

**UAMS Department of Pastoral Care
&
Clinical Pastoral Education**



This Manual provides valuable information about the policies, protocols, and procedures that govern the UAMS Department of Pastoral Care & Clinical Pastoral Education Programs. Please read this handbook, familiarize yourself with the material, and, when necessary, seek clarification.

UAMS
MEDICAL
CENTER

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

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Contents

Introduction:	4
Staff Chaplain Role and Function:.....	4
Title: Policy Staff Chaplain Duties and Responsibilities	5
Attendance: Hours of Work and Rest Periods:.....	6
Collaboration with the interdisciplinary team:.....	7
Title: Policy Clinical Pastoral Education Resident Role and Function:	8
Title: Policy the Role of the Staff Chaplain & Pastoral Care Trainee in the Provision of Pastoral Support to Palliative Care Patients.	9
Job Description for: Staff Chaplain.....	11
Practice Document: Nursing/ICE Service Line Attendance and Tardiness Policy	14
PURPOSE	14
DEFINITIONS.....	14
POLICY STATEMENT	15
PROTOCOL.....	15
SUPPLEMENTAL INFORMATION	17
REFERENCES / EVIDENCE	17
NUMBER: 4.4.21 DATE: 01/06/2016.....	18
SECTION: HUMAN RESOURCES AREA: EMPLOYEE RELATIONS SUBJECT: DRESS CODE/APPEARANCE.	18
PURPOSE	18
DEFINITIONS.....	18
POLICY	19
PROCEDURE	19
I. UAMS ID Badges.....	19
II. Business Attire.....	19
III.Uniforms	20
IV.Scrubs.....	21
V. Attire in Restricted Clinical Areas	22
VI. Lab Coats	23
VII. Footwear (All Staff).....	24
VIII. Other.....	24
IX.Personal Grooming	25
X. Body Alteration or Modification	26

EXPECTATIONS OF UAMS EMPLOYEES 26
 Exceptions to the Dress Code/Appearance Policy 26
REFERENCES 27
JOB DESCRIPTION: Resident Chaplain..... 28

Introduction:

The UAMS Pastoral Care Department plays a critical role in providing pastoral and emotional support to patients, their families, and staff members. The purpose of this Policy and Procedure Manual is to provide guidance to staff members of the Pastoral Care Department regarding their roles and responsibilities, as well as to provide direction for the delivery of patient and family-centered care.

This manual outlines the policies and procedures that govern the provision of pastoral care services, including the qualifications and appointment of staff members, the availability of pastoral care services, the referral process, the assessment and treatment planning process, confidentiality requirements, documentation, education and training, self-care, evaluation, scope of practice, compliance, and continuity of care.

By following the policies and procedures outlined in this manual, the Pastoral Care Department will be better equipped to provide spiritual care and support to patients, their families, and staff members, and to contribute to the overall healing and well-being of the healthcare facility community.

Susan McDougal

UAMS Director, Pastoral Care &
Clinical Pastoral Education



Staff Chaplain Role and Function:

The Chaplain promotes the pastoral and emotional well-being of patients, their families, and UAMS employees. In addition, the Chaplain serves as a liaison to community faith groups and functions in an interfaith capacity providing support to people of all faith traditions and none.

The Chaplain will provide comfort and support to patients and their loved ones by facilitating religious rites or sacraments and making referrals to community clergy when requested by a patient. In addition, the Chaplain offers guidance and support to the medical center staff, helping them to deal with the demands and stress of the healthcare environment.

The chaplain is available 24/7 to respond to emergencies and support patients and families, which involves working odd hours and responding quickly to various situations, including end-of-life care, trauma, and critical illness.

The chaplain will at all times maintain confidentiality and ethical standards in all interactions with patients, families, and staff.

Title: Policy Staff Chaplain Duties and Responsibilities

Purpose: To provide guidance and expectations for staff chaplains while on duty and during on-call hours, and to ensure that patients, families, and staff receive timely and appropriate support and care.

Scope of practice:

The chaplain should work within their scope of practice and refer patients to other healthcare providers when appropriate.

Policy Statement:

1. **Availability:** An on-call chaplain will be available 24 hours a day, 7 days a week, to respond to emergency situations and provide pastoral support to patients, families, and staff as needed.
2. **Response Time:** The chaplain will respond to emergency requests within 30 minutes or less, or otherwise specified by UAMS Medical Center policy.
3. **Communication:** The chaplain will carry the on-call cell phone, trauma pager, and Vocera pager during on-call hours and must respond promptly to all calls and messages.
4. **Regular Shift Duty:** The staff chaplain will serve as a pastoral and emotional support resource for patients, their loved ones, and employees. In addition, the chaplain will make regular pastoral visits to patients in their assigned units performing religious rites or sacraments as requested and providing referrals to local clergy as requested.
5. **On-Call Duties:** During on-call hours, the chaplain is responsible for providing emotional and pastoral support to patients, families, and staff, performing religious rites or sacraments as requested, and providing referrals to local clergy as requested.
6. **Confidentiality:** The chaplain must maintain strict confidentiality in all interactions with patients, families, and staff during on-call hours, in accordance with hospital policies and professional ethics standards.
7. **Documentation:** The chaplain will document all patient visits while on regular duty and all on-call activities and interactions per UAMS Department of Pastoral Care and Medical Center policies and procedures. It is recommended that documentation take place in real-time.
8. **Relief and Support:** The chaplain will arrange for appropriate relief and support during on-call hours, such as a backup chaplain, to ensure that patients and families receive continuous care and support if the chaplain is unavailable. The chaplain will inform the Director of Pastoral Care should they be unable to fill their on-call duty, detailing the arrangement to cover their on-call duty.

9. **Training and Certification:** The chaplain must complete all required training and certification requirements, maintaining current certification to remain in the position of staff chaplain.

10. **Performance Standards:** Complete Annual Performance Evaluation

11. **Staff Chaplain Minimum Education/Experience:**

- Advanced Degree, Type/Major: Master's Degree in divinity, theology, or pastoral counseling or a suitable candidate within one calendar year of graduation.
- **Professional License/Certification:** Board Certification as a Clinical Chaplain by the College of Pastoral Supervision & Psychotherapy or an equivalent National Training Body or in the process of Board Certification or eligible to become Board Certified within one year of employment.
- **Work Experience:** Minimum of five (5) units /2000 hours of Clinical Pastoral Education Training required. A qualified candidate must have a theological and psychological understanding of religious and human dynamics, medical ethics, and demonstrated knowledge of the pastoral counseling role in a healthcare setting, and be ecumenical in outlook and approach.

12. **Continuing Education:** The Chaplain will participate in ongoing professional development and training required to maintain professional certification.

13. **Reporting and Review:** The chaplain must report any incidents, complaints, or concerns to the Director of Pastoral Care, and undergo regular performance reviews to ensure that on-call policies and procedures are being followed.

This policy is subject to revision and changes as deemed necessary by the hospital authority. The chaplain is expected to familiarize themselves with this policy and adhere to its provisions during their on-call hours.

Attendance: Hours of Work and Rest Periods:

Work schedules are determined by the operational needs of each department. Your supervisor will inform you of your work schedule and the length and time of your unpaid meal period. Should it be operationally necessary for you to change your hours of work due to increased service or shift scheduling changes, you will customarily be given advance notice of two weeks.

However, it may be necessary in emergency situations to adjust schedules without prior notice. UAMS will make every effort to work with you, should an immediate schedule change become necessary. Up to two fifteen-minute rest periods are encouraged each day. Your rest periods cannot be used to make up for time absent or late, accumulated to shorten the workday by leaving early or to extend the unpaid meal period. Rest periods are not required and are at the discretion of each department head.

Absence from the Job: If you are ill, have an accident, or are otherwise unable to report for work at the designated time, you are expected to notify your supervisor by telephone as soon as possible. You should contact your supervisor at least 30 minutes ahead of time if you are going to be late or absent from work. This procedure is necessary so that arrangements can be made to provide sufficient coverage in every department. Some departments and divisions, especially those providing patient care, have policies that are more restrictive regarding tardiness and/or absenteeism. Information on these policies is available from your immediate supervisor.

Failure to inform your department of an absence for three consecutive days will be interpreted as job abandonment, and termination of employment will be effective as of the last day worked.

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 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.

Confidentiality: The Department of Pastoral Care is committed to maintaining confidentiality when providing pastoral support to patients and their loved ones. Staff chaplains will adhere to the HIPAA guidelines and maintain strict confidentiality concerning all patient information, including all aspects of a patient's medical record, conversations with the patient or their family members, and any other information related to the patient's care.

Staff chaplains will only disclose patient information to other interdisciplinary team members on a need-to-know basis. They will refrain from discussing patient information outside of work, even if the patient is not identified by name.

Staff chaplains will receive annual training on maintaining confidentiality and privacy in their pastoral care role.

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.

Title: Policy the Role of the Staff Chaplain & Pastoral Care Trainee in the Provision of Pastoral Support to Palliative Care Patients.

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.



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Job Description for: Staff Chaplain

State title: Staff Chaplain

Class code/PS Group:

Pay Grade:

Summary:

The Staff Chaplain is responsible for the delivery of pastoral care to patients, their loved ones, and to hospital staff in a manner that fosters a committed patient-and family-centered approach to care that is both interdisciplinary and collaborative which ensures the engagement of patient and family in care and decision-making processes. The Chaplain will have a responsibility to ensure that the religious and pastoral care needs of the patients and their loved ones are met in the areas to which the chaplain is assigned. The Chaplain will report to the Director of Pastoral Care & Clinical Pastoral Education Training Programs.

Typical functions:

List primary functions with the percent of time generally allocated to each: Provision of Pastoral Care (85%)

Duties and Responsibilities:

Participate in the delivering and arranging for appropriate care to patients, their loved ones and Staff in the Chaplain's assigned areas.

1. Actively participate in the delivery of pastoral care.
2. Respond to requests for pastoral care in a timely manner.
3. Participate in offering worship opportunities.
4. Participate in meeting ritual and sacramental needs.
5. Support an approach to Pastoral care that is both interdisciplinary and collaborative which ensures the engagement of patient and family in care and decision-making processes.

Support an interdisciplinary approach to pastoral care:

1. Participate in team meetings and interdisciplinary rounds.
2. Serve on institutional committees as appointed.
3. Promote an interdisciplinary approach to pastoral care among all Chaplains.
4. On-Call responsibilities per department's needs.

Participate in the proper administrative procedures for the department in accordance with institutional policies:

1. Assist in the coordination of local clergy and pastoral visitors from the community.
2. Keep records of pastoral activity to communicate with other members of the department and report to the department.
3. Participate in the department's plan for continuous quality improvement.

Contribute to the wider community by being an educational resource in relation to End-of-Life issues.

1. Provide education to patients and loved ones regarding Advance Directives.
2. Provide education to faith communities on ethical issues pertaining to healthcare.

Participate in programs and administrative activities of the institution: (15%)

1. Participate in monthly staff meetings in the department and assigned areas of pastoral responsibility.
2. Participate in regular professional development activities and ongoing peer view consultation.

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.

Integration of Services:

UAMS Chaplains function as a part of the interdisciplinary healthcare team, working closely with physicians, nurses, and social workers to provide comprehensive care to patients and their loved ones. A Chaplain is assigned to each in-patient area providing support to individuals of all religious traditions and non. A Chaplain On-Call rotation provides pastoral care coverage around the clock, seven days a week for a response to referrals and emergencies, including regular participation on the Trauma team. Chaplains make referrals to other services when appropriate.

Minimum Education and/or Experience:

Baccalaureate Degree

Advanced Degree, Type/Major: master's degree in divinity, theology, or pastoral counseling. If within one calendar year of graduation will also be considered.

Professional License/Certification: Board Certification as a Clinical Chaplain by the College of Pastoral Supervision & Psychotherapy or an equivalent National Training Body or in the process of Board Certification or one who is eligible to become Board Certified will be considered.

Work Experience: Minimum of five (5) units /2000 hours of Clinical Pastoral Education Training required. A qualified candidate must have a theological and psychological understanding of religious and human dynamics, medical ethics, and demonstrated knowledge of the pastoral counseling role in a healthcare setting and be ecumenical in outlook and approach.

OTHER JOB-RELATED EDUCATION AND/OR EXPERIENCE MAY BE SUBSTITUTED FOR ALL OR PART OF THESE BASIC REQUIREMENTS, EXCEPT FOR CERTIFICATION OR LICENSURE REQUIREMENTS, UPON APPROVAL OF THE OFFICE OF HUMAN RESOURCES.



Practice Document: Nursing/ICE Service Line Attendance and Tardiness Policy		Number: NR.AD.1.60	
Reviewed by: Devin Terry, DIR	Current Review Date: 10/2022	Level of Review: 2	
Approval Date: October 28, 2022	Effective Date: October 28, 2022	Class: Administrative	Pages: 3

PURPOSE

To define the Attendance and Tardiness policy for licensed and unlicensed personnel in conjunction with UAMS Medical Center Policy HR.2.01.

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 are not limited to; Patient Care Technicians (PCT) Patient Services, Staff Chaplains.

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 an 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 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. The 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 eighth (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 their designee must receive a call at least 2 hours before the start of the scheduled shift. Units that are not equipped to receive call-ins 2 hours before opening should develop requirements to meet their needs.

Employees calling in off for a full workweek must furnish a certificate from a healthcare provider to their manager 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 a third may result in dismissal. Three consecutive days of No Call/No Show may result in dismissal.

SUPPLEMENTAL INFORMATION

4.4.02 Employee Discipline UAMS Administrative Guide

4.8.02 Work Schedules Policy UAMS Administrative Guide - Definition of Workday, 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

NUMBER: 4.4.21

DATE: 01/06/2016

REVISION: 05/16/18; 06/20/18; 10/29/20; 01/01/21; 06/23/21; 01/10/23; 03/08/2023 **PAGE: 1 of 10**

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.G](#) 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 nonclinical 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:** Sweatshirts or any other exercise tops.
- B. T-Shirts
 - 1. UAMS Marketing Department designed/approved T-shirts with business attire pants/skirt or scrub pants are permitted.

- a. T-shirts must be in good condition and free of wrinkles.
- b. **Prohibited:** Other logo t-shirts unless prior approval from the manager/supervisor.

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 pants 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 jeans/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** (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.
- 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. 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
Emergency Dept. 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

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 Scrub 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, cap or hood and mask 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.

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. Other

A. Jewelry for employees working in **non-Restricted Areas**

- 1. Employees may wear jewelry that does not interfere with equipment or expected job duties. Facial piercings including spacers and retainers are not permitted.
- 2. **Clinical Care:** 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.
- 3. **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, in compliance with Arkansas Health Department regulations.

B. Jewelry for employees working in **Restricted Areas**

- 1. 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).
- 2. One simple necklace may be worn, provided it is contained within the scrub attire.
- 3. Non-scrubbed personnel may wear a watch and one ring per hand. A wedding set constitutes one ring.
- 4. Personnel entering the surgical suite are to have earrings (including studs) confined within the surgical cap.

C. Eyewear

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.

D. Headwear

1. Hats and ball caps **must not** be worn inside buildings on the UAMS Campus **unless** required for specific job functions.
 - a. 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.

IX. 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.

X. Body Alteration or Modification

A. Intentional body alteration or modification for achieving a visible, physical effect that disfigures, deforms, or similarly detracts from a professional image is prohibited. **Examples include, but are not limited to, brands, gauges, tongue splitting, tooth filing, ear lobe expansion, and visible, disfiguring skin implants.**

1. 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.
2. 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.

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 Division of People & Culture (DPC) 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: March 8, 2023



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

JOB DESCRIPTION: Resident Chaplain

12 Months: Clinical Pastoral Education Residency Program

CPE Resident Chaplain:

Position Summary:

The CPE Resident Chaplain is a pastoral student enrolled in the one-year Clinical Pastoral Education (CPE) Residency Program. Works under the direction and supervision of the UAMS Director of Pastoral Care & Clinical Pastoral Education program.

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.

Qualifications:

- Master's Degree-Divinity or a related field of study.
- One prior unit of CPE

Integration of Services:

UAMS Resident and Intern Chaplains function as a part of the interdisciplinary healthcare team, working closely with physicians, nurses, and social workers to provide comprehensive care to patients and their loved ones. A Chaplain Trainee is assigned to each in-patient area providing support to individuals of all religious traditions and non. A Chaplain On-Call rotation provides pastoral care coverage around the clock, seven days a week for a response to referrals and emergencies, including regular participation on the Trauma team. Chaplains make referrals to other services when appropriate.

Other Information:

- A completed application is necessary before an admission interview is arranged.
- Applicants will be admitted according to their ability to provide ministry and readiness for learning. The stipend for the one-year residency is approximately \$35,568. The training fee is \$650 per unit of CPE.
- The Clinical Pastoral Education Program at UAMS Medical Center is accredited by the College of Pastoral Supervision and Psychotherapy (CPSP)