should report such conduct to their supervisor, manager, or the Office of Human Resources. When investigations confirm the allegations, appropriate corrective action will be taken. The complete policy that prohibits Sexual Harassment can be found in UAMS Administrative Guide Policy 3.1.48.

### *Romantic Relations between Trainees:*

While we encourage comradery, teamwork, and friendships, dating between trainees is not encouraged. Romantic and or sexual relationships between trainees undermines the group experience compromises the learning process and may result in dismissal from the Program.

### *CPE Program Fees:*

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

### *Training Fee:*

Tuition for each unit of CPE is \$650.00 for both Residents and Interns, and payable on the first day of the given CPE unit.

### *Ecclesiastical Relationships:*

All CPE trainees must maintain a good standing with their 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 grant degrees. However, according to their curriculum policies, many seminaries and other educational institutions grant credit for CPE. Therefore, trainees interested in securing credit should make appropriate arrangements with their respective institutions; this CPE Center does not assume that responsibility.

### *Leave Requests:*

Request for leave will be considered in relation to pastoral service needs within the hospital and the educational schedule of the CPE program. In addition, trainees must clear their requests with the Director of the Department before taking leave.

### *CPE Program Records Policy and Procedures:*

This CPE Center's policy is to maintain trainee records and all other CPE Program records in compliance with applicable federal and state laws and CPSP standards and guidelines.

### *Confidentiality of Trainee Records:*

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

### *Access to Trainee Records:*

The trainee's official training file 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 trainee's evaluations will only be released to others when the trainee provides a written release. The CPE supervisor may keep process notes on the trainee. These process notes are for the exclusive use of the writer and are not considered a part of the trainees' record. They are kept separately from the student record.

### *Exceptions to the Release of Records:*

The law and CPSP guidelines provide for certain exceptions concerning the release of information to protect the health or safety of the trainee or for an accreditation site review. Personal data will not be released to an entity or for research purposes without the prior written consent of the trainee.

### *Content of Trainee Records:*

During the trainee's tenure in the CPE Program, all records will be kept in the trainee's training file. The training file will include application materials, case studies, other clinical reports, reading reports, trainee and supervisory evaluations, committee action reports, and correspondence. The trainee's file will be thinned when training is complete or if the trainee is terminated from the CPE Program. The trainee evaluations will remain on file for five years.

### *Custody of Records:*

The Department of Pastoral Care and Clinical Pastoral Education Training has custody of all CPE Program records, including trainee files. The Director of the Department is responsible for maintaining of all program records including the trainee files.

If the Center is without a director, all trainee files, and other CPE Program records, will be in the custody of the institution's Executive Director for Clinical Programs or their designee. In the

event the Center should be closed or cease to be accredited, all trainee records and other applicable Program records will be sent to the CPE accrediting organizations. In addition, the trainee is responsible for maintaining their own file for future use.

#### *Commitment to the CPE Program:*

Trainees are accepted into training with the understanding that they will commit themselves to the duration of the program to which they are appointed.

#### *CPE Program Trainee Rights and Responsibilities:*

This CPE Center's policy is to be open with trainees and applicants regarding the CPE Program expectations and requirements, as well as the rights and responsibilities of trainees appointed to training. In addition, each trainee is responsible for reading and understanding the CPE requirements in this Training Handbook.

#### *Trainee Rights:*

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 have a responsibility to read and understand these Standards. CPSP Standards are available to you in the CPE Seminar Room or online: CPSP Standards.

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:

- Trainees 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.
- Trainees have a right to be informed of this CPE Center's financial policy and procedures insofar as they affect you as a trainee.
- Trainees have a right to register a complaint or 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.
- Trainees have a right to have their student records maintained consistent with CPSP Standards. These standards assure you that your CPE trainee's 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.
- Trainees have a right to be informed in writing of their 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 CPSP Diplomates in Clinical Pastoral Supervision should comply with specific 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 your rights are honored.

### *CPSP Standards:*

For this Center to be accredited by CPSP, Inc., this Center must meet specific standards. In addition, 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 when informal discussion and pastoral communications do not resolve differences and the complainant or complainants desire to register a complaint.

### *Procedures for Handling Complaints:*

In the event you wish to file a complaint concerning the CPE Center, CPE Program, or a CPE Supervisor's ethical and professional conduct. In that case, you may register your complaint according to the following procedures:

If you have cause for a complaint while enrolled in a CPE unit or if you discern one after completing a CPE unit, it is your right to register the complaint within six months of the event/s as per CPSP Standards and Code of Professional Ethics.

**Step One:** If you have a complaint, you should present the complaint to the Director in the event the complaint concerns the CPE Center or the CPE Program or to the CPE Supervisor in question. The goal is to address the concerns face-to-face and in a spirit of collegiality and mutual respect to resolve the matter. The complaint should be presented as soon as possible after the difficulty arises.

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

The Standing Committee for Complaints will study the written complaint and letter describing the dissatisfaction. If the Committee decides that a hearing is warranted, the Committee will schedule a meeting within 30 days of the Director 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 make a good-faith attempt to resolve the complaint.

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

### The Professional Advisory Council (PAC):

Over the years, the UAMS Department of Pastoral Care & Clinical Pastoral Training has been intentional about developing a breadth of relationships with the inter-faith communities in the greater Little Rock area and across the state.

An important way the department's relationship with the faith communities has benefited the Department is through the Professional Advisory Council (PAC). The PAC is comprised of members representing the broad spectrum of faith traditions who represent the greater Little Rock community and UAMS Medical Center personnel.

The Professional Advisory Council provides a supportive and consultative role for the program's faculty and trainees. And, importantly, each of the Advisory Council's members brings a breadth of professional expertise and faith commitment linking the CPE training program back to a broad spectrum of faith community networks of caring support.

The CPE training program at UAMS emerged as a grass roots effort by the local clergy to provide a pastoral presence in the clinical setting, so it is a natural for the Program to maintain the close ties to the community of faith that were so instrumental in its birth, growth, and continued development.

The PAC is committed to excellence in Pastoral Care and Clinical Pastoral Education in a way which both services the Medical Center and the larger community.

The PAC serves in an advisory and consultative capacity and supports the Department of Pastoral Care and Clinical Pastoral Education through:

- Envisioning, planning and consultation
- General advocacy and support
- Program assistance and advisory guidance

PAC members serve with a sense of responsibility which grows out of their commitment to promote compassion, health, and wholeness in the clinical environment. Professional Advisory Council Public Profiles:

- [Chaplain Susan McDougal, M.S., BCCC, Director of Pastoral Care & CPE](#)
- [Robyn Horn, J.D., UAMS Director, Risk Management, Patient Safety, & Patient Relations](#)
- [Lance Lindow, RN, UAMS Emergency Department](#)
- [Carla Robertson, UAMS Clinical Documentation Improvement Specialist](#)
- [Ed Horton, RN, UAMS Director, Critical Care](#)
- [Sarah Harrington, MD, UAMS Palliative Care Team](#)
- [Rev. Joanna Seibert, MD](#)
- [Rabbi Eugene Levy, Retired](#)
- [Dr. O. Jerome Green, President, Shorter College](#)
- [Rev. Steve Copley, former director Interfaith Arkansas](#)

The CPE Individual Learning Contract: 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 completed learning contracts 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.

[The Purpose of the Clinical Case Study:](#) To have an appropriate format to report clinical work so peers and supervisors, considering the objectives of CPE and the individual trainee, can

provide feedback and enhance individual and group learning. Presenting yourself and your pastoral work for consultation requires careful attention on the part of the trainee and a fair amount of vulnerability. In addition, the Clinical Case material represents a privileged conversation that must be treated with respect and handled in an appropriate professional manner. Throughout a unit of CPE, trainees will present six to ten clinical case presentations on a rotational basis. An individual supervisory session may also be an occasion to present clinical case material. Note a critical incident report may be substituted for a clinical case study when applicable.

### The Clinical Case Study Outline:

The Case Study is a key tool for instruction and reflection. The following template is provided

<b>Case Study: #</b>	
<b>Chaplain:</b>	<b>Date Presented:</b>
<b>Date of Visit:</b>	<b>Admission Date:</b>
<b>Patient Name:</b>	<b>Floor:</b>
<b>Patient Age:</b>	<b>Length of Visit:</b>
<b>Gender:</b>	
<b>Ethnicity:</b>	
<b>Marital Status:</b>	
<b>Religion/ Belief System:</b>	
<b>Diagnosis/Prognosis:</b>	

for use in preparing case studies for presentation to the group.

#### II. Background Information:

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

#### III. Preparation/Observations:

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

**IV. Verbatim:** In this section, include verbal and non-verbal communication. Put non-verbal communication in parentheses () and number the lines of the dialogue, and note the speakers as follows: c-1 (for chaplain), P-1 (for patient), D-1 (for doctors) or N-1 (for nurse), appropriately.

**V. Reason for presenting this patient:** State the purpose for presenting this case.

**VI. Analysis of the Patient/Chaplain Encounter:**

- Note the underlying dynamics, concerns of the patient, the family, the hospital system and how they might affect the patient.
- What is the meaning of the illness for this patient?
- What is your pastoral diagnosis of the dominant problem facing the patient?
- Are there any remaining questions about his patient, puzzling features?
- 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?
- What are the ethical issues?
- What could be changed to enhance the patient's healing and enable personal development?

#### **VI. Pastoral functioning in the Encounter:**

- Evaluate your successes and failures; where you did well, what you did well; what you would do differently.
- Did personal issues become enmeshed with those of the patient? How? Were you able to keep enough objectivity to allow the patient to work through his/her issues?
- Describe the levels of empathy, rapport, and your feelings about the patient. How do you think the patient felt throughout this encounter with you?
- 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?
- Write any theological reflections you may have.
- How are your learning goals reflected in this encounter? What did you learn about yourself, pastoral care, and the hospital system?
- 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, and religion?
- The purpose of complete and accurate patient record documentation is to foster quality and continuity of care. It creates a means of communication between the interdisciplinary team delivering care to the patient concerning the patient's health status, treatment, planning, and goals of care.

The [Clinical Case Seminar](#) serves as an indication of the trainee's conceptual competence, and facilitates the trainee's integration of theory, theology, and the practice of pastoral care. Additionally, peer-feedback emphasizes peer consultation as a reflective practice and a model for ongoing professional development with accountability.

**Critical Incident Report:** A learning situation can be a critical incident or experience rather than a “normal” visit.

**Critical Incident Report:**

**Chaplain:**

**Date of**

**Writing:**

**Location:**

**Date of Incident:**

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.

**1. WHO and WHERE:**

- Who is involved? Insofar as possible, protect the specific identity of others involved. Background of events and relationships that led to this “incident.”
- 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 THIS INCIDENT CRITICAL FOR YOU?**

**4. PASTORAL ASSESSMENT OF THE INCIDENT**

- As relevant, in terms of:
- Psychological issues
- Sociological issues
- Ethical issues raised
- Theological issues

**4. WHAT DID YOU LEARN FROM THIS INCIDENT?**

## Guidelines for Final Trainee Evaluations

- Trainee Name:
- Unit of Training:
- Faith Group:
- Supervisor/s Name them

### **Your unit evaluation is intended for you to:**

Reflect on what you have learned, and how this clinical pastoral training experience has influenced the development of your:

- Self-awareness
- Pastoral Identity
- Pastoral Authority
- Learning Goals

Be specific and concise reflect on the following areas:

#### **1. Comment on what you learned in relationship to patients this unit.**

- (A) Briefly describe your floor assignments and give examples what you have learned from your patient encounters?
- (B) In what ways have your cultural values influenced you as you relate as a pastoral care provider.
- (C) What are your strengths and limitations?

#### **2. Comment on your relationship with your peers and name them individually.**

- (A) Have you allowed your peers to participate in your growth?
- (B) Reference your experience with peers in case reviews and group relations seminars.
- (C) What have you learned most from the clinical method of learning

#### **3. Comment on your relationship with interdisciplinary staff.**

- (A) What does your relationship with the interdisciplinary staff say about you?

#### **4. Comment on your relationship with Supervisors.**

- (A) How have you utilized supervision?

#### **5. Comment on any theological reflections.**

- (A) What has been important to you theologically this unit?

#### **6. Evaluate the training program.**

## SECTION III THE CLINICAL PASTORAL ROLE: DUTIES-EXPECTATIONS AND RESPONSIBILITIES

**Documentation in the Patient's Medical Record:** The purpose of complete and accurate patient record documentation is to foster quality and continuity of care. It creates communication between the interdisciplinary team delivering care to the patient concerning the patient's health status, treatment, planning, and care goals. Pastoral Care documentation in the patient's medical record will occur in real-time, i.e., when the service is provided and no later than 24 hours after the pastoral encounter. The essential rule of medical documentation is, "If it has not been documented, then it has not taken place." Medical documentation is required to record pertinent facts, findings, and observations about an individual's health history including past and present illnesses, examinations, tests, treatments, assessments, and outcomes.

**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 \$25 or less may be accepted.

In the event a chaplain is requested to conduct a wedding or a funeral on their own time and is duly recognized by the state to perform such a function. In that case, it is acceptable for the chaplain to receive an honorarium for delivering this service.

**Interdisciplinary Team Meetings:** The pastoral trainees are expected to attend and participate when Interdisciplinary team meetings occur within their assigned clinical areas and at a time that does not clash with scheduled program training events.

**Sacraments:** Pastoral Residents and Interns should conduct sacramental acts with patients and their families, following the rubrics of their faith tradition when requested by the patient. At times the most responsible course of action is to make a referral to a Roman Catholic priest or the patient's minister or pastor to provide sacramental requests.

**Baptism:** While Baptism is more appropriately performed in the context of a parish setting, emergencies arise in a hospital which may necessitate the immediate provision of this sacrament as the only appropriate pastoral response. All churches recognize Baptism as a rite of initiation that, by definition, is based on the family and the wider church community. Thus, a request for infant Baptism may only be initiated by the parent or parents of the infant. The Chaplain Resident or Intern should encourage the presence of the family members and loved ones when possible.

When a Baptism is conducted at the UAMS Medical Center, a record shall be entered in the Record of Baptisms ledger maintained in the CPE seminar room. The Baptism should also be recorded in the patient's medical record. Baptismal Certificates in English and Spanish are in the pastoral care folder in the seminar room, together with the instructions to complete them. The chaplain/pastoral trainee providing the Baptism shall follow these directions in a pastoral and professional manner. Contact the Director of the Department if further assistance is required.

### Holy Communion:

The Eucharist, Holy Communion, or the Lord's Supper is to be administered with theological integrity considering the religious identity of the patient and their loved ones and the ecclesiastical tradition of the Chaplain. When communion is 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. When a Roman Catholic patient requests the sacrament of Holy Communion or anointing of the sick the Chaplain or Chaplain on-duty shall call the Roman Catholic Parish assigned to provide sacramental support to UAMS patients to convey the patient's request.

### Chapel and Worship Services:

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

### Department Library:

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. In addition, the CPE trainees have access to access to UAMS Medical Sciences Library. The library provides additional access to digital technology and classrooms and personal study space for use by Staff, Residents, and Interns.

### Religious Literature:

With the support from Gideon's International, the Pastoral Care Department ensures a supply of New Testaments and Bibles situated in the CPE Seminar Room. These religious texts are accessible for distribution to patients exclusively when requested. If requested for a Bible delivery, the chaplain should personally hand it over to the patient and take advantage of the opportunity for a pastoral care visit. All religious materials used within the hospital need approval from the Director of Pastoral Care. Individuals or religious groups are not permitted to circulate religious literature or symbols to anyone outside their own faith community. Any deviation from this policy should be promptly reported to the Director.

### Group Work with Patients or Staff:

Chaplain Residents and Chaplain Interns are required to obtain approval from the Director of Pastoral Care prior to initiating any group activities within the hospital or on the UAMS campus. Furthermore, Chaplain Trainees must ensure that they have obtained permission from relevant staff in the clinical area where the pastoral group activities will take place.



**On Call Duty:** Chaplain Residents and Chaplain Interns are required to be on-call overnight at least once a week. During these times, the designated Chaplain On-Call will be the sole chaplain available in the hospital to respond to any type of call. This position requires the Chaplain On-Call to have a thorough knowledge of the hospital layout in order to respond quickly. Moreover, they should be physically able to walk long distances, potentially up to 3-4 miles or more, during a 24-hour on-call shift. The specified procedures for on-call shifts include:

1. The Chaplain On-Call is responsible for promptly receiving and responding to all incoming calls. The specific manner of response will be determined by the Chaplain On-Call, who has several appropriate pastoral response options at their disposal. These options include, but are not limited to, referring the call to the chaplain designated for the relevant area of pastoral service, deciding to delay immediate follow-up if the situation can be appropriately managed later, or directly addressing the call themselves without delay. If the Chaplain On-Call provides pastoral care in sections of the hospital that are assigned to another resident chaplain, it's important for the on-call chaplain to subsequently communicate the intervention to the chaplain responsible for that particular unit.
2. An On-Call Pastoral Care Record is kept in the Pastoral Care seminar room. The Chaplain On-Call is responsible for making relevant entries in this record at the time of each pastoral intervention. The documentation should be brief, clearly written (printed), and prepared to be reported during the morning report.
3. The training day will commence with the Morning Report, held in the CPE seminar room and attended by all residents and interns. During this session, the goal is to collectively review the events and engagements that took place during the previous twenty-four (24) hours of on-call duty. It's also the time for passing on the pager, cell phone, and Vocera to the individual taking over the on-call responsibilities, along with any essential referrals for subsequent actions. The Morning Report is akin to a learning opportunity, similar to the Clinical Case Study; chaplains are expected to be punctual for this session.
4. In the event that a chaplain needs to swap an on-call day with another chaplain, the responsibility for arranging coverage will lie with the individual seeking the exchange. Furthermore, the chaplain who intends to modify the on-call schedule should promptly inform the Chief Resident. This notification is essential for updating the on-call schedule to accurately reflect the change.
5. The Chaplain On-Call will have a duty shift lasting twenty-four (24) hours. Both Chaplain Residents and Chaplain Interns are obligated to remain present at the hospital and medical center throughout the entirety of their on-call duty period.
6. During evening on-call shifts, responsibilities entail monitoring the printer in the Seminar Room for Palliative and Pastoral Care Consult requests and promptly conducting the requested visits.
7. The Chaplain On-Call is an integral member of the Trauma Team. In the event of a trauma page, the Chaplain On-Call will respond promptly by proceeding to the Emergency Department. A trauma page holds higher priority than a standard page. The Chaplain On-Call will be allocated sleeping quarters (Central 3A/314), access to shower facilities, and meal tickets to cover meals during their duty shift.
8. The on-call chaplain is expected to participate in the morning training seminars on the day following their overnight duty.

### Clergy Liaison:

The Pastoral Care Department has a vital role in overseeing and facilitating the work of local and area clergy at the UAMS Medical Center. One of its key responsibilities is to establish and nurture strong, meaningful connections between church members and their clergy. This is where Chaplain Residents and Interns play a crucial part. They dedicate their efforts to respecting and bolstering these relationships, ensuring that patients and their families receive the necessary spiritual care and support during challenging moments. In cases where a patient or their loved one makes a request, the Chaplain Resident or Intern will reach out to the patient's local parish. The purpose is to arrange a pastoral visit from the patient's clergy as desired.

### Patients and Healthcare Decision Making:

Respecting patients' ability to make their own decisions is a fundamental principle of ethical healthcare. Some healthcare questions are intricate and call for careful contemplation. A crucial function of Pastoral Care is to support patients, families, physicians, and hospital staff as they navigate challenging decisions and plans related to healthcare.

Patients have the capability to express their healthcare preferences and provide advance indications of these preferences to loved ones, doctors, and healthcare providers through an "advance directive." This includes creating a "living will" and designating a "durable power of attorney or healthcare proxy."

Federal regulations regarding patient rights mandate healthcare institutions to furnish all patients, or their guardians, with written information outlining their right to make healthcare decisions. This encompasses the right to accept or decline treatment and the right to establish advance directives regarding their healthcare. An advance directive conveys a patient's wishes when they are unable to communicate.

Chaplain Residents and Chaplain Interns have a significant role in informing patients about their rights and respecting their choices. Upon a patient's admission to the hospital, they are routinely asked if they have established any advance directives. If they have, this information is documented in the patient's records. Several family consultation rooms are accessible for chaplains, physicians, and staff members to hold private discussions with patient families. Chaplain Residents and Chaplain Interns can ask the Nurse Manager in charge of the specific floor to provide access to a Family Consultation Room upon request.

### Unknown or Confidential Patients and The Sharing of Medical Information:

During their duties, chaplains might come to know the identities of individuals who enter the hospital indicated as "Unknown" patients. Additionally, some admitted patients may desire to keep their hospitalization private. In both situations, Chaplain Residents and Interns must refrain from disclosing any information, including simply acknowledging their presence at the hospital, concerning these patients. Permission from either the patient or the nursing staff must be secured before any information is shared. There is no exception to this policy.

Any questions regarding a patient's medical condition should be directed to the patient's assigned nurse or doctor. The chaplain is not tasked with offering any medical details to patients or their family members. In the unfortunate event of a patient's passing, it is the duty of the physician to communicate the news of the patient's death to their loved ones.

## Health Insurance Portability and Accountability Act (HIPAA)

Comprehensive privacy legislation, referred to as the Health Insurance Portability and Accountability Act (HIPAA), was enacted by Congress in 1996. It underwent finalization on December 28, 2000, and received its last set of modifications on April 14, 2002. The act officially came into effect on April 14, 2003.

The fundamental aim of HIPAA is straightforward: to maintain a strong emphasis on patients' confidentiality rights and requirements, without hindering their treatment. It ensures that patients are well-informed about their rights regarding their care and the necessary sharing of information for that care, all while safeguarding their privacy.

### **The HIPAA Privacy Rule:**

The HIPAA privacy rule stands as a comprehensive federal regulation designed to safeguard patients' privacy concerning their medical records. The issue of maintaining patient confidentiality has been on the federal government's radar for a considerable period. In 1996, Congress recognized the necessity for nationally standardized privacy standards for patient records when they enacted the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In November 1999, the United States Department of Health and Human Services (HHS) introduced proposed regulations to ensure patients' new rights and safeguards against the inappropriate or unauthorized disclosure of their health records.

HIPAA's medical privacy regulations, as part of the Health Insurance Portability and Accountability Act (HIPAA), control the utilization and sharing of patients' personal health information, commonly referred to as "protected health information" (PHI). Its core objective is straightforward: to maintain a firm grip on patients' confidentiality rights and requirements without hindering their treatment. This includes ensuring that patients fully understand their rights regarding the care they receive and the necessary sharing of information for that care, all while upholding their privacy. HIPAA offers patients protection in terms of their right to privacy.

In your capacity as a Chaplain in Training, you are only permitted to access confidential information when it's necessary for your legitimate responsibilities in this role and on a need-to-know basis. As a pastoral Resident or Intern, it's your responsibility to ensure that you take the required measures to avoid any misuse of protected health information (PHI) and prevent unauthorized individuals from gaining access to confidential information.

**Pastoral Care Scope of Service:** The provision of pastoral care and counseling services (including but limited to pastoral assessment, pastoral and emotional support, crisis intervention, grief and bereavement support, sacramental ministry, worship opportunities, liaison with community clergy, and ethics consultation.) to patients, patient's loved ones, and staff of UAMS Medical Center.

**Patient Population:** Infant, adolescent, and adult patients.

**Standards of Practice:** UAMS Medical Center Policies and Procedures; Standards of The College of Pastoral Supervision & Psychotherapy (CPSP)

**Availability of services:** Pastoral Care (Clinical Chaplaincy) services are available 24 hours per day seven days a week.

**Resources to provide service:** A staff of CPE Supervisors, Staff Chaplains, Chaplain Residents, Interns, and Administrative Support Personnel

**Purpose:** This policy aims to ensure that patients and their loved ones receive appropriate pastoral and emotional support within their cultural and religious beliefs while a palliative care patient. This policy outlines the role of the Department of Pastoral Care in providing pastoral support and the procedures for meeting this policy.

**Policy:**

1. The Department of Pastoral Care is responsible for providing pastoral and emotional support to patients and their loved ones in the palliative care service when requested by the Palliative Care Chaplain or if the Palliative Care Chaplain is unavailable by the patient's RN or Medical Team. The Palliative Care Chaplain will provide a list of patients requiring an initial Palliative Care consultation by noon each workday to the Director of the Pastoral Care Department or the Director's designate.
2. The Director of The Pastoral Care Department will assign the indicated Palliative patients to a Staff Chaplain or a Chaplain Resident to provide an initial Pastoral Consult. The Pastoral Care Assessment will be documented in the Patient's medical record. The Director of the Pastoral Care Department or the Director's designate will review the Pastoral Care Assessment to ensure the quality of the documentation.
3. Should a patient require a visit from a representative of their own faith community the Chaplain will communicate the patient's request to the patient's faith community. The request will be documented in the patient's medical record and conveyed via the secure chat appt to the Palliative Care Chaplain.
4. In the event the patient or patient's family member requests follow-up pastoral support the Chaplain or Pastoral Resident will document the request in the patient's medical record and convey it via the secure chat appt to the Palliative Care Chaplain.

**Procedure:**

1. Identification of patient's cultural and religious beliefs: The Department of Pastoral Care will work with the interdisciplinary team to identify the patient's cultural and religious beliefs and practices. This information will be documented in the patient's medical record.
2. Provision of pastoral support: The Department of Pastoral Care will provide spiritual and emotional support to patients and their families in accordance with their cultural and religious beliefs. The Department of Pastoral Care will respond to patient and family requests for pastoral support and coordinate with the interdisciplinary team to ensure that patients receive comprehensive care.

**In the event of the Palliative Care Chaplain's Absence:**

1. The Palliative Care Chaplain will inform the Director of Pastoral Care of their intended absence in a responsible manner.
2. A Staff Chaplain or Pastoral Trainee will be assigned to Palliative Care Service, attend the Palliative Care Interdisciplinary Team meeting, and remain available for consultation via TEAMS as needed.
3. The Palliative Chaplain's designee will communicate to the Director of Pastoral Care the list of patients requiring initial Pastoral assessment or follow-up support.
4. Upon their return, the Palliative Care Chaplain will inform the Director of Pastoral Care to facilitate a smooth hand-off between the assigned Chaplain/Pastoral Trainee Palliative Care Chaplain.

**Collaboration with the interdisciplinary team:**

The Department of Pastoral Care will collaborate with the multidisciplinary team to ensure that patients receive pastoral care that meets their spiritual, religious, and emotional needs. The Department of Pastoral Care will provide input on the patient's spiritual, religious, and emotional needs, and the interdisciplinary team will ensure their care aligns with the patient's cultural and religious beliefs and values.

1. The Department of Pastoral Care works collaboratively with the Palliative Care interdisciplinary team, including physicians, nurses, chaplains, and social workers, to ensure patients receive meaningful care that meets their spiritual and emotional needs.
2. Reporting and documentation: 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 Department of Pastoral Care will report 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.

**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. The CPE Resident performs other duties as assigned.

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

Fulfills educational requirements of the residency year of Clinical Pastoral Education. Demonstrates standards of performance ownership, teamwork, clear communication, and compassion that support a patient and family care approach. Performs other duties as assigned.

**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 and abides by the CPE program policies, protocols, and procedures.

**Experience:**

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

POLICY: EXTENDED ABSENCE FROM THE CLINICAL PASTORAL TRAINING PROGRAM

To All CPE Trainees,

We understand that the successful completion of each unit of Clinical Pastoral Education hinges on your active involvement in morning reports, clinical case presentations, interpersonal group sessions, and other didactic presentations. Your presence and engagement are required elements of the training program.

If, due to unforeseen circumstances, you are unable to attend two or more consecutive sessions of any training seminar, we consider this an "Extended Absence." We want to ensure that your learning journey is not hindered by such challenges. Should you foresee an extended absence, you are required to inform the Director of Pastoral Care before your absence begins.

In the unfortunate event of emergencies, such as serious illness within your immediate family, significant family hardships, or personal disability, please inform the Director of Pastoral Care as soon as possible. We want to support you during difficult times.

Once we are aware of your situation, the Director of Pastoral Care, together with your Clinical Pastoral Education Supervisor, will collaborate to devise a suitable plan for you to make up for the missed time. While coordinating with the CPE Supervisor or obtaining notes from fellow participants is helpful, remember that active participation within the group setting is an invaluable and required aspect of your Clinical Pastoral Training.

It's crucial to communicate any foreseeable extended absences promptly to the Director of Pastoral Care. We also understand that unexpected situations can arise but notifying us promptly will help us ensure your continued engagement. Please know that trainees who do not communicate foreseeable extended absences or delay in notifying us about unexpected ones might regrettably face immediate administrative withdrawal from all CPE training units. Our intention, however, is to support your learning journey.

Additionally, we want to emphasize that the Director of Pastoral Care retains the authority to dismiss a trainee for an unapproved extended absence, should such circumstances arise.

Our goal with this policy is to maintain the importance of your active involvement and presence within the Clinical Pastoral Training Program. We recognize that life can present challenges, and we want to provide a supportive framework for addressing necessary extended absences.

## **CPE Training Program Weekly Schedule**

### **Monday**

- 9:00-9:30 a.m. Morning Report
- 10:00 -11:00 a.m. Clinical Case Seminar
- 11:00-12:00 p.m. Individual Supervision Consultation
- 2:00-3:00 p.m. Individual Supervision Consultation

### **Tuesday**

- 9:00-9:30 a.m. Morning Report
- 10:00 -11:00 a.m. Didactic Seminar
- 11:00-12:00 p.m. Interpersonal Group Session (IPR)

### **Wednesday**

- 9:00-9:30 a.m. Morning Report
- 10:00 -11:00 a.m. Clinical Case Seminar
- 11:00-12:00 p.m. Individual Supervision Consultation
- 2:00-3:00 p.m. Individual Supervision Consultation

### **Thursday**

- 9:00-9:30 a.m. Morning Report
- 10:00 -11:00 a.m. Didactic/Reading Seminar
- 11:00-12:00 p.m. Interpersonal Group Session (IPR)

### **Friday**

- 9:00-9:30 a.m. Morning Report
- 10:00 -11:00 a.m. Clinical Case Seminar
- 11:00-12:00 p.m. Individual Supervision Consultation
- 2:00-3:00 p.m. Individual Supervision Consultation



