Department of Graduate Medical Education

2017 Graduate Physicians Manual

From the Director of GME

Welcome to the Cleveland Clinic! You are about to become an integral part of one of the largest and best medical facilities in the country. Adjusting to life as an intern, resident or fellow is challenging at best, and an institution of this size can make it seem overwhelming. We recognize the confusion you may face and have structured the Graduate Physicians Manual to try and help answer some of your questions.

All policies and procedures concerning Graduate Medical Education are developed, approved and implemented by the Graduate Medical Education Council (GMEC). Many are identical to those that apply to the full-time medical staff. While every effort was made to ensure the accuracy of the information presented in this manual, it is possible that there may be changes made to policies since its publication. Cleveland Clinic Institutional and GMEC policies will take precedence over those in this publication in matters of arbitration. Changes to policies and/or revisions will be communicated on GME|com as they occur. Cleveland Clinic Institutional policies can be found in the Policy and Procedure Manager (PPM). Please note that these are both intranet sites, only accessible when on the CC network.

If you have questions feel free to call or stop by the Graduate Medical Education Department.

We look very much forward to your extended stay with us.

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Mission, Vision and Values

Mission

"Better care of the sick, investigation into their problems and the further education of those who serve"

—*Cleveland Clinic Founders*

Vision

Striving to be the world's leader in patient experience, clinical outcomes, research and education

Values

Quality, innovation, teamwork, service, integrity and compassion

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Cleveland Clinic History

Cleveland Clinic was conceived during World War I by Cleveland surgeons serving in military hospitals. Three of the founders, Frank E. Bunts, MD, George W. Crile, MD, and William Lower, MD, served in the same Army unit. They were impressed by the efficiency of the military hospital, where physicians from different specialties collaborated on patient care. As the war was coming to a conclusion, Dr. Crile and his colleagues discussed creating a new type of medical center when they returned to Cleveland. It would be a not-for-profit group practice, where patient care was enhanced by research and education. The mission of the practice would be "better care of the sick, investigation into their problems and further education of those who serve."

Their dream became reality in 1921 when the fourth founder, John Phillips, MD, the only internist, joined them. Cleveland Clinic opened its doors in a four-story building at the corner of East 93rd Street and Euclid Avenue. Fourteen physicians welcomed 42 patients that first day.

Their vision was to "act as a unit." The bold concept was for each of them to draw a salary, to return all revenue back to the institution to support the continuing health of the clinic, and to support research and education. This basic formula continues today. Millions of patients later, Cleveland Clinic continues to honor the vision of its founders, who believed that "the patient is the most important person in the institution."

Cleveland Clinic physicians and researchers have made significant breakthroughs that have changed the course of medical care in multiple areas. These innovations include the discovery of cine coronary arteriography; the first published coronary artery bypass; the first successful larynx transplant; the discovery of a "heart attack" gene; the identification of and first test for carpal tunnel syndrome; new techniques in kidney, cardiac and colorectal surgery; the isolation and naming of serotonin; the first endovascular valve repair; and the first subtotal face transplant. The original Cleveland Clinic building still stands at the corner of East 93rd and Euclid. Much has changed around it, but Cleveland Clinic's core values remain the same.

Institutional Commitment to Graduate Medical Education (eff. 12/2016)

Graduate Medical Education has been an integral component of the Cleveland Clinic's mission since its inception in 1921. Cleveland Clinic recognizes the importance and value of graduate medical education programs which provide the skills physicians need to administer to their patients. Our focus is and always has been to train physicians to deliver the highest quality medical care, to teach future generations of health care professionals and to pursue research into the causes and treatments of disease.

The commitment of the Cleveland Clinic to graduate medical education is exhibited by its leadership, organizational structure and resources. These assets enable the institution to achieve or exceed substantial compliance with national accreditation requirements and institutional standards. This includes providing an environment focused on ethics, attention to diversity in all programs, professionalism and academia. Competency based curricular requirements as well as applicable requirements for scholarly activity are met under the careful guidance and graded supervision of the Clinic's teaching faculty. Cleveland Clinic is also committed to ensuring compliance with duty hour requirements as set forth by the ACGME for the purpose of improved resident well-being and patient safety.

Cleveland Clinic holds all GME programs to high academic and professional standards through ongoing formal internal quality assessment of educational programs, resident performance and the use of outcomes-based assessment for program improvement. Cleveland Clinic is committed to ensuring safe and compassionate care of patients, the success of resident physicians in their training and maintaining an appropriate balance between education and service needs.

Cleveland Clinic recognizes the necessity for adequate resources and optimal conditions to enable GME programs to sustain academic excellence; these include adequate funding, support personnel, equipment, facilities and dedicated faculty teaching time. Cleveland Clinic also acknowledges the importance of dedicated faculty teaching time as essential to the success of every program under our institutional sponsorship, and the need for periodic review of the adequacy of these resources.

Equal Opportunity Employment Statement

Cleveland Clinic is committed to diversity and inclusion. We provide equal opportunity across all employment practices including recruitment, selection, training, promotion, transfer and compensation, without regard to age, gender, race, national origin, religion, creed, color, citizenship status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, marital status, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law ("protected categories"). In addition, Cleveland Clinic administers all personnel actions without regard to disability, and provides reasonable accommodations for otherwise qualified disabled individuals.

Discrimination or harassment based on any of the protected categories will not be tolerated and is cause for disciplinary action up to and including termination of employment. To maintain our culture of integrity, we also encourage the reporting of concerns without fear of retaliation. Cleveland Clinic will not retaliate against any caregiver who in good faith has made a complaint based on a reasonable belief that the law or a Cleveland Clinic policy has been violated, or for assisting with or participating in an investigation or exercising any employment right protected by law. Any caregiver who believes he or she has been discriminated or retaliated against should report it to his or her manager, to any member of Cleveland Clinic's management, or to his or her Human Resources or Professional Staff Affairs representative. Cleveland Clinic will investigate these complaints and take appropriate corrective actions.

Patients' Rights and Responsibilities

All members of Cleveland Clinic's professional staff need to be aware of the Statement of Patients' Rights and Responsibilities that is endorsed by Cleveland Clinic and shared with patients. This statement may be found in the Patient Rights-Responsibilities Brochure.

Corporate Social Responsibility Policy

Cleveland Clinic is a not-for-profit, multispecialty academic medical center providing state-of-the-art medical care, education, research and technology. As a major healthcare institution, Cleveland Clinic has a leadership role in the communities it serves. Executive policy and procedural decisions are attuned to the current civic, social, economic and political environment. It is the policy of the institution to aid those community efforts that bear upon its mission.

This social commitment takes the form of monetary and non-monetary resources allocated in accordance with existing policy. The following guidelines describe the scope of Cleveland

Clinic's corporate social responsibility, permitting the clinic to: assist the public and private sectors in initiatives that improve the health and vitality of its communities; serve as a resource and catalyst for educational institutions to promote workforce development and training in medicine, research and allied health professions; foster positive relations with community leaders to identify community needs, and to assess programs and projects of mutual concern; and provide appropriate participation in selected community functions or activities.

These guidelines are reviewed periodically and modified according to changing conditions within the community and within Cleveland Clinic. The Executive Management Team and the Chair of the Division of Community Relations and Diversity assist the Chair of the Board of Governors/Medical Executive Committee in making the decisions to request the allocation of resources under this policy.

Institutional Education Committees

In keeping with the mission to offer a complete and comprehensive graduate medical education experience and in accordance with the ACGME Institutional Requirements, Cleveland Clinic recognizes the need for clinical trainee's involvement in multiple levels of committees and councils.

The Graduate Medical Education Council (GMEC) has required that there be at least one Clinical Trainee on the following committees and councils: Alumni Association, Bioethics, Blood Utilization Committee, Code Blue/Rapid Response, Communications Committee, Critical Response Committee, Diversity Council, Emergency Preparedness Committee, Environment of Care, Ethics Committee, Graduate Medical Education Council and subcommittees, Infection Prevention, Institute Education Committees, Medical Records/Statistics, Nutrition Services Committee, Patient Experience, Patient Safety, P&T, Policy Committee, Safety & Quality, Stroke, Operations Council and Pharmacy/Therapeutics.

The House Staff Coordinator will coordinate the assignments of the committees prior to the start of each academic year. This includes contacting the Chairman of each of these councils and committees to see if the clinical trainee participants are attending the meetings and if they will remain on the committee for the following academic year. If a replacement is needed, the Chairman of the committee or council may identify another clinical trainee to participate on the committee or council. Or, they may ask for the assistance of the House Staff Coordinator in identifying a clinical trainee that would be interested in participating. Once the list is finalized, it should be submitted to the GMEC Coordinator for presentation to the Graduate Medical Education Council.

Clinical Trainees who are members of Institutional Committees are required to attend scheduled meetings. If the Clinical Trainee who is a designated member of a Committee is unable to attend a scheduled meeting, they should designate an alternate in their absence. In addition to those committees and councils identified, the Institutes are required to involve clinical trainees in all committees, councils and task forces that are appropriate. At the minimum, clinical trainees should be involved in any institutional committees dealing with educational programs, quality assurance and other graduate medical education affairs. Clinical Trainees are also required to attend all meetings and conferences considered mandatory by the Institution or their department.

In clinical departments, it is anticipated that there will be clinical trainee membership on at least the following committees: Education Committee, Quality and Patient Safety Committee,

Resource Utilization (when in existence) or other appropriate departmental committees.

Duties and Responsibilities of Clinical Trainees (eff. 5/2006)

Educational Responsibilities:

- Execute all duties assigned under the on-call schedule as may be established and amended by the Program Director and all duties as may be assigned to be performed at such other teaching hospitals and medical facilities as may be designated by the Program Director.
- Participate in safe, effective and compassionate patient care under supervision, commensurate with the clinical trainees level of advancement and responsibility at sites specifically approved by the Program and under circumstances and at locations covered by the Hospital's Professional Liability Insurance maintained for the clinical trainee.
- Participate fully and perform satisfactorily in the educational and scholarly activities of the Program, including the performance of scholarly and research activities as assigned by the Program Director and/or as necessary for the completion of applicable graduation requirements.
- Assume responsibility for participation in the teaching of more junior trainees and medical students.
- Attend all educational conferences as required and participate in educational programs, activities and required courses. Participate in applicable departmental and institutional committees, especially those relating to patient care review activities.

Responsibilities to the Institution:

- Subsequent to the first day of training, submit to a health screening which include tests for drug & tobacco use. Supplementary tests may be performed at any point during training as deemed necessary to the operation of Cleveland Clinic; this may include tests for drug use and alcohol abuse. In addition, the clinical trainee agrees to meet Cleveland Clinic standards for immunizations in the same manner as all Cleveland Clinic personnel.
- Apply for in a timely manner, obtain and provide Cleveland Clinic with evidence that he/she has obtained certifications, licenses, visas, test results, work permits and registrations required by state, federal or local laws and regulations to enroll and remain in graduate medical education training in the State of Ohio.
- Abide by and adhere to hospital standards including the legible and timely completion of patient medical records, charts, reports, statistical operative and procedure logs, faculty and program evaluations and any other paperwork required by the Program.
- Comply with the policies and procedures of Cleveland Clinic pertaining to all employees and those specific to clinical trainees which are contained in the Graduate Physicians Manual.
- Comply with institution and program specific requirements regarding record keeping, logging and/ or reporting duty hours and duty hour violations.
- Comply with institution and program specific requirements regarding standards for supervision.
- Comply with institution and program specific requirements regarding timely completion of training courses; including but not limited to courses in COMET.
- Comply with institution and program specific requirements regarding evaluation of attending physicians, rotations and the training program.
- Apply such cost effective measures as directed or instructed by Cleveland Clinic in the provision of patient care while acting in the best interests of patients at all times.

- Upon departure from the training program, the clinical trainee must return all Cleveland Clinic property including but not limited to, books, equipment, patient data, pager, iPhone and complete all necessary records and settle all professional and financial obligations.

Personal Responsibilities:

- Develop and follow a personal program of self-study and professional growth under guidance of the Program's teaching faculty.
- Refrain from conduct that would impact adversely on the medical profession or the mission of the Cleveland Clinic or have the appearance of impropriety or which might otherwise damage the Cleveland Clinic's reputation or interfere with the Cleveland Clinic's business or the proper performance of the clinical trainee's duties.
- Develop an understanding of ethical, socioeconomic and medical/legal issues that affect the practice of medicine and graduate medical education training.

Administrative Responsibilities:

- Fully cooperate with the Program and Cleveland Clinic in coordinating and completing RRC and ACGME/AOA/ADA/CPME accreditation submissions and activities. This includes participation in any review of a clinical trainees own training program as well as participation on Review Teams to assess other training programs.
- Abide by and adhere to Cleveland Clinic professional standards and all applicable state, federal and local laws, as well as the standards required to maintain accreditation by the Joint Commission, ACGME/AOA/ADA/CPME and any other relevant accrediting, certifying or licensing organizations.
- Comply with all ACGME/AOA requirements including but not limited to those regarding duty hours and moonlighting. Please refer to specific ACGME institutional requirements and RRC program requirements at www.acgme.org
- Comply with Cleveland Clinic reporting requirements such as completion of personal incident reports, patient incident reporting, etc.
- Attend & participate in department, institute and/or institutional meetings as required.

Education of Medical Students: Cleveland Clinic (CC) has had medical students rotating on its campus since 1974 and clinical trainees have always played a central role in their educational experience. In 2004, the first class of the Cleveland Clinic Lerner College of Medicine (CCLCM) of Case Western Reserve (CWRU) matriculated. CC serves as a core training site for all medical students from CWRU, including students from CCLCM (College Program) and students from the traditional School of Medicine program (University program). Additionally, over 800 visiting students come to CC each year, including from the Ohio University Heritage College of Osteopathic Medicine, Cleveland. All medical students on educational rotations fall under the purview of the CCLCM. Each medical student rotation has a CC faculty who is responsible for outlining the student learning objectives and expected roles and responsibilities. Residents/fellows play a critical role in the education of medical students. In the hospital setting, the residents/fellows are the point of first contact for the student. Residents/fellows will teach a substantial amount of what the students learn. Residents/fellows need to be aware of the rotation learning objectives and student roles. Ideally, the Clerkship Director of the medical school rotation will talk with the residents/fellows regarding what is to be expected while they are in these roles. After these discussions, there will be follow-up to residents via email, written material or direct conversation with the student and/or Clerkship Director. If the resident/fellow has not received any communication or is not sure of the student role, they should contact the

CCLCM Office (216-445-7436). In addition to the specific rotation objectives there are general principles that will help a resident/fellow be an effective teacher.

Residents/fellows have multiple roles, including supervisor, teacher, role model and assessor. Residents/fellows must orient students to a new service. Students depend on the resident to give them a tour of the facility, to tell them where to be and when and what to do when they get there. The resident/fellow needs to spend time with the student specifying his/her role in various areas listed below. Many of these areas will be specified as part of the rotation description/objectives: blood draws, precautionary measures such as infection control, numbers of patients to be seen per day, write ups to be handed in per week , conferences to attend, frequency of call and where the on call quarters are for that service, time of rounding, how to access computers for patient information, policy on placing orders with counter signature, expected times for arrival and departure, policy for absenteeism and layout of facilities.

Resident/Fellow as Role Model: Residents/fellows are role models for students. Role modeling behavior includes ethical behavior and professionalism, medical reasoning, clinical decision making and compassionate, humanistic approaches to patient care. Students should be treated with respect. Destructive, belittling comments do not enhance learning and are inappropriate.

Teaching Role of Residents/Fellows:

- Specify learning objectives. The clinical trainees should be familiar with rotation objectives as noted above. The students should be informed about the objectives for their rotation on their first day.
- Specify organization. The clinical trainee should describe the rotation expectations for example, how much time students should spend on different activities such as rounding and patient care responsibilities.
- Specify teaching methods. Students should have time set aside each week to meet with the attending and/or senior resident. This provides an opportunity for the student to ask questions, receive feedback and to learn for example, medical facts, ethical issues, the diagnostic process, treatment options, management plans, doctor-patient communication skills, cost-containment, preventive medicine and interdisciplinary care. An essential component of good teaching is providing helpful feedback to improve performance.
- Residents/fellows should provide constructive feedback to students on an ongoing basis throughout their rotation. It should be clearly defined and should include both constructive criticisms (targeted areas for improvement) and positive feedback (areas of strength). Residents/fellows are expected to directly observe and assess the student's performance in areas such as patient care, histories and physicals, etc. Direct observation forms the foundation of feedback.
- Evaluative Role. Students who have ongoing difficulties or serious events occur during the rotation need to be identified with the expectations for the student written down and a plan agreed upon by all parties on how these problems can be solved. In general the attending and/or Clerkship Director should be included in this process.

Clinical Assessment System (CAS): CWRU uses the CAS for student assessment/feedback. This system allows students to request feedback from a faculty/resident/fellow based on observations of interactions of the student with one or more patients. Residents/fellows will receive an email from a generic mailbox (clerkshipevaluation@case.edu) initiated by the student requesting feedback on those observations/interactions. A direct link to the CAS system is provided in the email. The "?"

button in CAS is available for more information on the system and examples of types of feedback that are useful.

Conditions of Employment & Requirements

Eligibility, Selection and Appointment

Recruitment: Recruitment efforts shall be directed toward and appointments offered only to those candidates who meet the eligibility requirements for appointment to residency or fellowship training.

Applicants with one of the following qualifications are eligible to be considered for training at Cleveland Clinic:

- Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- Graduates of Osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of medical schools outside the United States and Canada who have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
- Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited school
- Fellows who meet the prerequisite training and documentation requirements to be considered for training in a non-accredited fellowship
- Fellows must have completed ACGME prerequisite training to be considered for training in an accredited fellowship
    - If a trainee who holds a valid ACGME certificate does not meet the requirements listed above, he/she may be considered an “exceptional candidate” based on specific criteria outlined in the subspecialty requirements and only if the individual RRC allows exceptions to the general eligibility requirements. Please refer to the Graduate Medical Education Council (GMEC) Eligibility Procedure located on GME|com for details.

Selection: Programs must select from eligible applicants on the basis of residency program related criteria such as preparedness, ability, aptitude, academic credentials, written and verbal communication skills as well as motivation and integrity. Decisions concerning employment, transfers and promotions are made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, status as a disabled or Vietnam era veteran or any other characteristic protected by law. Information provided on this application may be shared with any Cleveland Clinic facility.

Residency programs recruiting first year residents are required to participate in the National Resident Matching Program (NRMP) or National Match Services (NMS). Other programs are encouraged to participate in an organized matching programs where such is available. Before accepting a clinical trainee who is transferring from another institution into the same program, the program director must obtain written or electronic verification of the previous educational experience and a summative competency based performance evaluation of the transferring resident. These documents must be received by the program director prior to accepting the resident into the program.

Appointment: Initial appointments and any subsequent appointment is contingent upon meeting the requirements. Requirements are listed on the GME website, distributed to candidates when they interview and included as an addendum with the formal appointment letter. At the recommendation of the program director, the GME Department generates the formal appointment on behalf of the Director of GME, who is also the Designated Institutional Official (DIO). The GME Department screens the application materials to assure each candidate meets the requisite academic and employment eligibility requirements to enter the respective training program. Neither Cleveland Clinic nor any of its ACGME/AOA accredited programs require residents or fellows to sign a non-competition guarantee or restrictive covenant.

Transfer of Clinical Trainees: Clinical trainees are encouraged to discuss their plans to seek other training opportunities with their program director or advisor. Clinical trainees should provide adequate notice when they decide to leave their training program in order to provide a smooth transition of patient care responsibilities.

Transfer to Cleveland Clinic: Prior to discussion with a potential candidate (committed to another training program) the Cleveland Clinic program director should obtain a release from the candidate's current program director. Before a program accepts a clinical trainee who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency based performance evaluation of the transferring clinical trainee. Pursuant to the ACGME requirements on transfers, the current program director must provide timely verification of residency education and summative performance evaluations for clinical trainees who request to leave the program prior to completion.

Prior to Start of Training: If a clinical trainee has matched to a program (through the NRMP/NMS) and decides (before starting) he/she does not want to train in that program and/or at that institution, the clinical trainee must request a waiver from the NRMP/NMS in order to break the contract. A program director cannot consider a candidate who has matched to another program unless a waiver is issued to the clinical trainee in question. If a program director wishes to break the NRMP/NMS contract with a clinical trainee (i.e. student didn't meet criteria to complete medical school, international graduate not able to obtain visa), the program director must request a waiver from the NRMP/NMS in order to fill that position.

Requirements to Begin Training

Prior to training/working at the Cleveland Clinic, you must will be required to complete an electronic onboarding packet as well as attend a scheduled orientation session with Graduate Medical Education (GME). The documents will be kept as part of your permanent record. Salary and/or benefits will be not begin until you have successfully completed all conditions of employment below:

1. Complete a health screening performed by Cleveland Clinic Occupational Health before your start date which includes:
    a) Completion of a health questionnaire
    b) Vital signs
    c) Urine test for substance abuse

d) Cotinine test

Positive results for any illicit drugs or non-prescribed controlled substances will constitute ineligibility for employment.

The cotinine test will detect the presence of nicotine in all forms of tobacco. Appointments that have been offered to prospective residents and fellows who test positive, will be rescinded. Those individuals testing positive, who then test negative after 90 days, may be reconsidered for appointment at the discretion of the program director should the position remain vacant.

2. Complete a criminal background check as required by Cleveland Clinic for all employees. The Department of Protective Services will conduct the background check through a database search. Employment is conditional pending the return of the background check.
3. Complete online Center for Online Medical Education and Training (COMET) courses prior to the start of your training. These courses are assigned to you based on your job classification, many are required to comply with federal laws on Occupational Safety & Health Administration (OSHA) Blood borne Pathogens and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
4. Complete all tasks in Workday, the Cleveland Clinic Human Resource Management System. This includes:
    a) Completion of the Employment Eligibility Verification Form (I-9) as required by the U.S. Department of Homeland Security. Original documents must be presented at GME Orientation for verification.
    b) Upload your social security number (SSN) for payroll purposes and enrollment in the Cleveland Clinic Health Plan. The name on your social security card will be the name used in all Cleveland Clinic records.

If you do not have a social security card, information on how and where to apply can be obtained from: http://www.ssa.gov/ssnumber/

If you are an international trainee, you must be in the United States to apply for a social security card. Internationals on a J1 Visa, you may need to wait up to 7 days after your GME orientation before applying to assure you are validated.

    c) Update your contact information in Workday
    d) Update emergency contacts in Workday
5. Complete the MedHub Residency Management System electronic onboarding packet which includes:
    a) Sign off on contract
    b) Review of Graduate Physicians Manual
    c) Upload Acceptance Letter (signed)
    d) Complete the Cleveland Clinic Personal Data Sheet
    e) Complete and upload the Cleveland Clinic Confidentiality of Information Form
    f) Upload Certification of all Graduate Medical Education Training (submit copy of certification for all previous training completed)
    g) Upload Cleveland Clinic Research Certification Statement Form
    h) Completed and Upload Application *(not applicable for ERAS applicants)*
    i) Upload a Current Curriculum Vitae (CV)

j) Upload a copy of your Medical School Diploma
   - if in any language other than English, please upload certified translated copy as well (if graduation is pending, upload when received)

k) Upload a current, valid copy of ECFMG certificate (*for International Medical Graduates only.)* In Accordance with the Accreditation Council on Graduate Medical Education (ACGME) requirements, graduates of medical schools outside of the U.S., Canada and Puerto Rico must provide either a copy of a current, valid standard ECFMG Certificate or written documentation that the physician is eligible to receive same. (Does not apply to Postdoctoral Psychology Fellows)

l) Upload your National Provider Identifier (NPI) - Clinical trainees are required to have an NPI. The NPI for each health care provider is assigned by the National Plan & Provider Enumeration System (NPPES). NPI confirmation letter must be forwarded to the GME department. Apply as an individual at https://nppes.cms.hhs.gov *(you can only apply once you have a social security number)*

m) Upload one letter of recommendation from a physician who has supervised you in a clinical setting *(not applicable for ERAS applicants)*

n) Upload Score Reports or official transcript from pertinent qualifying examinations. (Test scores where applicable: USMLE, COMLEX, MCCQE, NBOME, FMGEMS, NBME or ABPS)

o) You must have filed either an application for a permanent medical license or a training certificate AND the GME office must receive at least an acknowledgment letter for the application from the State Medical Board of Ohio in order for you to begin your training program. Training Certificate application is included with appointment packet unless residency/fellowship application indicated the need for a Permanent Ohio License

Many clinical departments require clinical fellows to obtain permanent licensure in the State of Ohio and be credentialed for billing purposes. Please check with the Program Director of your Cleveland Clinic fellowship regarding other requirements you will be expected to meet to begin the program.

Licensure

The State of Ohio requires clinical trainees to have either a Permanent Ohio Medical License or a Temporary Training Certificate. If you are joining an advanced fellowship, your program may require a permanent license, please check with the program coordinator. You will not be permitted to begin your training program if you do not have either of these credentials. The State Medical Board of Ohio issues acknowledgment letters directly to GME for the temporary training certificate. These letters will permit you to begin your training program while the application is in process. A similar letter is available for permanent licensure applicants – please contact the State Medical Board of Ohio for this letter.

Clinical trainees are required to notify their Program Director of any communication from the State Medical Board of Ohio during the application process (for either a Training Certificate or Permanent Licensure) that will delay or prevent issuance of a Permanent License or Training Certificate. Failure to do so may result in disciplinary action, termination of employment and/or rescission of the trainee's appointment.

Permanent Licensure Requirements: The State Medical Board of Ohio requires U.S. medical school graduates to complete one year of U.S. or Canadian accredited graduate medical education and international medical school graduates to complete two years of U.S. or Canadian accredited graduate medical education. In addition, all 3 steps of USMLE must have been passed within a 7-year period from the date of the first exam passed. Information on Permanent Licensure may be obtained by contacting the State Medical Board of Ohio at 614-466-3934; 30th East Broad Street, 3rd Floor, Columbus, Ohio 43215 or visiting their website. Reminder: renewal of licensure is the clinical trainee's responsibility. You will be required to maintain licensure throughout your training program. Failure to maintain licensure will result in the inability to work and may result in termination of employment.

USMLE Step 3

According to the Federation of State Medical Boards (FSMB), individuals wishing to take USMLE Step 3 to be used for licensure by the State of Ohio, must have completed 9 months of ACGME accredited post-graduate training (training requirements vary by state; refer to the FSMB website for details). This requirement is the same for U.S., Canadian and International medical school graduates. The Graduate Medical Education Department does not have applications for Step 3. Please contact the FSMB at 817-868-4000 for an application. You may also obtain an application by submitting an email request to the FSMB at usmle@fsmb.org You must include your full name, mailing address, USMLE ID number (if known) and the state for which you will be taking Step 3.

COMLEX Level 3

Residents are required to pass COMLEX Level 3 of the National Board of Osteopathic Examiners (NBOME) in order to continue residency and matriculate into their 3rd year of residency training (AOA Guidelines).

All 1st year residents are encouraged to take the COMLEX Level 3 no later than the end of February of their first resident training year. All eligible residents will be required to take COMLEX Level 3 before March of their first resident training year. If a resident is unable to take the exam prior to March, he/she must write a letter to the Program Director and the Director of Graduate Medical Education to request approval for the delay.

If a resident fails COMLEX Level 3 on his/her initial attempt, he/she must immediately notify the GME department within two business days of the NBOME score release date. Failure to comply will result in corrective action. The resident may continue with the rotation that they are scheduled with, but is required to meet with the Program Director along with the Director of Medical Education and/or designee to set up an academic plan including a board preparation program at the residents' expense. The resident cannot register for another exam until the board preparation program is approved. The resident is required to retake the exam by the end of June of his/her first resident training year. He/she may be allowed to participate in clinical rotations while preparing for retaking the boards.

If the resident fails the exam for the second time, he/she must immediately notify the GME department within two business days of the NBOME score release date. Failure to comply will result in corrective action up to and including termination. The resident is required to meet with the Program Director and the Director of Medical Education and/or designee to set up a new remediation/board preparation proposal, which may include repeating selected core rotations or ceasing rotations in order to study. If rotations are impacted and the resident is removed from rotations, paid time off (PTO) must be utilized. If there is no available PTO, the resident will be placed on unpaid time off (UPTO) and the time accrued while on UPTO will be added to the end of the residency.

Failure of COMLEX Level 3 for the third time is grounds for dismissal and ultimately could lead to problems with licensure in the state of Ohio.

Graduate Medical Education must be notified within 2 business days about each attempt and receive official notification of results, regardless of outcome, pass or fall. It is the resident's responsibility to keep GME apprised of all attempts and results. Failure to comply with this request will result in corrective action up to and including termination. If the Graduate Medical Education Office has not received notification that a resident has passed COMLEX Level 3 in time to matriculate into their 3rd year, a resident contract will not be granted. Failure to comply with any portions of this GME requirement may result in termination.

National Provider Identifier (NPI)

All heath care providers that file electronic claims are required by HIPAA law to obtain the National Provider Identifier (NPI). The NPI is a number every physician will need throughout their career. The purpose of the NPI is to utilize one identifying number per health care provider for all health plans. As a medical resident/fellow at Cleveland Clinic who has the ability to write prescriptions, you are required to have a National Provider Identifier Number. The NPI for each health care provider is assigned by the National Plan and Provider Enumeration System (NPPES). Medical residents/fellows can apply on line for this NPI number at any point in time; there is no charge and it is a number they will use for their entire career.

The NPI application process is the means by which health care provider organizations and individuals become uniquely identified in a national database known as the National Plan and Provider Enumeration System (NPPES). Go to the NPI website and apply as an individual. The website will walk you through the online process. You may also complete a paper application and mail it directly to NPPES. NPI is a Cleveland Clinic requirement; please upload a copy of your NPI confirmation letter and number into your MedHub record. A Social Security Number is required to apply for the NPI. Therefore; you can only apply for an NPI after you receive a social security number; then follow the above process.

Medicaid and Medicare Enrollment Requirements

Residents and fellows need to enroll in ORP (ordering, referring and prescribing) with the Ohio Department of Medicaid. Medicaid prescriptions will be rejected until enrollment has been completed. Be sure to retain the ATN number given to you at the time of application. To enroll you will need: Social Security Number, National Provider Identifier (NPI), Training License Number and clinic phone number for which you work. Click here for details, including links and further instructions

Medicare Provider Enrollment, Chain and Ownership System/PECOS Requirement: If you order, refer or receive payment for Medicare-covered home health services and supplies, you are

required by the Patient Protection and Affordable Care Act to enroll in the Medicare/PECOS system.

To enroll you will need: National Provider Identifier (NPI), National Plan and Provider Enumeration System (NPPES) user ID and password (for help retrieving this information or registering for the first time, click on this link https://pecos.cms.hhs.gov and follow the prompts "Forgot Password", "Forgot User ID" or "Register"), Personal identifying information; this includes your legal name on file with the Social Security Administration, date of birth and Social Security Number, Professional license (refer to the State Medical Board of Ohio website https://license.ohio.gov/lookup/default.asp?division=78) and professional school degree, and practice location (Cleveland Clinic, 9500 Euclid Avenue, Cleveland OH 44195, 216-444-2200 and your page number).

Performance

Counseling – Verbal and Written

Although a program has complete discretion regarding the appropriate handling or treatment of a clinical trainee/research fellow's performance, the following describes an example of how the counseling status may be applied: A first step may involve "verbal counseling". Verbal counseling may occur at any time or several times in a clinical trainee/research fellows training and should be duly noted in the clinical trainee/research fellow's department file. If performance continues without the desired improvement, the second step is "written counseling". The written counseling should involve the delivery of a written memo or other notification to the clinical trainee/research fellow that specifies the reasons for the written counseling and specific improvements, expectations and timeline thereof and be kept in the clinical trainee/research fellow's department file.

Counseling is intended to be positive and constructive in nature and not negative or derogatory. Counseling; when appropriate, whether verbal or written, is considered to be an integral component of graduate medical education and should never be construed as a limitation or restriction on the clinical trainee/research fellow or involve a special requirement to be met by the clinical trainee/research fellow. Counseling is not disciplinary, probationary or investigatory in nature nor is counseling necessarily a reflection of unsatisfactory performance or academic incompetence. Counseling is not an adverse charge or action and may not be appealed by the clinical trainee/research fellow.

While the GME Department encourages the trainees to address and resolve issues related to verbal and written counseling with their Program Director, officials in the GME Department are available to answer any questions and assist the trainees in resolving such issues.

Probation

As a formal disciplinary action, Probation is reported to state medical boards in the training verification process. In the event of unsatisfactory performance (depending upon the nature and/or extent of the unsatisfactory performance) or if at the end of the timeline specified in the written counseling improvement plan, the clinical trainee/research fellow's performance has not improved to the extent and within the period of time considered acceptable by the program, the clinical trainee/research fellow may be placed on Probation. The program invokes Probation status by written notification to the clinical trainee/research fellow. This formal written notification advises that his/her performance is not satisfactory and that includes a clear statement that the clinical trainee/research fellow is on Probation. This notice to the clinical

trainee/research fellow shall include a detailed description of the unsatisfactory performance, the expectations for performance improvement and time parameters in which performance is to improve. As a result of probation, clinical trainee's clinical duties and other activities may be restricted or otherwise curtailed by the Program Director. Likewise, research fellow's duties and activities may be restricted or modified by the Research Supervisor. Probation is considered disciplinary action.

In the event a clinical trainee/research fellow is placed on probation, a copy of the probation notice shall be forwarded to the Director of Graduate Medical Education for inclusion in the clinical trainee/research fellow's GME academic file. Since Probation is considered formal disciplinary action, it must be reported in the verification process (i.e. state medical board). The Director of Graduate Medical Education or the Chairman of the Education Institute will meet with the trainee to discuss the Probation and the trainee's right to appeal the Probation.

Probation status may be issued for a predetermined period of time (for example, three months) or for an indefinite period, as determined by the program. The program also has the discretion to extend any period of Probation status. A clinical trainee/research fellow who has been placed on Probation shall have his/her progress toward performance improvement reviewed by the Program Director or designee on a regular basis.

The Program shall inform the trainee in writing when the Probation has been lifted and that the program is now satisfied with the improvement and current status of their performance and no further disciplinary action is required. The Probation does remain in the Clinical Trainee/Research Fellow formal GME academic record and will be reported in verification requests.

The Probation designation may be appealed to the Director of the GME Department by the clinical trainee.

Appeal/Grievance Process

When the individual clinical trainee is formally notified in writing (that he/she is being placed on probation status, being reappointed but not promoted to the next year of training, not reappointed or being dismissed from the program) he/she may initiate an appeal procedure. When the individual research fellow is formally notified in writing (that he/she is being placed on probation status or being dismissed from the program) he/she may initiate an appeal.

Any of these appeal actions by the department will precipitate an interview/counseling session with the Director of Graduate Medical Education. To initiate the appeal process, the involved clinical trainee/research fellow must provide written notification to the Director of Graduate Medical Education or Chairman of the Institute of Education within two weeks of this meeting of his/her decision to proceed or not to proceed with an appeal. Any clinical trainee/research fellow, who initiates an appeal from a dismissal from the program, shall receive salary and benefits during the appeal. If the appeal is upheld, all documentation in the clinical trainee/research fellows file regarding the non-reappointment/probation or termination will be removed. A copy of the complete appeal process is available in the GME Department.

Non-Appealable Adverse Actions considered Single Significant Events:

- falsification of records
- material omission of information on an application and/or official paperwork
- conviction of a felony
- loss of medical licensure

A thorough non-biased investigation shall be conducted by uninvolved parties.

Structure: An Appeal Task Force will be formed, as a subcommittee of the Graduate Medical Education Council, to hear each appeal as it occurs. The Appeal Task Force is a peer review committee within the meaning of the Ohio Revised Code and its members, proceedings, reports and minutes, shall be afforded the confidentiality guarantees and protections from discovery and immunities available to hospital peer review and quality management activities. The Appeal Task Force shall consist of five voting members who have no direct conflict of interest by way of being part of the teaching faculty in the house staff's training program, personal involvement with the house staff or a member of the involved faculty or any other situation which might cause the member to be prejudiced and have a preexisting opinion. The Chairman of the Graduate Medical Education Council shall guide final composition of the task force and he/she will not be eligible to participate. The membership of the task force shall consist of a member from the Graduate Medical Education Council (serving as chairperson), a house staff representative (a house staff committee officer or senior resident), a representative from the Graduate Medical Education Department (as a non-voting member) and the remainder of the task force filled by designation of three other faculty members who are not directly involved in the situation in question.

Written documentation submitted to the task force for deliberation, reports and minutes generated by the task force shall not be made available to either the program director or the house staff member. If the house staff member engages legal counsel to assist him or her with the preparation of the appeal, such legal counsel may not represent or accompany the house staff member or otherwise appear before the task force at any time. The task force may seek legal advice from the CCF Office of General Counsel as desired, but the Clinic's attorneys should not serve in a prosecutorial role before the task force.

Preliminary Preparation: Once the task force has been appointed and a chairman selected, the involved house staff member and program director will be solicited for documentation and general information relative to the action under appeal. The program director will be expected to submit documentation that justifies and explains the reason for the action that has been taken and is being appealed. This documentation may include but is not limited to; summaries of counseling sessions, department and individual evaluations and anecdotal notes regarding specific incidents, memos or letters from other individuals who have been involved in associated incidents, action minutes of departmental educational committee meetings or any other information which appears pertinent. The house staff member is asked to submit any information and/or memos that he or she feels may help to explain the grounds for the appeal. Both the program director and the involved house staff member will be asked to provide a list of potential additional information sources at that time. That list may include fellow residents, various members of the faculty, Allied Health personnel, patients or anyone else who may be in a position to have direct knowledge and eventually have an impact on the appeal process decision. The list must include a brief two or three sentence description of each individual recommended explaining why that person is identified and what their potential input would be to the overall process.

Process:

- Under the guidance of the designated chairman, the Appeals Task Force will schedule a series of meetings that will comply with the availability of the members, program director and house staff member, to afford a prompt and fair resolution of the appeal. The initial meeting may be designated for the program director. The program director will summarize the events, issues and overall factors that have led to the appealed action. The Appeal Task Force may or may not question the program director at that time for additional facts and information and may choose to ask him or her to return if that is necessary to complete the information gathering process.
- The house staff member will be invited to appear before the task force, which may be either the initial meeting or at the next available scheduled session. The program director and the house staff member will not be present before the task force at the same time. The house staff member will be offered an opportunity to present information in his or her defense. The task force may or may not question the house staff member at that time and may or may not ask them to return to complete the explanation of and/or questioning of the house staff member.
- After the initial sessions with the program director and the involved house staff member, the task force will review the list of potential additional information sources and consider receiving testimony from any other individuals. They will then invite and interview those whom they have selected from the list and other relevant individuals. At the discretion of the task force, some of those on the original submitted list may not be called to give information if the reasons for their presence are either excessively redundant or seem inappropriate. At any point throughout this process the program director and/or the house staff member may be invited to appear before the task force again in order to respond to information that has arisen during the interview of subsequent individuals or to clarify issues.
- When the Appeal Task Force feels that it has obtained all of the pertinent information available, it will take the matter under discussion until it is prepared to make a decision. A simple majority of the voting members of the task force present will be required to act on the appeal. That action may either be to sustain the appeal, which in effect negates the action taken by the training program or reject the appeal and thereby sustain the action taken by the program. As part of its decision the Appeal Task Force may also enter specific stipulations and requirements governing the further involvement of the house staff member in the residency program. This may involve whether or not credit should be given for any or all training that has been done to date, whether or not psychiatric evaluation or counseling is appropriate and whether or not other means of remedial action should be taken.

Conclusion: When the Appeal Task Force has come to a majority decision, the information will be relayed to the Director of Graduate Medical Education in writing within one week. The Director of Graduate Medical Education will then inform both the house staff member and the program director. Reports and minutes of the meetings of the task force shall be prepared by a designated member of the task force in conjunction with the CCF Office of General Counsel, whereupon such reports and minutes will be maintained within the Department of Graduate Medical Education.

Dismissal from Training and Administrative Leaves of Absence: If upon the expiration of the probation status or in the event of an indefinite period of probation, after at least the first periodic review by the Program Director or designee, the clinical trainee/research fellows performance

has not improved to the extent considered acceptable by the Program and the Director of Graduate Medical Education or Chairman of the Institute of Education, the clinical trainee/research fellow may be immediately dismissed from the program. In addition and notwithstanding, any of the foregoing to the contrary, a clinical trainee/research fellow may be dismissed from Cleveland Clinic "for cause" or otherwise dismissed from the program or placed on an administrative leave of absence without prior counseling and/or probation status for (1) apparent serious violations of ethical, legal or medical practice standards of conduct (2) patient safety concerns or (3) investigation of adverse incidents/issues involving a clinical trainee/research fellow. In the event a clinical trainee/research fellow is dismissed from the program under any circumstance or placed on administrative leave of absence, the clinical trainee/research fellows Program Director and the Director of Graduate Medical Education or Chairman of the Institute of Education, shall advise the clinical trainee/research fellow in writing of the dismissal or the administrative leave of absence and the general nature of the grounds therefore**.** Dismissal from training may be appealed by the clinical trainee/research fellow unless, the reason for dismissal falls under the single significant events noted below*.

A clinical trainee may appeal: probation, reappointment but non-promotion to the next year of training, non-reappointment (unless the reason for non-reappointment falls under the single significant events noted below*) dismissal (unless the reason for dismissal falls under the single significant events noted below*).

The clinical trainee may request an appeal by submitting a written request to the Director of Graduate Medical Education or the Chairman of the Institute of Education within 2 weeks of the meeting with the Director of Graduate Medical Education. Verbal counseling, written counseling and administrative leaves of absence may not be appealed.

A research fellow may appeal: probation, dismissal (unless the reason for dismissal falls under the single significant events *)

* Single Significant Events (Non-Appealable)

- Falsification of records**
- Material omission of information on an application and/or official paperwork**
- Conviction of a felony
- Loss of medical licensure

**A thorough non-biased investigation shall be conducted by uninvolved parties before a determination is made that this is indeed the case of the single significant event.

Board Eligibility Training Extensions

Some specialties may have specific requirements as to allowable time away during training as specified by the designated American Board of Medical Specialties (ABMS) Member Board. Each Member Board has its own requirements for allowable time away (absence from training). When a clinical trainee requests a leave of absence, the Program Director is required to apprise the resident of an extension to training, if an extension is known to be required at that time. Certification requirements for each specialty may be reviewed on the ABMS website or AOA website. Please refer to the section on Leave of Absence (LOA) in the Graduate Physicians Manual for types of LOA and detailed policies for authorized leave of absence.

A Clinical Trainee may also be required to extend training to reach an acceptable level of performance to progress to the next graduate level or to successfully complete the training program. The Program Director is required to apprise the resident of an extension to training for deficient performance in accordance with the GME Promotion and Renewal of Appointment Policy. The Program Director should advise a clinical trainee of reappointment without promotion or extension to successfully complete the training program at least four months before the end of the current appointment. If the primary cause of the non-promotion occurs within the four months prior to the end of the contract, program directors must provide as much written notice as the circumstances reasonably allow. Specific board requirements regarding allowable time away are provided on the ABMS website for each accredited program and should be provided to the clinical trainee at the beginning of the program and when a leave of absence may/will extend training.

Release of Trainee/Research Files

Program Directors and other faculty often receive requests to verify training or recommend current or past trainees. To do so, it is recommended that a file review is conducted. GME files can be found in both paper and electronic format (as of 2015). The following policy has been established for release of clinical trainee/research fellow files:

- Clinical trainee/research fellow files may be reviewed by the clinical trainee/research fellow, their program director, division/department chairman or the full-time department education coordinators (designated by the program director).
- Division chairman, department chairman, program director or designated individuals (secretary or education coordinator) will be required to sign upon receipt of files and again upon their return. Files should be returned to the GME office within two (2) weeks.
- Review of clinical trainee/research fellow files by other staff will require a release signed by the clinical trainee. The clinical trainee/research fellow files are permanent and original records. They must be hand delivered, not mailed back to the GME Department or given to someone else requesting the file.
- Most file documents and all evaluations are available in the institutional GME database (MedHub) from July 2009 forward. Access to clinical trainee MedHub records are limited to the program director and program coordinator; the clinical trainee is not able to access MedHub when he/she leaves Cleveland Clinic. Electronic files can be reviewed in the GME office. Please contact the GME office to schedule an appointment to do so.
- Upon graduation/termination from a Cleveland Clinic training program, the program director or his/her designee will dictate a summary letter of the clinical trainee/research fellow's training for the file. If the former clinical trainee/research fellow signs a release, a copy of the summary letter only (not the entire file) will be provided as requested.
- After an individual has completed training or departed the Cleveland Clinic for other reasons, they are no longer considered employees and no longer have access to their file.

Promotion

All residency/fellowship appointments shall be for a period not to exceed one year and may be renewed by the Director of Graduate Medical Education in writing, upon recommendation by the Program Director. Neither Cleveland Clinic nor any of its ACGME accredited programs require residents or fellows to sign a non-competition guarantee or restrictive covenant. Letters of reappointment generally are generated during the second half of each academic year. Due to the fact that these offers are generated in advance of the conclusion of the academic year, each such letter of appointment is issued contingent upon the clinical trainee's satisfactory completion of the current academic year. Therefore, in the event a clinical trainee is dismissed at any time

during the academic year or if for any reason a clinical trainee fails to satisfactorily complete the academic year, any previously issued reappointment letter shall be considered null and void. In the event a decision is made not to reappoint a resident/fellow or not to promote to the next graduate level, the clinical trainee should be advised of such decision in writing by the Program Director at least four months prior to the end of the appointment. If the primary reason(s) for the non-reappointment or non-promotion occur(s) within the four months prior to the end of the contract, the Program Director must provide the resident/fellow with as much written notice of the intent not to reappoint or not to promote the clinical trainee as the circumstances will reasonably allow, prior to the end of the current appointment (contract). This notice shall include a description of the grounds for which determination not to renew the resident/ fellow's appointment or not to promote the resident/fellow to the next graduate level. Non-promotion includes any extension of training in the final year of the program. The clinical trainee may appeal a non-reappointment or non-promotion by submitting a written request within two weeks of the meeting with the Director of GME or one of the Associate Directors of GME.

Certificates of Completion of Training

Official Certificates of Completion of Training are issued to clinical trainees/research fellows who have successfully completed a Cleveland Clinic residency or fellowship program in its entirety as determined by the program length approved by the GMEC. Research fellows who successfully complete at least six months of research in the same program are also eligible for a Certificate of Completion of Training. Clinical trainees/research fellows who do not meet the above criteria will receive upon request, a letter verifying completion of their actual training at Cleveland Clinic.

The Certificate of Completion of Training will include the legal name of the clinical trainee, dates of training and the name of the program as listed by the accrediting body or in the case of non-accredited programs; as named when approved by the GMEC.

Termination Procedure

When a clinical trainee/research fellow completes their training and leaves Cleveland Clinic for any reason, they are required to process out through the Graduate Medical Education (GME). The processing out procedure includes meeting all training program requirements, returning Cleveland Clinic property and obtaining the program director or program coordinators signature on the Cleveland Clinic GME Checkout Form. The Cleveland Clinic GME Checkout Form can be found in MedHub under GME Processing out. This form can also be found on the Cleveland Clinic Intranet under GME|com or obtain from your Program Coordinator. Return the completed Checkout form to the Graduate Medical Education Department. All clinical trainees who discontinue their appointment before their end date should submit a resignation letter to Graduate Medical Education.

Evaluations

Evaluation of Clinical Trainees

Formative Evaluations: At the end of each rotation, individual teaching faculty are required to complete evaluations which assess skills of the clinical trainees they supervised. Program-based evaluations are administered via MedHub, Cleveland Clinic's institutional residency management system, by the program coordinator. If required by the ACGME, Milestone-based evaluations should be used to assess trainee performance. Programs use MedHub generated evaluation forms which address ACGME competency areas (Patient Care, Systems-Based Practice, Interpersonal & Communication Skills, Practice-Based Learning and Improvement,

Medical Knowledge, and Professionalism). These evaluations frequently incorporate numerical rating scales with behavioral anchors to assess progress on Milestones related to practice domains or subcompetencies. Teaching faculty are strongly encouraged to include specific, narrative feedback on the evaluation form, as these comments are extremely helpful to trainees and to Clinical Competency Committees. Those programs with Osteopathic Recognition will also incorporate the Osteopathic Principles into their evaluations.

The number of evaluations that each faculty member is required to complete varies with service assignment and/or number of clinical trainees. MedHub will assign performance evaluations to faculty by matching their service dates to a trainee's rotation schedule. Ultimately, faculty can remove evaluations from their assigned list based on their service experience. Thus, faculty members are not obligated to complete evaluations on trainees with whom they had only minimal contact.

Summative Evaluations: Aggregate formative assessment data, together with other information provided by multiple evaluators (i.e. faculty, peers, patients, self, etc.), are considered by the program for the overall evaluation of a trainee's performance. Documentation must be completed by the program director and shared with the clinical trainee; this documentation should indicate whether the trainee has shown appropriate, progressive and expected increases in skills, abilities and responsibilities, as determined by ACGME competency based Milestones in accredited programs as provided by the ACGME for the specialty. Clinical trainees have the ability to review their individual and/or aggregate evaluations via MedHub or by contacting their program coordinator.

For ACGME accredited programs, Clinical Competency Committees are tasked with synthesizing assessment data in order to advise program directors regarding trainees' progress on competency based Milestones. The program director then provides objective assessments of trainees' progress to the ACGME at 6-month intervals.

Composite evaluations are required for a trainee's permanent education file at least twice per year. The program director must also provide a summative evaluation for each clinical trainee at the completion of the program. This final evaluation must be accessible for review by the clinical trainee and will document the clinical trainee's performance during the final period of training and verify that the clinical trainee has demonstrated sufficient competence to enter practice without direct supervision.

Evaluation of Teaching Faculty

Clinical trainees are required to complete evaluations of their supervising teaching faculty at the end of each rotation. Evaluations are administered via MedHub. The number of evaluations that each trainee is required to complete will vary depending upon their service assignment and/or number of attending staff on these services. Each individual program coordinator is responsible for delivering all evaluations pertaining to evaluation of teaching faculty.

At the end of each rotation, MedHub will notify clinical trainees via e-mail that they have evaluations to complete. Upon logging into MedHub, trainees can view a list of their assigned evaluations. MedHub will continue to send weekly reminders to trainees until all of their assigned evaluations have been completed.

Included in each teaching evaluation are items which utilize Likert scales to assess various teaching skills, including: clinical teaching abilities, clinical knowledge, communication skills, feedback skills, supervisory skills, professionalism and commitment to the training program. Comment boxes throughout the evaluation allow clinical trainees to supplement their answers with comments about a faculty's strengths and suggestions for improvement. Each program is required to use the standard Evaluation of Faculty Teaching form provided by the GME office.

The confidentiality of teaching evaluation data is strictly enforced. Teaching faculty are never provided the results of individual evaluations completed by trainees. MedHub strictly protects the anonymity of clinical trainees and provides only aggregate results to the faculty if they have 5 or more completed evaluations. Under no circumstances will the results of an individual teaching evaluation be linked to an individual trainee. Teaching evaluations completed by clinical trainees are an important part of a teaching faculty's Annual Professional Review (APR). These results are used to reward teaching excellence and identify areas where improvement is necessary.

Evaluation of Training Programs

Clinical trainees are required to complete an annual survey (the Resident/Fellow Annual Evaluation of a Clinical Training Program) that anonymously evaluates the strengths and weaknesses of their training programs via MedHub.

Using an evaluation form designed with the assistance of the House Staff Association, trainees have an opportunity to answer questions about a number of factors that contribute to the overall effectiveness of their respective programs. For example, the evaluation includes specific items about program leadership, learning resources, compliance with ACGME requirements and attention to the individual clinical trainee's future goals. The items include questions with yes/no response options. Required and optional comment boxes are included in the evaluation to capture narrative feedback from trainees.

The confidentiality of program evaluation data is strictly ensured. The results from each program trainees are summarized and only provided to the Program Director and The Graduate Medical Education Council (GMEC) if 5 or more evaluations were completed. Any program with less than 5 evaluations submitted per year will not receive data. For smaller programs with less than 5 trainees per year, data will be aggregated across years to ensure a report. Under no circumstances will the results of an individual evaluation be linked to an individual trainee.

Information gathered from program evaluations is helpful in measuring the effectiveness of the training program and is considered in future planning. The results will also be used during the ACGME required Annual Program Evaluation (APE) process, which is monitored by the GMEC Program Improvement Plan Subcommittee. Each clinical training program must undergo an APE yearly. At this meeting trainees and faculty discuss the quality of the training program; a variety of evaluations are discussed, and so are clinical trainee and graduate performance on board examination, as well as faculty development opportunities. Upon completion of the APE the program will prepare a written plan of action to document initiatives to improve performance. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes, which should also include attendance by program leaders, faculty and resident representatives. At the APE of the following year, discussion will focus on how successful the program was in executing the action plan of the prior year.

Additional Types of Evaluations

Clinical trainees and teaching faculty may also be asked to complete other types of evaluations in MedHub, including: peer-to-peer, 360-degree, and self-evaluations. The forms for these evaluations will be developed and deployed as desired and determined by individual programs. Additionally, patients may be asked to anonymously evaluate clinical trainees who participated in their care at Cleveland Clinic. 360-degree evaluations are extremely helpful to Clinical Competence Committee, due to the variety of stakeholders who have an opportunity to participate in assessments.

Availability of Staff Teaching Evaluations and Clinical Trainee Evaluations

Feedback and access to evaluations are such important components in graduate medical education that the GMEC has formulated the following regarding availability of evaluations:

Teaching Faculty: In order to assure timely feedback to teaching faculty, the staff teaching evaluations completed by clinical trainees will be available in an aggregate form once; at least five (5) evaluations are completed on a specific staff physician. This will not jeopardize the confidentiality of the online system in MedHub as faculty will be unable to review individual evaluations completed on them. Access to the aggregate staff teaching evaluations is intended to afford each staff physician the opportunity to reflect on and make corrections to their methodology for teaching clinical trainees.

Clinical Trainees: Clinical Trainees need timely feedback in order to understand and correct areas of their performance that require improvement and to understand areas of performance that are adequate and exceed expectations. Of course feedback in real time is the most valuable as a clinical trainee is more easily able to reflect on their behaviors and actions and better understand what corrections need to be made. In addition, formal evaluations should be completed on clinical trainees at the completion of each rotation by faculty they worked with. These evaluations will be available for the clinical trainees review in MedHub and faculty should be available for discussion of the clinical trainee's performance and evaluation.

Clinical Trainee/Research Performance

There shall be regular ongoing evaluations of clinical trainee/research fellow's performance during training. Regular evaluations are required in all training programs as is feedback to the individual regarding his/her performance. On each service within a training program, clinical trainees will be rated by the staff physicians with whom they have been working and evaluations may be completed by other medical personnel who are involved in the clinical trainee/research fellow training. 360 degree evaluations are encouraged. The Program Director or designee will provide the clinical trainee/research fellow with summative feedback, regarding his/her overall performance in the program, after periods of no longer than 6 months of the beginning of training and earlier if needed. It is anticipated that the Program Director or designee will provide this summative feedback at least twice a year.

Whenever a clinical trainee/research fellows competence (with respect to any element of his/her conduct, skills, duties or responsibilities) is determined by the program to be less than satisfactory or otherwise worthy of discussion, the Program Director or designee shall meet and discuss his/her performance with the clinical trainee/research fellow. Minutes shall be kept of this discussion. A clinical trainee/research fellows performance as referred to in this policy, shall include, in addition to general clinical skills and expected fund of medical knowledge at their level of training, the clinical trainee/research fellows behavior and conduct as well as actions

which are considered adverse or incompatible to the general philosophy of Cleveland Clinic, including but not limited to, sexual harassment, smoking, noncompliance with federal regulations and Cleveland Clinic policies, applicable to all employees and noncompliance with all state and local laws.

In the event a clinical trainee/research fellow's performance warrants further action the program may: provide verbal or written counseling, issue probation, reappoint but not promote to the next year of training (not applicable to research fellows), not reappoint (not applicable to research fellows), dismiss the clinical trainee/research fellow from the training program.

The action to be taken would be determined by the nature and extent of the inadequacy of general performance or specific egregious violations. The overall spirit of any counseling or probation is one of attempting to assist the trainee in improving in the areas of deficiency. It should be done in a positive fashion and with specific improvements, expectations and timelines that are clear to the trainee. Training programs are encouraged to have their Clinical Competency Committee assist the Program Director to determine appropriate courses of action and improvement plans.

Compensation & Benefits

Graduate Medical Education at the Cleveland Clinic offers a comprehensive and competitive benefits program that recognizes the needs of a diverse workforce, as well as providing individuals and families with meaningful benefit choices.

Your institutions Benefit Booklet will provide detailed information on Eligibility, Programs, (Qualifying Life Events, Health Care Plans, Dental Plans, Vision Plan, Flexible Spending Accounts and Life Insurance Plan), Disability Plan, Additional Valuable Cleveland Clinic Benefits (Vacation, Savings & Investment Plan, Employee Assistance Program), Benefit Contact Information and How to Get More Plan Information.

Approved Absences (Time Away) Policy

Time away from clinical responsibilities should be requested 30 days in advance via MedHub unless otherwise instructed by your program. Programs will notify the trainee if the request has been approved or denied. The Program Director has final approval for time away and due to clinical responsibilities or short notice may be unable to approve every request.

Extension of Training: Some specialties may have specific requirements as to allowable time away during training as specified in The American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) guidelines. Please refer to your specific board requirements to determine how many days you may take off before you are required to make up time as policies vary.

Leave of Absence: Please submit leave of absence requests via MedHub for approval unless otherwise instructed by your program. Requests must be accompanied by documentation of purpose of leave (i.e. doctor's note, jury summons, etc.) which should be uploaded by the program. Leaves of greater than 3 days duration will appear in letters of verification and will be noted on licensure board forms. These leaves should be disclosed by the trainee when applying for privileges or licensure to avoid complications. When applying for a leave of absence, please meet with your Program Director who will assist you in understanding how the leave will affect your board requirements. The Program Director, with input from other faculty members,

determines specific guidelines depending upon the specialty, individual's performance and any specific needs that relate to an illness. Leave of absence(s) may extend the training period to comply with specific specialty board requirements to complete training or to reach an acceptable level of performance to progress to the next graduate level. At the time of request, the program director or his designee should meet with the trainee to apprise him/her of the requirements and the length of extension to training, if an extension is known to be required at that time. If an extension is required due to a resident's performance or requirements to successfully complete the current year of the training program, the program director must advise the resident immediately.

Medical Leave of Absence: If a clinical trainee is temporarily unable to work due to illness or accident as determined by their primary care physician and is unable to carry on duties and responsibilities as required in the training program; salary and benefits will continue for 90 days, the duration of the illness or the remainder of the contract; whichever is shorter. If the illness continues and the clinical trainee holds a valid appointment he/she will continue to receive Cleveland Clinic benefits; however, in lieu of a salary they will receive payments from the disability plan. Written verification is required from the primary care physician stating duration of leave required as well as medical necessity of the leave. Please refer to the disability benefit for further information.

Personal Leave: It is the policy of the Cleveland Clinic to grant residents and fellows a leave of absence (without pay) for urgent or emergency situations that personally affect the trainee and cannot be handled in any other way. Program Directors have the final approval for all personal leave of absence requests.

Maternity/Adoption Leave: If a clinical trainee/research fellow is physically able to fulfill their training responsibilities and receives approval from their obstetrician and program director, they may work up to the date of delivery. Six weeks paid leave are given for maternity leave; eight weeks if a caesarian section is necessary. Additional unpaid time (up to 12 weeks in total) may be taken under the Family Leave Act. Mothers are also granted six weeks leave when a child is adopted. Residents and fellows must complete and submit the appropriate forms to the program director at least 90 days in advance to allow arrangements for coverage. After delivery of your baby, please contact Benefits Customer Service Center at 216-448-2247 to add the child onto your benefit health plan within 30 days from the birth of the baby or adoption.

Bereavement Leave: Per Cleveland Clinic Policy, employees are eligible for three (3) bereavement days for a death in the immediate family. Bereavement leave will be paid for attending the funeral or memorial service and/or the time necessary to make arrangements or manage personal affairs related to the death of an immediate family member. Immediate family includes: Spouse, Child/stepchild, Mother/stepmother/mother-in-law, Father/stepfather/father-in-law, Siblings-sister/brother, Grandmother/grandfather and Grandchild. Bereavement leave may be taken within 30 days of the date of death of the immediate family member. Additional time off may be granted by the supervisor, consistent with the operational needs of the department; available vacation time or personal days may be used to extend paid time, otherwise time will be unpaid.

FMLA

Basic Leave Entitlement: FMLA requires covered employers to provide up to 12 weeks of unpaid job protected leave, to eligible employees for the following reasons: incapacity due to

pregnancy, prenatal medical care or child birth; to care for the employee's child after birth or placement for adoption or foster care; to care for the employee's spouse, son, daughter or parent, who has a serious health condition; for a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements: Eligible employees with a spouse, son, daughter or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, therapy in outpatient status or is on the temporary disability retired list.

Benefits and Protections: During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements: Employees are eligible if they have worked for a covered employer for at least one year for 1,250 hours over the previous 12 months and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition: A serious health condition is an illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave: An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave: Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for

FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities: Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions; the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities: Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility. Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

FMLA makes it unlawful for any employer to: interfere with, restrain or deny the exercise of any right provided under FMLA; discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement: An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

Behavioral Health Benefits

The Cleveland Clinic is committed to helping you and your family to stay healthy. Residency and fellowship training can be a stressful time in which some type of mental health care may help you optimize your personal and professional well-being. Behavioral health refers to and includes all services for mental health and substance abuse. Levels of behavioral health services are; outpatient visits, inpatient, partial hospitalization programs and intensive outpatient program. Most programs require prior authorization. Medical Management can be reached at 216-986-1050 or toll free 1-888-246-6648 during regular business hours of 8 a.m. to 4:30 p.m. Monday through Friday. A confidential voicemail is available to accept non-urgent messages after hours. Cleveland Clinic offers a confidential Employee Assistance Program with complimentary counseling, including resource and referral services.

Health Care Benefits

All individuals appointed through Graduate Medical Education (GME) (research fellow, research scholar, clinical research fellow, fellow, clinical fellow, clinical scholar and resident) are offered medical coverage through the Employee Health Plan (EHP) for themselves and any eligible dependents. Benefits will be offered regardless of whether or not they are receiving a salary from

Cleveland Clinic. Trainees appointed through GME CANNOT be required to provide their own medical insurance OR reimburse their department for medical insurance for themselves or their eligible dependents. Medical insurance provided by outside funding sources, such as a foreign government, are not acceptable as they may not be accepted by health providers in the U.S. Health Care Plans (Cleveland Clinic Employee Health Plan): Cleveland Clinic offers the

The Cleveland Clinic Benefits Program lets you select benefits that meet you and your family's needs including Health, Dental, Vision and Flexible Spending Accounts. The coverage you select begins on your actual start date. Select your benefits carefully as you can only change them once a year during the annual Open Enrollment.

Employee Health Plan (EHP) which provides a comprehensive network of medical providers including primary care physicians, specialists, hospitals and allied healthcare providers that covers residents and fellows as well as your immediate family members (spouse and eligible children) The plan does not exclude pre-existing conditions.

Health Plan Eligibility and Coverage: You and your eligible dependents are covered as of your actual start date providing you fill out the appropriate forms within 31 days of your start date. After 31 days, coverage will be DENIED and you will need to wait for the next Open Enrollment to obtain coverage for the next calendar year. Changes to your benefits can only occur once a year (during Open Enrollment) unless you have a "life event". Note: Insurance card(s) will be mailed to your home address that GME has on file after a Social Security Number/Card has been provided. It takes approximately 45 days from your start date or from when a SSN has been provided, for you to receive your insurance card(s).

Customer Service Unit: Questions regarding the Cleveland Clinic Employee Health Plan should be directed to the CCHS Employee Health Plan Customer Service Unit located in the ONE HR Service Center at 216-448-2247 or toll-free 1-877-688-2247.

Qualifying Life Events: The only time it is permissible to make changes to your benefits is within 31 days of a qualifying left event. If you qualify for a life event and wish to change your coverage you must contact the Benefits Department in the ONE HR Service Center at (216-448-2247 or toll-free at 1-877-688-2247) within 31 days of the event and provide the necessary supporting documentation. Please refer to your Benefit Program Summary for a detailed list.

Prescription Drug Benefit: Prescription drugs are covered with a specific schedule of benefits with the maximum benefit and lowest out-of-pocket expenses being generic drugs purchased at a Cleveland Clinic Pharmacy. The prescription drug benefit is administered through CVS/Caremark. There is an annual front end deductible of $100 for each member, with a maximum of $300 per family. This deductible is waived if members fill prescriptions with generic medications from Cleveland Clinic Pharmacies. EHP members can obtain up to a 90 day supply of their maintenance medications from any Cleveland Clinic Pharmacy. In addition, Cleveland Clinic also provides home delivery at no additional cost for EHP members through the Cleveland Clinic Home Delivery Pharmacy. All questions pertaining to the prescription home delivery program should be directed to 216-328-6075 option 3, Monday through Friday, between 7:00 AM and 6:00 PM. For questions pertaining to the EHP Prescription Drug Program, please contact Pharmacy Coordination at 216-986-1050 option 4 or 1-888-246-6648 option 4, Monday through Friday, between 8:00 AM and 4:30 PM.

Dental Plan Benefit: Dental insurance is available to you and your eligible dependents; several plans are available for your selection.

Vision Plan Benefit: The EyeMed Vision Care Plan (Basic or Enhanced) may be elected and cost associated with the election deducted from each pay (payroll deduction). The Vision Plan provides you and your dependents with immediate savings on your prescription eyewear (eye glasses and contact lenses). You have the flexibility to purchase eyewear from your provider of choice, but you will maximize your benefits by using providers who are a part of the EyeMed Vision Care Plan. Routine eye exams and contact lens fitting are not covered under this plan. Enrollment in the Vision Care Plan must be made within 31 days of your actual start date; otherwise trainees must then wait until the annual Open Enrollment period.

Flexible and/or Medical Flexible Spending Accounts: You can use the accounts to set aside a pre-tax way to reimburse yourself for qualified expenses incurred. One for qualified medical expense not covered by the Health, Dental and Vision Benefit Plans and one for qualified dependent/child care expenses. The minimum pre-tax contribution is $100 per calendar year and you must forfeit any account balances that are not claimed for reimbursement.

Dependent Care Flexible Spending Account Eligible Dependents are: individuals under the age of 13 who you claim as dependents on your Federal income tax return; individuals (such as parents or children age 13 or older) who reside with you, are physically or mentally incapable of caring for themselves and can be claimed as dependents on your federal income tax return; spouses who are physically or mentally unable to care for themselves.

Life Insurance Plan: Cleveland Clinic provides no-cost term life insurance coverage.

Professional Liability

Cleveland Clinic provides professional liability coverage for all clinical trainees while working within the confines of the Cleveland Clinic training programs. This insurance provides coverage for acts or omissions that occur during the course and scope of performing professional responsibilities as an employed clinical trainee of Cleveland Clinic. Outside rotations at participating sites that are a required component of your training program are included and covered under the professional liability coverage offered by Cleveland Clinic. Elective rotations outside of Cleveland Clinic are not covered by Cleveland Clinic professional liability coverage. Upon completion of the training program, this professional liability coverage remains in effect for any litigation that may arise from incidents that occurred while you were in training. You do not have to purchase any “tail” coverage when you leave. For more information, refer to the Enterprise Risk & Insurance website After you leave the Clinic, verification of professional liability insurance can be obtained via written request only by faxing to 216-445-7470.

Salary & Benefit Requirements

Cleveland Clinic is dedicated to providing a fair and equitable salary and benefit package for all trainees. In addition, there are U.S. government regulations to which we must adhere. The following reflects our consideration of trainees’ needs as well as U.S. government regulations. Trainees in H-1B status must be paid by the employer (CC) and must be at or above prevailing wage as determined by the U.S. Department of Labor Office of Foreign Labor Certification. There are no exceptions to this rule. In addition, the employer is responsible for all costs (filing fees) associated with the filing of the H-1B petition. Funds may not be transferred from a third party to cover the wages and benefits. ALL FUNDS must be from CC sources.

Clinical trainees (resident, fellow, clinical fellow, clinical scholar) being paid by Cleveland Clinic are to be paid at the PGY level required to enter the program. Clinical trainees may receive funding from a source outside Cleveland Clinic. However, they may not use personal funds. The source of funding must be verified in writing on letterhead and the amount must be equal (in U.S. dollars) to the salary paid to other trainees at the same PGY level in the individual's program. All individuals appointed through the Graduate Medical Education Department will be offered medical benefits through the CCHS Health Plan for themselves and any eligible dependents as defined for their position in the Graduate Physician's Manual.

Benefits will be provided regardless of whether or not they are receiving a salary from Cleveland Clinic. Trainees appointed through the GME Department cannot be required to provide their own medical insurance or reimburse their department for medical insurance for themselves or their eligible dependents. Medical insurance provided by outside funding sources, such as a foreign government are reviewed on a case by case basis.

The Cleveland Clinic reserves the right to withhold part of a clinical trainees stipend, as recompense for: any loss of or destruction to Cleveland Clinic Health System property, such as library books, pagers, uniforms, etc.; violation of Cleveland Clinic Health System parking regulations; debts incurred to the Cleveland Clinic Health System or its subsidiaries; an inducement for the clinical trainee/research fellow to complete any delinquent professional or administrative responsibilities/requirements.

Savings & Investment Plan (SIP)

All newly hired clinical and non-clinical trainees will automatically be enrolled in the Savings Investment Plan (SIP) from Fidelity. The plan will automatically deduct 3% pretax deduction from each paycheck. Graduate physicians are not eligible to receive the employer matching contributions. Plan overview information as well as "opting out" instructions will be mailed from Fidelity to the home address that GME has on file. If you are not interested in participating in the SIP, you must contact Fidelity to "opt out" (but not earlier than 10 days from your start date to assure you are in their database). Any questions should be addressed to Fidelity at 1-888-388-2247 or visit the website

Complaint & Problem Resolution

Occasionally during training, clinical trainees experience problems and/or issues that are unable to be resolved within the channels available in their own training program. Such problems are best handled within the program and clinical trainees are encouraged to attempt all means of resolution through their chief resident, program director, department chairman, advisor or other designated individuals in the training program before utilizing the following alternative channel. The issues may involve a number of areas including but not limited to perceived harassment, unfair treatment, concerns regarding work environment, program noncompliance with ACGME, RRC and/or CC requirements and/or procedural discrepancies or inequities. Once the resources and channels within a program have been exhausted, the clinical trainee is encouraged to contact the Graduate Medical Education Department 216-445-5690 to arrange a meeting. They will then have the opportunity to discuss their particular situation in detail with the Director of Graduate Medical Education, Chairman, Education Institute and/or the Administrator of Graduate Medical Education. Every attempt will be made by the Director and Administrator of Graduate Medical Education to investigate and resolve the reported issues.

If a workable solution is not reached by the Director and Administrator of GME, the clinical

trainee/research fellow may choose to bring the matter before the Graduate Medical Education Council. Findings and action taken by the Graduate Medical Education Council are considered final and binding on all parties involved. This policy is intended to provide clinical trainees with the opportunity to raise and resolve issues in their training program without fear of intimidation or retaliation.

House Staff Resources

House Staff Association (HSA)

The Cleveland Clinic House Staff Association (HSA) is a peer-elected representative body of Cleveland Clinic residents & fellows. Our overarching mission statement is to promote house staff personal well-being, professional experience and education. We accomplish this mission statement through serving as a liaison to our Graduate Medical Education Committee (GMEC) to help inform policy that improves the resident and fellow work environment, as well as patient care. We sponsor a number of educational seminars and social events throughout the year. Furthermore, the HSA also promotes resident involvement on various committees. Examples of such committees include the Quality and Patient Safety Council, Nutritional Services, Infection Control, Ethics, and Diversity Council. Our meetings are open to all house staff and additional information including meeting time, current officers, can be found on our HSA website

House Staff Spouse Association (HSSA)

The Cleveland Clinic House Staff Spouse Association (HSSA) is a philanthropic, social and support organization for the spouses and significant others of Cleveland Clinic residents and fellows. The HSSA provides a monthly newsletter, *The Stethoscoop*, detailing their activities. Some of their events include a Welcome Party at the Cleveland Botanical Gardens, wine tasting, playgroups, book club and volunteer opportunities. HSSA website

Information for International Medical Graduates

The GME|com website contains a section devoted to information for non-U.S. citizens who are in training at Cleveland Clinic. You can access the International Physician/Scientist handbook; find quick links to important agencies (ECFMG, USCIS, etc.) and general information on living in Cleveland.

Employee Wellness Program

Employee Wellness Mission: To support and empower employees to incorporate wellness into their daily lives resulting in a more active, healthy and engaged workforce. This mission is accomplished through a variety of programs including Cleveland Clinic sponsored fitness centers, yoga, Wellness Grand Rounds, Wellness Connection, Wellness Walks and other events throughout the year. In addition, an engaged Wellness Champions program helps spread wellness initiatives and programming throughout the system in support of the Employee Wellness department.

Cleveland Clinic employees who are members of the Employee Health Plan (EHP) can take advantage of a free membership at all Cleveland Clinic sponsored fitness centers (Walker, Lyndhurst, Fairview, CCAC, Hillcrest, Lutheran, BOC, and Wooster). Updated details on the Employee Wellness program or e-mail wellness@ccf.org.

Employee Assistance Program (Caring For Caregivers)

Cleveland Clinic is committed to the wellbeing of its caregivers and understands how personal and work stresses can impact our quality of life and ability to provide skillful and compassionate care.

The Caring for Caregivers Programs help you take care of yourself and maintain your ability to provide a world class patient experience. The programs offer expert, confidential and free support through the: Licensed Professionals Health Program, CFC Employee Assistance Program and Wellbeing Resource and Referral Service. Together these programs demonstrate the importance Cleveland Clinic places on caring for our caregivers. To receive more information, please refer to the Caring for Caregivers site.

CFC Employee Assistance Program (EAP): The EAP offers private and confidential assessment, short term counseling and follow-up services to employees and their immediate family members. You and your dependents do not need to enroll in any of the health care plans offered at the Cleveland Clinic in order to utilize the benefit. Services are available at numerous locations throughout Northeast Ohio. All services are 100% confidential, not part of medical or GME records. The Clinic knows you are an important part of our team and provides this benefit to assist you in reaching your highest potential, both at work and in your personal life. For many issues (including workplace stress), you may want to consider the program before using your insurance. To access, please call 216-445-6970 or 1-800-989-8820.

Employee Services

The following Clinic internet web site outlines a number of services provided to all trainees employed by the Cleveland Clinic. Please refer to this site to become familiar with; human resources policies, day care services, travel information, pastoral care and employee advantage discounts. For other programs and services contact Human Resources at 216-448-0400.

Academic Awards Program

Each year the Education Institute sponsors a variety of award opportunities for Cleveland Clinic residents, fellows and professional staff. There are two categories to the program, manuscript awards and nomination awards. Detailed information on the various award opportunities. Submissions and nominations will be accepted beginning January 1; deadlines vary. The award recipients are presented their award at the Annual Awards Dinner hosted by Elias Traboulsi, M.D., M.Ed., Director, Graduate Medical Education

GME Department Functions

Providing a quality educational experience to our trainees is our number one job, which is why our Graduate Medical Education staff is committed to ensuring that our training programs meet or exceed national and institutional standards. The GME Department helps in the following areas:

- Administration: we oversee and monitor program accreditation, the exchange visitor visa program and all institutional policies affecting GME programs.
- Human Resources: we recruit trainees, administer payroll, authorize benefits and verify employment as well as perform other HR-related functions.
- Customer Service: we are a resource center for questions about graduate medical education.

- Notary: we provide this service free of charge.

Institutional Policies

Hand Off Communication Policy

Purpose: To enhance communication when care of a patient is being transferred from one caregiver to another, in permanent and/or temporary situations. Patients depend on those who provide care to coordinate services whether tests, consultations, or procedures to ensure that accurate and timely information reaches those who need it at the appropriate time. This framework provides for effective communication among members of the health care team in order to ensure consistency of communications and continuity of treatment through a standardized approach to giving and receiving information across the care continuum.

Policy Statement: All caregivers, including but not limited to physicians, residents, licensed independent practitioners (LIP), Care Coordinators, nurses, therapists and transporters, will allocate sufficient time to perform and receive hand off information when patient care is transferred to another caregiver.

Policy Implementation: Hand off communication of patient care, will occur in relationship to, but not limited to the following circumstances:

- Transfer of complete responsibility for a patient such as a primary care physician, LIP or Care Coordinator
- Transfer of on-call responsibility
- Change-of-shift reports
- Transfer of patients between units, including admissions from the Emergency Department and from ambulatory care settings
- Anesthesiologist report to post-anesthesia care unit (PACU) caregivers
- Temporary assignment of responsibility of care when staff leaves a unit for a short period of time (e.g. lunch breaks, off-unit minutes, special studies, hemodialysis, endoscopy)
- Patient undergoing exam or treatment in ancillary service area requiring adjunct medication therapy or ongoing patient monitoring, including but not limited to, Physical Therapy, Occupational Therapy, Speech, Respiratory Services, Imaging, Non-Invasive Cardiology.
- Transfer of care in procedural areas, such as, the surgical invasive procedure care environment, including surgery, PACU, Ambulatory Surgery, Cath Lab, Cardiovascular Care Unit Holding, Dialysis, and Interventional Radiology
- Transfer of care to another hospital, nursing home, home care agency or referring facility
- Transportation of patients to and/or from patient care areas to diagnostic or procedural areas

Cleveland Clinic's process for effective hand off communication includes the following:

- Interactive communication that allows for the opportunity for questioning between the giver and receiver of patient information.
- Up-to-date information regarding the patient's condition, care, treatment, medications, services, and any recent or anticipated change.
- A method to verify the received information, including repeat-back or read-back techniques.
- An opportunity for the receiver of the hand-off information to review relevant patient historical data, which may include previous care, treatment, and services.

Interruptions during hand off are limited to minimize the possibility that information fails to be conveyed or is forgotten. Hand-off communication will occur prior to providing care except in the case of urgent or emergent patient needs. The complete Hand Off Communication Policy

Personal Appearance Policy (eff. 1/2014)

Cleveland Clinic recognizes the importance of the professional appearance of its staff in maintaining an atmosphere conductive to the delivery of quality health care services. To promote such an atmosphere, clinical trainees are expected to dress in a manner appropriate to the jobs that they perform and the professional level they represent. Although it is not necessary to recount all of the components in the employee policy, the following tenets are set forth for clinical trainees:

- Clinical trainees must present themselves in appropriate attire to reflect their position. Male trainees, when caring for patients, should be dressed in a dress shirt and slacks with appropriate footwear and lab coat. Male trainees are encouraged to wear ties unless they pose a safety hazard. Female trainees should be dressed in appropriate business attire which would include suits, dresses or appropriate top and slacks, with appropriate footwear and lab coat.
- Clothing should be neat, clean and in good condition. Clinical trainees should be dressed in a fashion that represents their professional level. Hair should be clean and well groomed (including facial hair).
- Furnished Cleveland Clinic uniforms or other garments are expected to be kept clean, pressed and in good repair. Ceil blue scrubs must be laundered by Cleveland Clinic and are to be worn within Cleveland Clinic only (not worn to and from Cleveland Clinic). Caps, booties and masks should be removed when outside of the operating room. Misty green scrubs are the clinical trainee's responsibility to launder.
- When responding to after-hours or weekend calls, appropriate business casual attire may be worn. Business casual attire includes casual slacks, shirts without ties, polo shirts and shirts or blouses with collars.
- The employee ID Badge must be worn above the waist, in compliance with Clinic policy.

Failure to adhere to standards of dress and grooming may result in corrective action. The complete Personal Appearance Policy

Scrub Personnel Responsibility Policy

Effective June 1, 2010, a new surgical scrub policy was implemented to encourage hygiene, ensure OSHA compliance, promote compliance with infection control and preserve our public image.

No surgical attire (ceil blue scrubs or surgical white) can be worn outside of the hospital/facility or to and from work. Staff and employees must change into ceil blue scrubs or surgical whites once they enter their work locations and change again before leaving work. When leaving the surgical or procedure rooms, ceil blue scrubs and surgical whites must be covered with white buttoned lab coats or warm up jackets, while inside the hospital (i.e. during a lunch break in the cafeteria, running an errand outside of the surgical department; however, this attire cannot be worn when traveling to and from work). Employees must completely change out of ceil blue scrubs or surgical whites with or without a lab coat or warm up jacket before leaving the premises. Disposable hats, masks, gowns, gloves and shoe coverings, must be removed when leaving surgical departments. Discard these items prior to leaving the surgical department or procedure rooms.

Employees and Staff will be held accountable for compliance. Supervisors will be asked to enforce compliance with the policy and will issue verbal warnings, anecdotal notes and corrective action in cases of non-compliance. Institute chairs will be notified of frequent offenders. Signs have been posted throughout surgical departments to remind employees to remove disposable caps, masks, shoe covers and gowns. Please help remind colleagues of this policy, and do your part to encourage hygiene, ensure OSHA compliance, promote compliance with infection control and preserve our public image. The complete Scrub Personnel Responsibility Policy

Vendor Visitation and Interaction Policy

Purpose: Vendor Representatives can play an important role in a patient's care and may be present in Cleveland Clinic (CC) facilities at the request of the attending physicians, surgeons, anesthesiologists or appropriate hospital administrators. This policy serves to establish uniform guidelines for permitting Vendor Representative access to CC operating rooms (OR) and associated areas, including but not limited to; cath labs, hallways, physician offices, etc., so as to ensure reasonable control and identification of Vendor Representatives while ensuring safe patient care. Vendors must follow the requirements established in this document to be allowed access to Cleveland Clinic Personnel and Facilities. Vendor contact is not permitted outside these guidelines. The complete Vendor Visitation and Interaction Policy

Credentialing Process: Any Vendor Representative who visits Cleveland Clinic Personnel and Facilities must: Have a pre-scheduled appointment before any site visits, complete required COMET training, register and comply with Vendormate and adhere to additional criteria outlined by the particular department where he/she has a previously scheduled appointment.

General Vendor Requirements: Upon completion of the Credentialing Process Vendor Representatives must adhere to the following:

1. Required to have an appointment, sign-in and sign-out via Vendormate for all visits.
2. Shall only discuss price or negotiation of price and/or contract with Supply Chain Management. Under no circumstances shall the Vendor Representative solicit new products and/or technology improvements, services or contracts in hospital areas other than Supply Chain Management. CC reserves the right to refuse to pay for any product or service not authorized by Supply Chain Management or the specific department. Contracts must be approved by Supply Chain Management prior to execution. A contract signed by anyone other than an officer or their delegate of the respective corporation is not valid.

3. Shall not provide anything of value to a CC employee that could influence or be perceived as influencing the judgment of the employee in the execution of his/her duties. To this end, no gifts whatsoever, including meals, shall be requested or accepted from Vendors.
4. May not use CC's phones, computers or other equipment for vendor's business or personal use.
5. May not distribute or post any type of brochure, advertisements, pens, cups or similar promotional or marketing materials in the OR and/or associated areas or to any personnel.
6. Must disclose any apparent or perceived conflict of interest; specifically any family, personal or financial relationships.
7. Must disclose if CC personnel moonlight employment, whether full-time or part-time, for said company.
8. Will not sell or engage in selling to non-Supply Chain Management personnel (i.e. materials management, OR stock, inventory services tech, etc.), nor will they attempt to increase inventory levels in storerooms and/or clinical areas.
9. Will not counter detail products that are not on contract with CC unless Supply Chain has been advised of the new technology or change in product use as approved by the FDA for the patient care setting or unless the clinician has expressly requested a discussion regarding new technology. It is not the intent of this policy to limit or be a barrier to true innovation.
10. Will not bring into procedural area, OR or patient care areas, any device that has the capability to record or transmit audio and/or video images, including photography.
11. In the event that CC becomes a vendor showcase, is engaged as a Center of Excellence or as a training program; Vendor Representatives must be accompanied by CC Staff. Vendor Representatives will notify Supply Chain as to the nature of the visit and date of appointment.
12. Must read, understand and follow all guidelines, before conducting business at CC.

Access to the OR: Upon completion of the Credentialing Process, Vendor Representatives will be permitted access to CC's OR and associated areas upon the request of the attending physician, surgeon, anesthesiologist or appropriate hospital administrator. OR Vendor Representatives must adhere to the following:

1. Have an appointment, sign-in and sign-out via Vendormate for every visit.
2. Obtain permission from the physician, nurse manager, department manager or designee prior to the day of the procedure and before entering any patient care area.
3. Upon signing in, proceed directly to the appropriate OR area and/or designated waiting area until the start of the surgical procedure. ID badge must be visible at all times.
4. The primary role of the Vendor Representative in a patient care area is to provide product consultation or to answer questions deemed essential for patient care. Under no circumstances will a Vendor Representative be permitted to: Participate in hands-on delivery of patient care (e.g. scrub), Operate equipment and/or administer supplies; or Provide initial training of equipment and/or supplies during a procedure.
5. CC reserves the right to restrict or prevent a contracted vendor's access into the ORs, post-training and education of awarded product or service, unless prior approval through requesting physician is authorized. Non contracted vendors require physician authorization prior to entering into the OR's.
6. For all participation or observation of a clinical procedure at CC's main campus, Vendor Representatives are required to wear orange scrubs. This scrub color is specific to Vendor Representatives and is designed to ensure easy identification. When leaving the surgical

or procedure rooms, Vendor Representatives must cover their scrubs with a white, buttoned lab coat while inside the hospital - for example during a lunch break in the cafeteria. However, this attire cannot be worn when traveling to and from work. Vendor Representatives must completely change out of their scrubs with or without a lab coat before leaving the premises. Disposable hats, masks, gowns, gloves and shoe coverings must be removed and discarded when leaving the OR area. If Vendor Representatives do not comply with these guidelines may risk loss of privileges of the OR area and all other CC facilities.

7. For all other CC facilities, the specific location will provide the Vendor Representative with their scrubs. The Vendor Representative must cover their scrubs with a white, buttoned lab coat while inside the hospitals. This attire cannot be worn when traveling to and from the hospital. Vendor Representatives must completely change out of their scrubs with or without a lab coat before leaving the premises. Disposable hats, masks, gowns, gloves and shoe coverings must be removed when leaving the OR area. Discard these items prior to leaving the OR area. If Vendor Representatives do not comply with these guidelines, they risk loss of privileges of the OR area.
8. Remain in the designated area pertaining to their visit. Specifically, Vendor Representatives are not permitted to move freely about in areas not pertaining to their specific visit, including but not limited to staff break rooms, other operating suites or physician offices. Under no circumstances may a Vendor Representative wander through the halls of the hospital. Unannounced visits and soliciting of promotional activities by Vendor Representatives are strictly prohibited.
9. Will not bring into procedural area, OR or patient care areas any device that has the capability to record or transmit audio and/or video images, including photography.
10. Visitation hours must be consistent with normal hours of operation for CC unless requested by department employee.

Equipment/Device/Implant Sets:

1. All equipment/device/implant sets to be used by Vendor Representative must be delivered at least 24 hours before a scheduled procedure to allow for inventory, sterilization and/or biomedical safety evaluation in accordance with CC's policies. CC will not pay for equipment until the day of its use regardless of when it is brought in
2. All new products are subject to review by the New Products Committee. A formal process has been established for documentation of product evaluations. Supply Chain Management will provide assistance with the required documents.
    a) Vendor will not be paid for product use if prior approval is not obtained.
    b) No products should be left in any area of CC without prior approval of the New Products Committee.
    c) Vendor Representatives leaving products without permission from Supply Chain Management will be subject to discipline under compliance. Items not previously approved will not be paid for.
    d) Supply Chain Management will coordinate with vendors when their products will be needed for evaluation or trial.
3. All equipment/device/implant sets must contain a complete inventory checklist plus written cleaning and sterilization instructions. This includes consigned and loaner instrumentation sets. The inventory list for each kit must be made available in hard copy and electronically in Excel format and be provided to the corresponding department. The inventory list must also be reconciled with the vendor and CC personnel.

4. All staff training for new equipment, instrumentation or surgical instruments must be coordinated through CC's OR administrator or Nurse Director at least one week prior the scheduled surgical procedure.

Non-Compliance:

1. Vendor Representatives who fail to comply with CC policies will be subject to disciplinary action up to and including permanent loss of business privileges.
2. Continuous infractions or repeated violations to this policy by Vendor Representatives may result in suspension, a request to replace company representatives and possible loss of business privileges at CC.
3. Violations committed by any one Vendor Representative of a given company may result in disciplinary action against any or all representatives of that company.
4. Disciplinary action may vary depending upon the nature of the infraction and the circumstances surrounding the offense. Supply Chain Management reserves the right to determine the severity of the infraction and will use its discretion when assessing and determining the proper course of disciplinary action. Consequences may vary depending on the severity of the infraction.
5. Supply Chain Management will notify vendor of the violation, the determined level of infraction and the planned course of disciplinary action.
6. Duration of restriction of all activity and service calls may be three months, six months, one year or permanent, depending on extent of the infraction. Certain situations may require deviation from the guidelines outlined in this policy. Vendor Representatives can be banned from CC permanently regardless of Vendor Representative's employer.

CC Responsibilities:

1. The departments will be responsible for notifying the vendor of the policy and ensure compliance with identified guidelines.
2. All staff should be observant of others around them. If a Vendor Representative is in any area without an appointment, badged staff should politely request that the Vendor Representative leave that area. Repeated instances should be reported to Supply Chain Management and Protective Services.
3. Prior to the admission of any Vendor Representative into a patient care area, a clinical staff member must verify that the patient's consent concerning the Vendor Representative's presence has been obtained and verification is documented in the patient's medical records. Clinical staff will verify that Vendor Representative's access has been approved by demonstration of the proper hospital-issued identification badge.
4. Upon completion of the surgical procedure, a complete inventory of any equipment, device, implant sets or any other products brought into or used must be completed by the OR staff.
5. All instruments and related equipment used in the OR area must be properly decontaminated prior to removal from CC in accordance with CC's policies and procedures.
6. If known, CC personnel must disclose any CC employee that is moonlighting employment, whether full-time or part-time, for any Vendor.
7. No CC employee is to ask for or receive anything of value from a vendor that could influence or be perceived as influencing the judgment of the employee in the execution of his/her duties. To this end, no gifts whatsoever, including meals, shall be requested or accepted from vendors. Vendors and Cleveland Clinic employees are asked to report any violations of this procedure to the Law Department.

8. Contact Supply Chain Management if Vendor Representative does not adhere to policy, procedures or guidelines; such as not having an appointment or not signing in or out.

Social Media Use Policy

Purpose: The purpose of this policy is to provide all Cleveland Clinic employees with rules and guidelines for participation in social media (also known as social networking). This policy will also apply to any students, volunteers, contractors or vendors who are obligated to comply with Cleveland Clinic policies and procedures. The intent of this Policy is not to restrict the flow of useful and appropriate information, but to safeguard the interests of Cleveland Clinic, its employees and its patients. This policy is not intended to limit any employee's rights under the National Labor Relations Act (NLRA) and does not apply to communications protected by the NLRA. Although Cleveland Clinic recognizes the value of social media as a tool for communicating and gathering information, time spent posting on or viewing social media sites must not interfere with job responsibilities.

Social Media (Social Networking) - Social media and social networking include but are not limited to the following:

- Cleveland Clinic internal intranet sites and blogs
- Cleveland Clinic publicly facing internet web sites
- Social networking sites, such as Facebook®, MySpace® or LinkedIn®
- Blogs (including corporate or personal blogs and comments to blogs) and other on-line journals and diaries
- Forums and chat rooms, such as discussion boards, Yahoo! Groups® or Google® Groups
- Microblogging, such as Twitter®
- Online encyclopedias, such as Wikipedia®
- Video or image based sites such as Flickr®, YouTube® and similar media.

In addition to posting on websites like those mentioned above, social media and social networking also include permitting or not removing postings by others where an employee can control the content of postings, such as on a personal profile or blog. The complete Social Media Use Policy

Use of Electronic Devices

Cellular Phones: All workers are required to use Cleveland Clinic approved encryption technology when confidential or restricted confidential data is stored on a mobile computing device, including but not limited to cell phones. Pease review the Mobile Device Guidelines

iPhone for Clinical Trainees: Trainees are issued an Apple iPhone to make patient care activities safer and more efficient. Trainees will have 24/7 access to Cleveland Clinic email and can take advantage of various clinical applications including Iris. Iris offers secure access to inpatient data that resides in the EMR. The ability to connect to patients' medical records instantly is another step toward transforming the delivery of quality patient care.

Things to know about Resident iPhones

1. The plan gives you:
    a. Unlimited data, text message, multimedia message, voicemail systems, mobile-to-mobile calling, mobile-to-Cleveland Clinic numbers, and nights (9pm-6am) and weekends
    b. Free long-distance for calls within the U.S.
    c. 450 minutes for additional calls not covered above. If 450 minutes are exceeded, the phone will continue to work; however, excessive overages are monitored and will be addressed individually
    d. Freedom from any monthly charges within the plan
    e. The plan doesn't include international data and calls
2. If your iPhone gets lost, broken or stolen, you are financially responsible for replacing it. The current replacement cost is $99 (subject to change). Inform your program coordinator and then call the HELP DESK (Ext. 44357).
3. Do not upgrade to the newest IOS until IT approves the upgrade.
4. You have access to key applications such as IRIS (secure access to MyPractice), Cleveland Clinic email and MedHub.

Things to know about iPhone Etiquette:

1. When using an iPhone around a patient, acknowledge the patient and inform them that you are using a work phone. Do not ignore the patient or family members while using the phone.
2. Do not send patient information via text message.
3. Do not use speaker phone in a public area if you are discussing patient information.

Personal use: You can forward your phone calls from your personal mobile to your Cleveland Clinic iPhone, but know that text messages don't forward. You cannot port your personal mobile number to your iPhone. The cloud is set up by Cleveland Clinic. Once you leave, you will have limited functionality, retrieval and storage of personal data from the cloud.

E-mail: Employees must use their CC email account and network for all Cleveland Clinic business communication. The use of personal email or cloud storage providers poses a serious risk of violating patient privacy and potential loss of CC Intellectual Property (IP). Always check with your department's IT representative or Compliance Office if you are unsure. Employees are prohibited from auto-forwarding CC email to a personal email account.

Photographing: The use of electronic imaging function of cell phones (i.e. phone cameras) is prohibited on Cleveland Clinic premises except when conducting authorized or approved Cleveland Clinic business. The use of a personal cell phone or other personal recording device to record or maintain PHI is strictly prohibited unless first approved by IT Security.

Harassment, Fraud or Illegal Activity: Cleveland Clinic prohibits the use of its telephones, owned cellular phones and voicemail systems for purposes of harassment, fraud or other illegal activated. The complete Acceptable Use of Information Assets Policy

Professional Conduct Policy

This policy is to define disruptive and inappropriate behavior involving residents and fellows (referred to as clinical trainees) and to delineate the response to be followed in all cases involving such behavior. In almost all cases the institution's response to inappropriate behavior

is initially directed towards remediation rather than punishment. It is recognized that it will be beneficial to patients to keep clinical trainees at work in the practice setting. This policy has this as its objective. Unprofessional behavior compromises the ability to provide the best quality care to patients so that behavior must change. It is expected that in almost all cases it will be possible, after intervention, for the clinical trainee and those around him or her to work together to achieve the common goal of continuing to provide the best quality patient care. Depending on severity and response to intervention, disruptive behavior by clinical trainees or refusal of trainees to cooperate with the procedures described in this Policy, may result in corrective action, which shall be carried out according to the Graduate Physicians Manual.

Background: Most health care professionals entering their chosen discipline have a strong interest in caring for and helping other human beings. They try to carry out their duties in a manner consistent with this ideal, maintaining a high level of professionalism. Intimidating and disruptive behavior by physicians and others can erode this professionalism and contributes to an unhealthy and hostile work environment. Such an environment can jeopardize patient safety, contribute to poor patient outcomes, increase the cost of care, and cause clinical personnel, administrators and managers to seek new positions in more professional environments.

Policy: The stated mission of the Cleveland Clinic fosters the highest levels of professional conduct from its health care professionals in order to fulfill that mission. In doing so, Cleveland Clinic strongly desires and expects an environment free from disruptive, threatening, and violent behavior, and does not tolerate inappropriate, unprofessional or intimidating behavior within the workplace. This policy emphasizes the need for all individuals working in Cleveland Clinic to treat others with respect, courtesy, and dignity and to conduct themselves in a professional manner. Patients, visitors, healthcare professionals and all employees must be treated with courtesy, respect, and dignity. This policy is in complementary to and consistent with, the Cleveland Clinic Code of Conduct and other communications addressing appropriate conduct, such as the COMET Module on Disruptive Behavior and Code of Conduct initiatives by Cleveland Clinic Institutes.

Behavior by clinical trainees that generates a complaint by another clinical trainee, an employee of the hospital clinical or administrative staff or individuals in contact with the clinical trainee at the hospital; including patients, will be responded to according to this policy and referred to the Chairman, Graduate Medical Education Council (GMEC)**.** Behavior that indicates that the clinical trainee suffers from a physical, mental or emotional condition will be referred to the Physician Health Committee or otherwise evaluated with the intent to assist the clinical trainee. The Physician Health Committee can be particularly helpful in monitoring a troubled trainee, enabling the trainee to be helped while preserving the trainee's residency or fellowship training. The process of inquiry into and response to inappropriate behavior by clinical trainees is confidential.

Disruptive behavior means any behavior that prevents or interferes with an individual's or group's clinical/academic performance or creates an unprofessional, unsafe, intimidating, hostile or offensive work environment and jeopardizes or is inconsistent with quality patient care or with the ability of others to provide quality patient care at the hospital. While there can be increasing levels of severity with respect to the type of disruptive behavior, there may be incidents that rise to a more serious level, due not to their severity but, to the repetitiveness of the action in spite of previous counseling and intervention.

Three levels of severity of disruptive behavior:

- Level I: Verbal abuse which is directed at-large, but has been reasonably perceived by a witness to be disruptive behavior as defined above; most passive disruptive behavior
- Level II: Verbal abuse such as unwarranted yelling, swearing or cursing; threatening, humiliating, sexual or otherwise inappropriate comments directed at a person or persons or physical violence or abuse directed in anger at an inanimate object (including throwing objects in anger); discrimination or retaliation.
- Level III: Physical violence or other physical abuse which is directed at people. Sexual harassment involving physical contact; and persistent Level II & III behavior that is

Active vs. Passive: Disruptive/inappropriate behavior can be overt or passive; either type can undermine the team's effectiveness or compromise the safety of patients. For purposes of this policy, examples of overt disruptive conduct include, but are not limited to the following:

- Threatening or abusive language directed at hospital personnel, patients or other physicians (e.g., belittling, berating and/or threatening another individual)
- Threats of harm or actions that can reasonably be interpreted as threatening
- Degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel or the hospital
- Profanity or similarly offensive language while in the hospital and/or while speaking with hospital personnel
- Inappropriate physical contact with another individual that is unwelcome, threatening or intimidating
- Public derogatory comments about the quality of care being provided by other physicians, nursing personnel or the hospital
- Harassment (e.g. sexual)

Examples of passive disruptive conduct include but are not limited to the following:

- Exhibiting uncooperative attitudes during routine activities
- Reluctance or refusal to answer questions about patient care, return calls or pages
- Condescending language or voice intonation
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual
- Acts of discrimination or retaliation

It is recognized that due to circumstances, it may be necessary to exercise clear and sometimes presumed forceful medical direction to focus on acute patient care. This in and of itself, does not necessarily constitute inappropriate behavior. However, even in the most acute circumstances, intimidating, belittling, offensive and/or threatening behavior or language is not appropriate and can be counterproductive to obtaining the cooperation of those involved in the emergency response.

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment-related decisions; unwelcome conduct of a

sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive, intimidating or otherwise hostile work environment.

Communication & Education**:** Cleveland Clinic is committed to educate all healthcare team members, both physicians and non-physician staff, on appropriate professional behavior including the following efforts: sponsoring or supporting educational programs on disruptive behavior to be offered to clinical trainees, professional staff members and hospital employees; educational programs emphasizing civility, respect, basic business etiquette and people skills; skills-based training and coaching are provided for leaders and managers in relationship-building and collaborative practice, including skills for giving feedback on unprofessional behavior and conflict resolution; surveying and assessing health care professionals perceptions of unprofessional behavior; disseminating this policy to all current clinical trainees upon the adoption of the policy and to all new clinical trainees upon joining a Cleveland Clinic training program; requiring that clinical trainees positively affirm they have reviewed the educational material (via the COMET module on disruptive behavior) and agree to comply with this policy

Direct Interactions and Reporting: Each Cleveland Clinic health professional is responsible for protecting our positive work environment. When a conduct violation occurs it may be possible for the involved team members to deal with the issue person-to-person through direct professional conversations which can precede the formal professional conduct management process.

Empowerment in Team Interactions:

- Team members are encouraged to avail themselves of the option, whenever feasible; to speak directly with the other party whenever civility, respect and team function are below standard. E-mail is never appropriate for this purpose.
- It is recognized that some team members may lack the training required for such an interaction and that further such training is needed. The option to interact at the front-line level is not meant to preclude the individual's right to report inappropriate behavior as outlined below.
- Even when an incident of inappropriate behavior on the part of another team member occurs, the remainder of the team is expected to continue excellent patient care and adhere to the highest standard of interaction.
- At an appropriate time, after the incident and out of earshot of patients and others, a team member may initiate a civil, non-confrontational but crucial conversation with the other presumed offending team member. In doing so, the team member should use statements that confirm the value of the person to the team or organization (if this is the case) while asking what led to the observed behavior, why it appeared to the observer to be disruptive and whether there was unexpected occurrence that led to it and if the person understood why it was below expected standards of behavior.
- Using this approach, a resolution of the conflict (e.g. verbalized mutual understanding, apology or pursuit at a higher level) should be sought to preserve mutual respect and professionalism.

Reporting Conflict Management at the Next Level: When a team member is not able to do the above, the expectation is that he/she informs his or her program director, the Human Resources Department or the Graduate Medical Education Department of the inappropriate behavior issue. Regardless of the reporting pathway, all such complaints must be communicated to the Chairman, GMEC who works with the clinical trainee's program director to address the

complaint. Any individuals who report policy violations are protected from retribution as are those who cooperate in the investigation of intimidating, disruptive and other unprofessional behavior. Individuals who have reason to believe that their complaints have not been dealt with should report the inappropriate conduct further up their chain of command to the Chairman GMEC or to the Chairman Education Institute. It is expected that a program director acts in a timely fashion to investigate and take appropriate action regarding any allegation of disruptive behavior. This includes letting the complainant know in general terms, what is being done in response. Cleveland Clinic intends that questions about whether a physician's conduct is or is not ethical, shall be determined by the definitions and guidance found in the current edition of the American Medical Association Code of Medical Ethics. The Code can be accessed via the AMA website

Complaints about a clinical trainee regarding alleged disruptive behavior should ideally include:

- Date(s) and time(s) of the behavior in question
- A factual description of the questionable behavior
- The name of any patient or patient's family member who was involved in the incident, including any patient or family member who witnessed the incident
- The circumstances which precipitated the incident
- The names of other witnesses to the incident
- Consequences; if any, of the inappropriate conduct as it relates to patient care, personnel or hospital operations
- Any action taken to intervene in or remedy, the incident

Violations, especially by non-physician personnel, may also be reported to the Human Resources Department. For Professional Staff, reports about inappropriate behavior should utilize the pathway identified by the Chief of Staff or Professional Conduct Committee. Refer patients and/or their families who report witnessing intimidating and/or disruptive behaviors to the Ombudsman's Office. The response should include hearing and empathizing with patients' concerns, thanking them for sharing those concerns and apologizing. Immediately report to Cleveland Clinic Police (216-444-2222) any actions which pose or appear to pose an immediate threat of physical harm to any individual in order to safeguard the health and safety of others. Immediately report all violations that appear to involve discrimination, retaliation or sexual/other harassment to the respective institute chair, Human Resources Department or Chairman, GMEC.

Role of the Graduate Medical Education Council (GMEC): Council consists of representatives of the various clinical Institute Education Committees and is chaired by the Director of Graduate Medical Education. Other Cleveland Clinic personnel involved in graduate medical education may also serve as members of this group. The Chairman, GMEC (or designee) will act on behalf of the Council in matters concerning professional conduct and as such will determine when issues need to be brought to the GMEC as a group. The purpose of this council is to oversee and monitor graduate medical education programs and trainees to assure training programs meet the high academic standards established and residents and fellows are provided with the requisite skills in a professional environment to deliver safe appropriate patient care.

The exact flow of how information regarding inappropriate trainee behavior gets to the Chairman, GMEC is not critical; normally the Chairman, GMEC will be contacted initially by the program director, Human Resources or Professional Staff Affairs and determine the appropriate initial course of action. The Chairman, GMEC, on receiving the complaint, shall request that the trainee's program director interview the complainant to begin initial discussion

regarding the complaint. As necessary, any witnesses or other appropriate parties will be interviewed by the Chairman of the GMEC (or designee). This shall be done routinely, expeditiously or immediately, depending on whether the complaint is level I, II or III. The Chairman, GMEC shall then meet with the reported trainee if necessary and provide that individual the opportunity to respond in writing as well as in person. The Chairman, GMEC should, in the investigation, address potential causes and mitigating factors, such as stress, fatigue, personality disorders and incompetence on the part of the accused or the accuser.

The GMEC Chairman's action may consist of one or more of the following:

1. Determine that no action is warranted
2. Recommend the reported trainee develop an action plan to avoid future incidents
3. Require a written apology to the complainant
4. Recommend to the trainees program director
    a) counseling (verbal or written)
    b) referral to the Physician Health Committee
    c) implement formal remediation plan
5. Consideration of other disciplinary action pursuant to the Graduate Physicians Manual. Recommendation of further disciplinary action (beyond counseling) may result in a GMEC Task Force being formed to review the allegations, complainant response, information from witnesses and review and assessment of the severity of the incident

Responses to Inappropriate Physician Behavior
Principles:

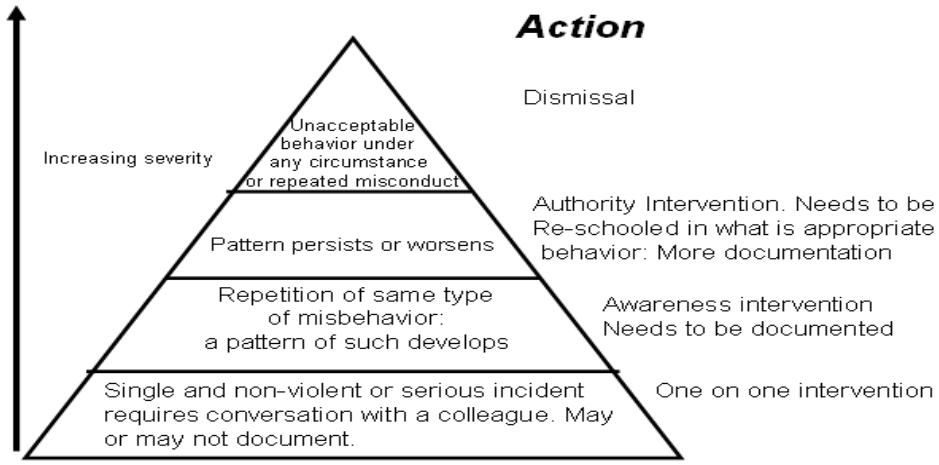
1. It is recognized that disciplinary action has far-ranging consequences for health professionals and in particular for physicians. Therefore, every effort should be made to educate and remediate before proceeding to disciplinary steps.
2. All Cleveland Clinic team members are held accountable for modeling desirable behaviors; the code of conduct is enforced consistently and equitably among all Cleveland Clinic health professionals. All interventions are conducted within the context of the organizational commitment to the health and well-being of our residents and fellows, with resources to support individuals whose behavior is caused or influenced by physical or mental health pathologies.
3. Based on level of severity, interventions should begin with non-confrontational steps starting with informal conversations at the level of the program director and/or department chair, directly addressing the problem and moving toward action. These initial interventions should always aim to build trust, place accountability on and rehabilitate the offending trainee, while protecting patient safety.
4. If inappropriate behavior patterns persist, progressive responses are instituted. Formal counseling and other disciplinary steps are initiated in accordance with the appropriate Cleveland Clinic policies and procedures depending on the recommendations of the program director in collaboration with the Chairman, GMEC based on the specific facts and circumstances of the case.
5. Level III behavior is the most severe violation of this policy. Responses will be commensurate with the nature and severity of the disruptive behavior.
6. Repeated instances of disruptive behavior will be considered cumulatively and action shall be taken accordingly. Such significant violations or a pattern of disruptive behavior may result in serious action, up to and including dismissal. If of sufficient gravity, even a single instance of disruptive behavior may be sufficient to merit disciplinary or corrective action, including dismissal. Cleveland Clinic has "zero tolerance" for intimidating and/or

disruptive behaviors, especially the most egregious instances of disruptive behavior such as assault, sexual harassment and other criminal acts.

Process:

1. Responses are staged based on severity level of inappropriate conduct.
2. The Chairman, GMEC (and the GMEC in certain circumstances) investigates and acts on reports of inappropriate conduct, in collaboration with the trainee's program director and department chair.
3. The Chairman, GMEC reviews the recommendations with the Education Institute Chairman and institutes appropriate intervention in collaboration with the program director and department chair.
4. Where applicable, a follow-up report is submitted to the Chairman, GMEC and the Chairman, Education Institute by the involved Institute Chair, addressing the outcome of the intervention.

Abuse of Process: Threats or actions directed against the complainant by the subject of the complaint will not be tolerated under any circumstance. Retaliation or attempted retaliation by members against complainants will give rise to corrective action pursuant to the Major Policies of the Professional Staff. Individuals who submit a complaint or complaints which are determined to be false shall be subject to corrective action under the Professional Staff bylaws or hospital employment policies, whichever applies to the individual. The complete Professional Conduct Policy



Modified from Hickson et al. 2007

Disability Accommodation Policy

This policy confirms the commitment of Cleveland Clinic to comply with all state and federal laws regarding the employment of qualified individuals with disabilities and also establishes guidelines and procedures for the consideration of requests for reasonable accommodation by employees and applicants with known physical or mental impairments.

It is the policy of Cleveland Clinic to comply with the Americans with Disabilities Act ("ADA"), the Americans with Disabilities Act Amendments Act ("ADAAA") and all state and federal laws, rules and regulations concerning the employment of persons with disabilities. Cleveland Clinic will not discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge compensation, training or other terms and conditions of employment. Furthermore, Cleveland Clinic will make, upon the request of a qualified

individual with a disability, a reasonable accommodation to permit such person to perform the essential functions of the job, so long as such accommodation does not result in undue hardship to the business operations of Cleveland Clinic or cause a direct threat to the health and safety of the requesting person of others in the workplace. The complete Disability Accommodation Policy

Non-Discrimination, Harassment or Retaliation Policy

This policy affirms Cleveland Clinic's commitment to provide a work environment that is free from discrimination or harassment, defines the types of prohibited harassment and provides a process for reporting and investigating complaints of discrimination, harassment and/or retaliation.

Cleveland Clinic is committed to providing a work environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the work environment is free from decimation or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information or any other characteristic protected by federal, state or local law. Cleveland Clinic prohibits any such discrimination, harassment and/or retaliation. All employees, regardless of position or title, will be subject to severe corrective action, up to and including discharge, for engaging in acts prohibited by this policy. The complete Non-Discrimination, Harassment or Retaliation Policy

Drug Free Workplace

Substance Abuse: Cleveland Clinic is committed to maintaining a safe, healthful and efficient working environment for its employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits:

- The unlawful or unauthorized use, manufacture, possession, sale or transfer of illegal drugs and/or controlled substances on Clinic premises
- Reporting to work or working impaired or under the influence of any illegal drug, controlled substance and/or alcohol
- Consumption of alcohol (except at approved or sponsored Cleveland Clinic functions) on Cleveland Clinic premise
- Improper self-medication of over-the-counter or prescribed drugs on Cleveland Clinic premises

The complete Substance Abuse Policy

Physician Impairment: Impairment is defined as "inability to practice medicine in a competent, consistent and ethical manner for reasons of illness, excessive stress or substance abuse." Physical, emotional and psychiatric conditions may influence a physician's ability to practice. In addition, physicians as a group are at high risk for chemical dependency that may lead to impairment. It is not known whether physicians are more at risk for substance misuse problems than other people in the general population, but the predisposing factors of high stress, fatigue, drug familiarity and relative ease of access to substances are frequently seen with physicians. Recognizing these factors and risks, it is the intent of the Cleveland Clinic to assist its physicians in identifying and receiving treatment for conditions which may lead to impairment, while at the same time assuring the highest degree of safety and care for the patients.

Cleveland Clinic, in order to insure the safety of patients and employees and in order to provide the highest quality of medical care, is committed to providing a drug-free environment. Because of this commitment, Cleveland Clinic will not tolerate the unlawful or unauthorized use, manufacture, possession, sale or transfer of illegal or controlled substances or the abuse or unauthorized use of alcohol on or off Clinic property. The Cleveland Clinic Substance Abuse Policy applies to non-staff employees and to physicians with certain modifications because of the greater responsibility of physicians in the care of patients. Cleveland Clinic is also bound by the Federal Drug-Free Workplace Act of 1988 and thus all employees including physicians, must, as a condition of their employment, abide by all the terms of the Substance Abuse Policy. Cleveland Clinic recognizes that the misuse of drugs or alcohol may indicate an illness with drug-induced effects on thinking, attitude and behavior. All employees are encouraged to seek help voluntarily. Cleveland Clinic also provides education, prevention, treatment, reentry and monitoring to assist employees while ensuring a drug-free environment. Help for physicians will include appropriate medical, psychological and chemical dependency care in conformance with the substance abuse policy and the benefit plan.

To facilitate this process, the Board of Governors authorizes the following:

- The Physician Health Committee: Cleveland Clinic maintains a committee for the purpose of dealing with all matters related to physician health and impairment. Cleveland Clinic recognizes those medical, emotional and psychiatric conditions, as well as the misuse of drugs or alcohol may influence thinking, attitude and behavior. The Physician Health Committee (PHC) serves as a clearinghouse for complaints, referral, evaluation, treatment, re-entry, monitoring and compliance. All matters regarding possible or suspected physician impairment must be referred to the Physician Health Committee for review, comment and recommendations. All matters brought before the Physician Health Committee will be kept strictly confidential and will be dealt with on a need-to-know basis.
- Procedure for Screening New Clinical Trainees/Research Fellows: As a condition of employment, the Graduate Medical Education Department will assure that a standardized health screening is completed by Occupational Health for each new clinical trainee/research fellow. Failure to complete the health screening will result in withdrawal of the appointment. A former or resolved drug/alcohol abuse problem will not prevent employment at Cleveland Clinic, but in the event of a prior substance misuse problem, a comprehensive evaluation under direction of Physician Health Committee will be required as part of the pre-employment process.
- Policies and Procedures for Physicians: As employees of Cleveland Clinic, all staff and clinical trainees/research fellow physicians must comply with the substance abuse policy. In addition, Cleveland Clinic physicians must also conform to state laws and state medical board regulations regarding impairment, reporting, treatment and compliance. Legal requirements also extend to non-substance involved colleagues and supervisors who become aware of a colleague's impairment. Clinical Trainees and Research Fellows are encouraged to refer themselves through the Department of Graduate Medical Education. The Cleveland Clinic reserves the right to withdraw the offer of training if the substance abuse policy is violated.

Chemical Dependency

Physicians are a high-risk group with regard to the potential for substance abuse. The Institution's chemical dependency recovery program is aimed at providing help to any clinical trainee/research fellow in need. Clinical trainees/research fellows identified as having a problem

with chemical dependency will be offered a full course of treatment consisting of an intensive in-house treatment program at the Cleveland Clinic or another designated facility followed by outpatient treatment. The Institutional Physician's Health Committee monitors the individual's progress and approves the return to training status as appropriate. Every effort is made to maintain complete confidentiality.

COBRA

You may elect to continue your health coverage for up to 18 months upon termination from the Cleveland Clinic. If you elect to continue coverage, you pay the entire cost. Trainees will receive information to elect COBRA after they have left Cleveland Clinic. If COBRA is elected, your Benefit Plan(s) will be reinstated with no lapse in coverage. After completion of training program or at termination, all benefits will terminate on the last day of the month. The complete Cobra Policy

Corporate Compliance

Corporate Compliance refers to a system of rules, policies and standards, that an organization establishes to assure that its business activities are conducted in a lawful and ethical manner. In May 1996, the Board of Trustees of Cleveland Clinic adopted "The Cleveland Clinic Corporate Compliance Program," which is intended to prevent and detect any violations of federal, state or local laws by Clinic employees, affiliates and their members, independent contractors, trustees, directors and officers. Each affiliate of Cleveland Clinic is required either to apply the program to its operations or to adopt its own program to ensure compliance with applicable laws. By acting in accordance with the Program, Cleveland Clinic is best able to fulfill its mission which is to provide better care of the sick, investigation of their problems and further education of those who serve.

The Corporate Compliance Program is administered by the Office of Corporate Compliance and is comprised of the following elements: identifies federal, state and local requirements that affect Cleveland Clinic Operations; develops policies and standards of conduct for employees and those who do business with Cleveland Clinic; provides communication, training and education; conducts monitoring and auditing to prevent and detect non-compliance; provides a mechanism for reporting compliance issues; responds to deficiencies and issues and assures that non-compliance is corrected.

The standing committees who maintain oversight of the Program are Cleveland Clinic Corporate Compliance Committee, Cleveland Clinic Regional Hospital Corporate Compliance Committee, Cleveland Clinic Florida Hospital Corporate Compliance Committee, Research Compliance Committee and Billing and Coding Committee. All employees are to carry out their duties in full compliance with the Program. In the event of a violation, the Program provides a procedure to report, investigate and correct any problems.

Compliance Expectations for all Cleveland Clinic Employees: Although the Corporate Compliance Program can help you to adopt practices that promote compliance and ethical standards while performing your job duties, you are ultimately accountable for your conduct.

As a Cleveland Clinic employee, you are expected to:

- Carry out your job duties with integrity and honesty and use good judgment while performing those duties
- Fully comply with the Cleveland Clinic Code of Conduct
- Learn and understand the laws and regulations applicable to your position and comply with those requirements
- Recognize and report actual or suspected compliance violations

Recognizing Compliance Issues: Compliance issues involve conduct that is illegal or unethical. This can involve violations of state or federal law or violation with Cleveland Clinic policies. Here are some examples: Reading another person's medical record without permission; disclosing patient information without permission; using another person's password to access confidential information; billing for services that were not performed or medically unnecessary; falsifying medical documentation; copying confidential patient information to an unencrypted USB drive; accepting cash, gifts or bribes from a vendor.

No one has the authority to prevent you from reporting a compliance issue. Reports can be submitted confidentially in person, in writing or verbally to: your supervisor or department administrator; the Office of Corporate Compliance at 216-444-1709; the Law Department at 216-448-0200; the Corporate Compliance Reporting Hotline 800-826-9294. Confidential reports may also be submitted electronically by accessing the Office of Corporate Compliance website and clicking on "Report a Concern" button.

Regardless of which reporting mechanism you prefer, all reports will be investigated and your confidentiality will be maintained. No one who submits a report in good faith will be subjected to reprisal, discipline or discrimination for having made a report. For those who desire complete anonymity, it is important that names, dates, times, locations and any other issue-specific facts are provided so that the report may be fully investigated. The investigation and any findings will also remain confidential but the information will be used to identify deficiencies and to take corrective action when appropriate.

If an employee feels that the issue has not been addressed through the formal reporting process as outlined above, the False Claims Act allows citizens with direct and independent knowledge of false claims activities to sue the organization to recover funds on behalf of the government. In return, the citizen may share a percentage of any funds that are recovered. The False Claims Act further prohibits retaliation against an employee if (1) an employee filed a claim against the institution, (2) the employer knew that the employee filed the claim and (3) the employer's actions were a result of the employee's filing of the claim. Prior to seeking resolution outside Cleveland Clinic, employees and others are strongly encouraged to first contact the Chief Integrity Officer at 216-444-3692 or the Law Department at 216-297-7000 to discuss their concerns. Cleveland Clinic has a policy of corrective action for those who violate the Corporate Compliance Program, as well as for those who fail to report wrongdoing.

Privacy and Security of Protected Health Information (PHI): PHI is individually identifiable health information (including demographic information) that relates to an individual's physical or mental health or the provision of or payment for, health care. PHI is not limited to the electronic medical record and includes paper, photographs, audio, video, x-rays and other types of media. Federal privacy rules provide national standards to protect individuals' medical records and other personal health information. All Cleveland Clinic employees are required to comply with these standards and must complete a designated training program upon hire. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) and The Health Information Technology for Economic and Clinical Health Act (HITECH) PHI may be accessed only by those individuals who, within the scope of the job responsibilities, have a legitimate need for such information for purposes of patient care, research, education, or administrative uses. Any other use or disclosure of PHI may be considered a major infraction of Clinic policy and may subject the employee to criminal penalties [Use of PHI refers to the access, sharing, applying or analyzing of PHI within Cleveland Clinic. "Disclosure" refers to the release of PHI outside

Cleveland Clinic.]. Cleveland Clinic systems, such as the electronic medical record, are configured to log access by individual users. These systems are routinely audited for inappropriate access. Employees who violate privacy policies are subject to disciplinary action up to and including termination. The employee may also be subject to civil monetary penalties and/or criminal prosecution by the Department of Health & Human Services.

Breach Notification and Reporting Rules: Any unauthorized acquisition, access, use or disclosure of patient data may result in serious consequences for Cleveland Clinic as well as for the individual employee who may be responsible for the data loss. Breach notification and reporting rules were published by the U.S. Department of Health and Human Services (HHS) in 2009. These rules mandate notification to individuals, HHS and in some cases the media upon the discovery of a breach of unsecured PHI. A breach of confidential Cleveland Clinic information due to lost or missing laptops and mobile media or unsecured Internet e-Mail is one of the greatest compliance risks we face. You are required to comply with the Encryption Standard Policy. Fully de-identifying patient data, physical destruction of media and/or data encryption are the only ways to avoid public disclosure that is required by law upon loss or theft.

De-identification of PHI mitigates privacy risks to individuals and thereby supports the secondary use of data for comparative effectiveness studies, policy assessment, life sciences research and other endeavors. The HIPAA Privacy Rule allows PHI to be de-identified using the Safe Harbor method. In order to be considered “de-identified” under this method, both of the following criteria must be met: 18 types of identifiers* of the individual (patient) or of relatives, employers or household members of the individual, are removed and there is no actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual.

Identifiers include:

1. Names
2. All geographical subdivisions smaller than a state, including street address, city, county, precinct, zip code and their equivalent geo codes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Phone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic or code (note: this does not mean the unique code assigned by an investigator to code data)

Additional Safeguards:

- Do not use your personal laptop or device to store sensitive CC information
- PHI by may not be taken off-premises and must never be downloaded to a portable media device (e.g. flash or thumb drive) unless the device is encrypted in accordance with ITD Security policies. This includes but is not limited to: CD's, DVD's, 'thumb' or flash drives, memory sticks, and portable hard drives.
- All portable media used for the storage of any patient's or patients' personal health information (PHI) must be provided by Cleveland Clinic. Refrain from using CD's or DVD's for sensitive data. Encrypted flash drives may be requested through department or Institute Administrators.
- It is important to remember that simply deleting PHI files from mobile devices does not ensure that the information cannot be retrieved. Therefore, any media that has ever been used for PHI must be turned into the Cleveland Clinic for proper disposal. Your ITD support team can manage this properly.
- When sending sensitive information by email, be sure to use the word, 'Confidential' in the subject line to trigger secure message delivery.
- Employees are prohibited from automatically forwarding email to their personal email account (e.g. Gmail, Yahoo, etc.). At some point, your work email will likely include

PHI. Once the message lands in your personal email account, copies may have been stored on multiple servers along the way. In short, the PHI could potentially be accessed by unauthorized parties which is a HIPAA violation.

- PHI must never be included when using Google calendars or "Drop Box". These sites are not secure and do not comply with the HIPAA rules.
- File Transfers (To/From the Internet) use only CC approved file transfer protocols that contain the required encryption technologies (your IT support team can manage this properly).
- Do not take or use photographs of patients without their written consent.

Research Compliance incorporates all of the things that Corporate Compliance does and adds on the research layer. Therefore, Research Compliance is responsible for facilitating and coordinating training and support of any researcher (health system-wide) in order to meet the laws, regulations and policies governing research in the most efficient and effective manner. We work closely with the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), the law department, the Center for Clinical Research (CCR), Research Finance and others to carry out the Research Compliance Program. Whether you plan to conduct human subject, animal or laboratory research, we encourage you to contact the Corporate Compliance Office (216-444-1709) so that your research can get started in the right direction.

Code of Conduct

Cleveland Clinic has a tradition of ethical standards in the provision of health care services as well as in the management of its business affairs. The Code of Conduct supplements the mission, vision and values of Cleveland Clinic and applies to all who provide services under the auspices of Cleveland Clinic and its affiliates. Our Code of Conduct provides guidance to all in carrying out daily activities within appropriate ethical and legal standards. The Code of Conduct also provides standards of conduct to protect and promote integrity and to enhance Cleveland Clinic's ability to achieve its mission and compliance goals. The Code of Conduct is an integral part of the CCHS Corporate Compliance Program.

There are 7 principles: Legal and Regulatory Compliance, Business Ethics, Conflicts of Interest, Appropriate Use of Resources, Confidentiality, Professional Conduct and Responsibility

As a CCHS employee, you are responsible for reporting any suspected or actual violation of the Code of Conduct or other policy irregularities to a supervisor, the Corporate Compliance Office or the Law Department. For those who wish to remain anonymous, the report may be submitted through the Corporate Compliance reporting line at 1-800-826-9294 or by using the secure email link on the Corporate Compliance Intranet site.

HR Investigation of Criminal Conduct

Any incident of employee misconduct, including theft, embezzlement, fraud or other wrongdoing, which could result in criminal prosecution should be reported immediately to the Office of General Counsel (216) 448-0200. The complete HR Investigation of Criminal Conduct Policy

HR Investigation of Alleged Scientific or Academic Misconduct

It is the desire of The Cleveland Clinic Foundation to uphold the highest principles of scientific integrity and to protect against scientific fraud or misconduct. There are specific policies and guidelines that define the procedures to conduct preliminary inquiry and/or definitive

investigation in cases of alleged scientific or academic misconduct. Misconduct is defined as fabrication, falsification, plagiarism or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting or reporting research. Misconduct does not include honest error or honest differences in interpretation or judgments of data. Inherent in these procedures is the Clinic's recognition that all individuals will be afforded the protection of due process and the avoidance of conflict of interest. It is recognized that allegations concerning misconduct vary from the trivial to the serious and that evidence may also vary from weak to compelling. For these reasons, the exercise of discretion and good judgment by individuals concerned with this process is of paramount importance and these considerations should have a bearing on the degree to which steps herein delineated might be applied. These guidelines comply with the federal regulations issued by the Public Health Service of the U.S. Department of Health and Human Services regarding misconduct in science. The complete HR Investigation of Alleged Scientific or Academic Misconduct Policy

Conflict of Interest in Business Affairs in General Policy

A Conflict Of Interest may exist when a CCUS Staff member or a member of his or her Immediate Family or an entity directed or controlled by any of them, has an interest in (including relationships with) a Non-Cleveland Clinic (CC) Entity—whether investment, compensation* or otherwise—that could be reasonably perceived as influencing his or her activities in patient care, research, administrative decisions, education or business transactions for CCE. To help advance CCE's mission, Staff members must respect the confidentiality of CCE's information, act in the best interests of CCE and disclose to the IM&COI Program all of their existing and potential personal interests that may result in a Conflict Of Interest. For example:

- Business – "A Conflict of Interest" may exist if a CC Official receives financial benefits from an entity that does business with CC.
- Researcher – An employee owning stock in a pharmaceutical company that sponsors his or her research would present a "Significant Financial Interest" in research.
- Institutional (Research) – An employee performing research sponsored by a company in which CC itself owns stock may constitute an "Institutional Financial Interest" in research.

To assure professional and commercial integrity in all matters, CC maintains a program that identifies and addresses conflicts of interest, conflicts of commitment and consulting. The complete Conflict of Interest in Business Affairs in General Policy

Conflict of Interest in the Practice of Medicine

This policy applies to CCUS Professional Staff, residents and fellows who provide healthcare to CCUS patients (Healthcare Providers) [See also the Conflicts of Interest in Research Policy]. A Healthcare Provider may deliver outside lectures or engage in consulting or other external activities related to their Institutional Responsibilities for which he or she receives Honoraria and/or Consulting Compensation from a Non-CC Entity, as long as the Healthcare Provider complies with applicable CCUS policies. Under the policies, when the compensation—which may be direct or indirect, financial or otherwise—is received by an Immediate Family Member or an entity controlled by the Healthcare Provider or Immediate Family Member, it is treated as compensation to the Healthcare Provider. CCUS Healthcare Providers may also engage in activities related to the commercialization of intellectual property, as long as the Healthcare Provider complies with this and other policies related to conflicts of interest and commercialization of intellectual property. [See also the CCF Intellectual Property and Commercialization Policy] The intent of this policy is to ensure that the Healthcare Provider's

primary concern is promoting the best interests of their patients. The Innovation Management and Conflict of Interest (IM&COI) Program will review all potential Conflicts of Interest in Clinical Practice and may require certain actions, such as disclosure to patients, limits on the relationship with the Non-CC Entity or adoption of a Conflict Management Plan, to ensure, to the extent possible, that the clinical activity is free from bias that may result from the Financial Interest. In its evaluation of Conflicts of Interest in Clinical Practice, the IM&COI Program will strive not to interfere with the practice of medicine. Any required actions will not limit the clinical activities that CCUS Healthcare Providers believe to be in the best interests of their patients; rather, the IM&COI Program will make efforts to manage the relationship or Financial Interest in the Non-CC Entity. The complete Conflict of Interest in the Practice of Medicine Policy

Policy Implementation covers:

- Receipt of Gifts by Healthcare Providers from Non-CC Entities
- Distribution of Non-CC Entity-Derived Materials Containing Information Directed at Patients as Part of Clinical Practice or Patient Education:
- Having Financial Interests in a Non-CC Entity (stock, stock options, rights to royalties or other commercialization revenues, receiving consulting, speaking or other fees) While Using the Entity's Product in Treating Patients:
- Donating to Charities Part or All of Honoraria or Consulting Compensation, Royalties and Other Revenues from Commercialization Received from Non-CC Entities
- No Royalty Payments or other Commercialization Revenues for use at Cleveland Clinic Enterprise (CCE) of Products Commercialized by CCUS or developed by CCUS Employees
- Patient Referrals to a Physician, Entity or Practice with which there is a Potentially Conflicting Relationship with the Referring Healthcare Provider
- Distribution of Prescription or Over-the-Counter Samples to Patients
- Site Access to CCUS by Pharmaceutical, Diagnostic and Medical Device Non-CC Entity Representatives
- Ghostwriting

Conflict of Interest in Education Policy

The intent of this policy is to ensure that CCUS Staff and Trainees adhere to the highest ethical standards when they participate in educational endeavors. This policy applies to CCUS Staff and Trainees who are responsible for educating, and to trainees and other learners who work and/or learn at CCUS as part of their career development. The complete Conflict of Interest in Education Policy

Policy Implementation covers:

- Required Disclosure of Industry Relationships to Trainees by Faculty
- Attending Non-CC Entity-Sponsored Education and Training Activities:
- Receipt of Educational Funds from Non-CC Entities:
- Speaking and Training at Non-CC Entity-Sponsored Events:
- Gifts of Educational Materials from Non-CC Entities:
- Trainees Supervised by Faculty with Non-CC Entity Relationships
- Trainee Relationships with Non-CC Entities:

Conflicts of Interest in Research Policy

To assure professional and commercial integrity in all matters, Cleveland Clinic United States (CCUS) maintains a program that identifies and addresses conflicts of interest in research. This policy applies to Investigators, which means any CCUS Staff, Employee or Trainee participating in research and includes the project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research performed under the auspices of CCUS, which may include non-CCUS collaborators with, or non-CCUS consultants to CCUS Staff, Employees or Trainees. If an Investigator has a Significant Financial Interest ("SFI") and that SFI is considered to be a Conflict of Interest (or a Public Health Service ("PHS")-Reportable Financial Conflict of Interest; see below), the Investigator must obtain approval from the IM&COI Program to participate in human subjects or non-human subjects research. The complete Conflicts of Interest in Research Policy

Policy Implementation covers:

- Additional Requirements for Human Subjects Research
- Disclosure to CCUS
- Travel Disclosure for Investigators participating in Research Supported by the PHS
- Retrospective Review and Mitigation Reports
- Public Accessibility
- Disclosures to the Scientific Community
- Training
- No Royalty Payments or other Commercialization Revenues for use at CCE of Products Commercialized by CCUS or developed by CCUS Employees
- Donating to Charities Part or All of Honoraria or Consulting Compensation, Royalties and Other Revenues from Commercialization Received from Non-CC Entities

Patient Safety

Patient Safety is a Cleveland Clinic priority and the responsibility of every caregiver and affiliate. The Patient Safety Plan and Program are designed to support and promote the mission, vision and values of Cleveland Clinic with a systematic, coordinated, approach to improving patient safety and reducing risk. The Patient Safety Program builds a framework for the delivery of safe care, perpetuates a culture of safety and improves patient outcomes through reducing variability in care processes, increasing reporting of safety events and overall reduction of preventable adverse events.

The goals and objectives of the Cleveland Clinic Patient Safety Plan are:

- Support and promote a culture of safety and high reliability principles
- Provide education and training on the prevention and correction of medical errors to reduce the possibility of patient injury
- To measure, report and utilize safety data for improvement
- Review and evaluate actual and potential safety risks in current practice and identify opportunities to enhance safe practices
- Empower all caregivers to speak up about safety concerns
- Involve patients in decisions about their healthcare and promote open communication

The Patient Safety Program includes monitoring compliance with The Joint Commission National Patient Safety Goals (NPSG).

Culture of Safety

The Cleveland Clinic supports a Culture of Safety. The elements of our program include:

- Teamwork; acting as a unit
- High Reliability; doing the same thing for our patients every time - reluctance to simplify and pre-occupation with perfection
- Activated Patient and family; enlisting the patient and/or family as part of the healthcare team – listening
- Accountability and Just (Culture); establishing expectations and accountability for expected safety behaviors.
- Encouraging 'speaking up' through event reporting - understanding why errors occur
- Learning; full cycle learning from reported events

Speak Up: The Cleveland Clinic supports a safe culture by establishing expected safety behaviors which include stopping the line when something doesn't seem right and reporting actual or potential safety events. Management should support and encourage the caregiver to report and share lessons about safety events so others are able to learn.

Cleveland Clinic Enterprise Quality supports several committees, projects and resources providing opportunities for clinical trainees to become involved in patient safety. To receive additional information on Cleveland Clinic Patient Safety, National Patient Safety Goals or the Cleveland Clinic Enterprise Quality, please refer to the Cleveland Clinic Quality and Patient Safety website

Safety Event Reporting (SERS) Policy

Reporting a safety event when it occurs provides an opportunity to identify and learn about system failures, hazards and risks. It is critical to note that safety events are not limited to those events that cause a patient harm. Often we have the most to learn from near-miss events and no harm events. Learning about these events can help safeguard our patients from future harm events. The safety event can provide information as to where processes are breaking down and therefore reduce the likelihood of recurrence. Ultimately this review and analysis process will lead to improvements in the quality of patient care. The complete Safety Event Reporting (SERS) Policy

Any Cleveland Clinic hospital or facility caregiver, who is involved in, observes or otherwise becomes aware of a safety event, is responsible for promptly reporting the event in the electronic Safety Event Reporting System (SERS). Reports may be submitted in an identifiable or anonymous manner. Events should be reported as soon as possible within 24-hours of occurrence. The information in the report or generated from the event reporting system is confidential and privileged as outlined in the Ohio Revised Code Section 2305.25(D), 2305.252, and 2305.253.

Cleveland Clinic caregivers can report safety events without fear of retribution. Event reporting is a mechanism for organizational learning, not a disciplinary pathway. Our response to events is centered on being "just" with a focus on understanding the context in which errors occur. Cleveland Clinic is committed to supporting an environment which is neither purely punitive nor blame-free. Of critical importance in determining a "just" response to an event is understanding that while all caregivers bring expected behaviors to work (avoiding reckless behavior, gross

neglect or intentional acts of harm), we do work within complex and imperfect systems. Learning from these events allows us to improve the systems that all caregivers work within.

- Adverse Event: Any injury (undesirable clinical outcome) caused by the omission or commission of medical care
- Event: Any happening that is not consistent with the routine care of a patient, or an occupational injury/illness of a Cleveland Clinic healthcare system caregiver or any happening that is not consistent with the normal operations of the Cleveland Clinic health system. An event may involve a patient, Cleveland Clinic health system caregiver, visitor or the physical environment within a Cleveland Clinic health system facility and is associated with actual or potential for harm, loss or damage. An event may involve an error, but the term 'event' is not synonymous with 'error'.\
- Near Miss: Circumstances or events that have the capacity to cause error and did NOT reach the patient.
- Root Cause Analysis: A Root Cause Analysis (RCA) is a process for identifying the basic causal factors that underlie variation in performance, including the occurrence or risk of occurrence for a sentinel event. The RCA focuses primarily on systems or processes, no individual performance.
- Sentinel Event: A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: Death, Permanent Harm or Severe Temporary Harm. Severe Temporary Harm is critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition or additional major surgery, procedure or treatment to resolve the condition. The Joint Commission also outlines 14 events that will be considered sentinel regardless of harm. See the 2015 Joint Commission Sentinel Event Policy for more details. Please refer to the SERS web site page for additional information.

HIPAA

HIPAA rules govern the privacy and security of protected health information (PHI). PHI is individually identifiable health information (including demographic information) that relates to an individual's physical or mental health or the provision of or payment for health care. PHI is not limited to the electronic medical record and includes paper, photographs, audio, video, x-rays and other types of media. All members of The Cleveland Clinic workforce are required to complete a designated training program on or around their start date. In addition, employees must review the HIPAA Policies located in the PPM.

OSHA

Federal law mandates that all clinical trainees receive training annually regarding the Bloodborne Pathogen Standards. This is accomplished with an on-line course in COMET.

Infection Prevention

Clinical Trainees at the Cleveland Clinic will follow all infection prevention policies and procedures available on the intranet in the Policy and Procedure Manager and the Infection Prevention web site. Hand hygiene and Standard Precautions are the cornerstones of infection prevention. Performing hand hygiene before and after patient contact is regarded as a professional responsibility. Sinks and alcohol-based hand rubs are readily available in all

patient care locations. To ensure Cleveland Clinic is complying with Joint Commission National Patient Safety Goals, hand hygiene is monitored among employees.

Healthcare workers will wash hands with soap and water:

- When hands are dirty or visibly soiled with proteinaceous material, blood or body fluids
- When caring for patients with Clostridium difficile
- After using the restroom and before eating

Healthcare workers will:

- Use sufficient volume of soap to cover all surfaces of the hands
- Rub hands together covering all surfaces for at least 15 seconds
- Dry hands with a paper towel; turn off faucet with a paper towel

If hands are not visibly soiled an alcohol-based hand rub may be used for routinely decontaminating hands in all clinical situations.

Healthcare workers will:

- Use sufficient amount of product to cover all surfaces of the hands
- Rub into skin until dry

Standard Precautions includes the use of personal protective equipment to prevent exposure to potentially infectious material, use of cough etiquette, masking for lumbar punctures and following safe injection practices (one needle, one syringe, one time, for one patient). Transmission-based Precautions includes the use of Contact, Droplet and Airborne Precautions for certain defined conditions or pathogens. Clinicians are expected to follow the directions posted on the patient's door. In addition, clinicians will follow recommended infection prevention bundles for the prevention of central line-associated bloodstream infection (CLABSI), catheter-associated urinary tract infections (CAUTI), ventilator-associated pneumonia (VAP) and surgical site infections (SSIs). Bundles include daily assessment for need and prompt removal of indwelling devices as soon as clinically feasible. Review the 2017 Enterprise Infection Prevention Program Plan

Influenza Vaccination

All employees must participate in the Cleveland Clinic Annual Influenza Vaccine Program by receiving the influenza vaccine or receiving a medical or religious exemption. A final date to comply with the annual Cleveland Clinic Influenza Vaccine Program will be determined annually. Review the Standing Order: Employee Influenza Vaccination Program

Employees must receive a flu shot from Cleveland Clinic Occupational Health or submit proof of vaccination from another source to Cleveland Clinic Occupational Health or receive a medical or religious exemption. If such employees are not in compliance with the required participation in the mandatory program by the identified date, their non-compliance will be documented in a memorandum sent to the employee and retained in their personnel file and which can be considered when evaluating the employee's performance in the future.

Medication and Allergy Reconciliation Policy

The purposes of reconciliation are to maintain and communicate accurate patient medication and allergy information and to educate patients about the importance of having an accurate current medication list. Reconciliation is the process of identifying and resolving medication and allergy discrepancies which may include omissions, duplications, contraindications, unclear information and changes pertinent to the care being delivered at that patient encounter. Allergy documentation and medication reconciliation is the physician/providers' responsibility. Patients are at risk during transitions in care across settings, services, providers or levels of care. To provide safe, quality care we must develop, reconcile and communicate an accurate medication and allergy list. It is expected that caregivers will utilize the appropriate tools within the electronic health record to perform and maintain accurate medication information for our patients. This includes, but is not limited to, use of admission, transfer and discharge navigators in the inpatient setting. The complete Medication and Allergy Reconciliation Policy

The Cleveland Clinic Medication and Allergy Reconciliation Policy and Procedure outline the following allergy and medication requirements:

- Create a complete list of the patient's current medications with active patient involvement at entry into our organization or upon admission
- The medication list must include all prescribed medications, over-the-counter drugs, herbal and dietary supplements, vitamins and other commonly used medications such as eye drops, inhalers, patches and contraceptives
- Compare medications ordered for the patient to those on the list and resolve any discrepancies (e.g., omissions, duplications, potential interactions)
- At the time of discharge or transfer the provider must compare the medications to be continued post-discharge/post-transfer with the list of medications the patient was taking prior to entry into the organization and those taken during the hospitalization
- A complete written list of medications the patient should be taking when discharged or at the end of an outpatient visit is provided to the patient
- Explain to the patient the importance of managing medication information such as providing the list to their primary care provider

Universal Protocol (Time Out) - Safety Checklist Policy

The Safety Checklist is a powerful tool used to reduce the occurrence of preventable error during a procedure or surgery. It is designed to enhance communication among team members and identify potential issues or concerns related to the case. The Safety Checklist is utilized for all procedures carrying more than minimal risk performed in the outpatient and inpatient settings.

This policy addresses Pre-procedure verification or Sign-in; Marking of the procedure site Time-out; Post procedure Sign-out and Documentation

Oversight and Responsibility:

- Physicians are responsible for ensuring the safety of their patients during any procedure that is associated with more than minimal risk by adhering to the Universal Protocol/Safety Checklist
- Members of procedure teams are responsible for active communication and participation as outlined in the Universal Protocol/Safety Checklist policy in addition to appropriate documentation
- All procedural team members are responsible for the immediate resolution of any

discrepancy during any process of the Universal Protocol/Safety Checklist.

- It is the responsibility of each hospital, institute, department and discipline providing direct patient care to implement the policy and to draft and operationalize related procedures to the policy if applicable
- The enterprise Patient Safety Committee (ePSC) is responsible for reviewing, revising, and updating this policy to maintain compliance with regulatory or other requirements.
- The ePSC is responsible for data analysis, as indicated, at the system level to drive related performance improvement initiatives.
- Each organizational Patient Safety Committee is responsible for local level data analysis, as indicated, to drive related performance improvement initiatives.

For more information review the complete Universal Protocol (Time Out) - Safety Checklist Policy e-mail: safety@ccf.org; call x4-SAFE (47233), or view the Quality and Patient Safety website

Verbal Orders Policy

Verbal orders should be limited to urgent or emergent situations where it is impossible or impractical for the prescriber to write the order or enter it into the EMR (electronic medical record). This policy outlines the information to be communicated when verbal orders are given by the LIP (Licensed Independent Practitioner) to the appropriate accepting personnel. Verbal orders are verified by a read back process. The complete Verbal Orders Policy

1. Verbal orders are discouraged at Cleveland Clinic. Verbal orders should be limited to urgent or emergent patient care situations.
2. Verbal orders for IV chemotherapy shall not be given or accepted.
3. Documentation of Verbal Orders includes the date, time and names of the individuals who gave, received, recorded and implemented the orders.
4. All verbal orders must be legibly authenticated (signed, dated, and timed) by the LIP within 7 days. If the prescribing LIP is unavailable to authenticate the verbal order, any LIP concurrently involved in the care of that patient may authenticate the order within 7 days.
5. An APN (Advance Practice Nurse) or PA (Physician Assistant) may authenticate a physician's or other qualified licensed practitioner's verbal order only if the order is within his/her scope of practice and the patient is under his/her care.
6. The verbal order must be recorded and "read-back" to the prescriber as outlined in Read-Back: Verbal Orders and Critical Test Results/Values Policy (v.2)
7. A receiver of verbal orders may refuse to accept or implement a verbal order that, in his professional judgment, is unclear or inaccurate. In this instance, the receiver must clarify the verbal order with the prescriber. If clarity is not obtained, the receiver can contact an alternate prescriber caring for the patient, or if necessary, the prescribers immediate supervisor.
8. Verbal orders for medication must include the dose, frequency, and route of administration.
9. Employees authorized to accept verbal orders include the following (refer to the matrix for a complete listing of employees authorized to accept orders)

HR Confidential Information Policy

All employees of Cleveland Clinic may have during the course of their employment, access to confidential information concerning budgets, strategic business plans, patients or other employees. This information may be in the form of verbal, written and/or computerized data. The safeguarding of this confidential information is a critical responsibility of each employee.

Unauthorized acquisition, use and/or disclosure (whether written or verbal) of any information relating to Cleveland Clinic Health System business, patient medical information, current and past employees, job applicants and computerized data is a most serious matter and will be grounds for disciplinary action up to and including discharge. Individual employees may also be subject to criminal prosecution for these violations. The complete HR Confidential Information Policy

Identity Theft Prevention and Mitigation Standard Operating Procedure

It is the policy of the Cleveland Clinic to protect confidential patient information in accordance with state and federal regulations and Cleveland clinic policies. If patient information is compromised through identity theft or fraud (i.e. use of someone else's name, social security number, insurance card/benefits, credit card, etc.) this policy and procedure for managing the situation and account will be adhered to consistently throughout the health system. In response to federal regulations that help prevent identify theft, Cleveland Clinic has created a system-wide policy to support our organization's commitment to patient confidentiality:

- As a Cleveland Clinic employee, please uphold this policy by notifying your supervisor if you observe any of the following situation or "Red Flags"
- Suspicious looking documents (i.e., altered ID)
- Suspicious activity on an account (i.e., frequent change of address)
- Alerts, notifications or warnings from a credit agency about identify theft
- Notice from patient, victim of identity theft or fraud, law enforcement, etc.
- Medical treatment inconsistent with physical exam

The regulation this policy supports were published by the Federal Trade Commission (FTC) and the federal financial regulatory agencies. These regulations are called "Red Flag Rules" and institutions were required to establish an Identity Theft Prevention Program to support them. The complete Identity Theft Prevention and Mitigation Standard Operating Procedure

Release of Information on Patients

The patient's condition, diagnosis and prognosis are to be discussed only with the patient, the patient's family and others who are involved with the patient's care in accordance with the wishes of the staff doctor in charge, unless the patient objects. Requests for copies of patient information must be directed to Health Information Management.

- To Reporters: All inquiries from newspaper and television reporters regarding accidents, rumors, professional standing of doctors and nurses or anything that involves the Clinic shall be referred to the Director of Media Relations.
- To Lawyers: All inquiries from lawyers, adjustors and others regarding accidents and care and treatment of patients should be referred to the Office of General Counsel and the staff physician in charge. No information may be released without written authorization from the patient.
- To Police: All inquiries should be referred to the Director of Protective Services.
- To the Public: Information that can be given over the telephone regarding the condition of patients is recorded at the hospital information desk. Inquiries involving the condition of patients, which cannot be answered on the basis of such daily reports, are referred to the staff physician or surgeon. If he or she cannot be located, the inquiry should be referred to the senior resident.

Informed Consent Policy

Informed Consent is a legal and ethical issue, as well as necessary for compliance with CMS Conditions of Participation and Joint Commission standards. It is the result of a discussion with the patient (or their representative) regarding inherent risks, benefits, alternatives and risks associated with those alternatives, and personnel related to a proposed procedure. Additionally, information must be conveyed to the patient in a manner that ensures their understanding.

To maintain regulatory compliance, Cleveland Clinic policy requires that both the responsible practitioner and the patient sign an official informed consent document that includes language approved by our Law Department. In situations where the patient is unable to sign, it is important to ensure that the most appropriate representative sign the consent on the patient's behalf. The signature process for both practitioner and patient is primarily accomplished via the electronic medical record. The complete Informed Consent Policy

Human Subject Research

All research involving human subjects requires IRB approval prior to implementation. Research involving human subjects is defined as a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge or any experiment that involves a test article other than the use of a marketed product in the course of medical practice. A human subject means a living individual about whom an Investigator (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information. Common types of human research involve retrospective chart reviews, surveys, questionnaires, innovative surgical procedures, drug and devices trials, registries and outcome research. You should contact the IRB office for assistance if you have questions whether an activity is considered human research requiring IRB approval. Some research may involve the recruitment of employees (staff, fellows, residents, students) as research volunteers and require additional safeguards. If you have any concerns regarding a request for you to participate as a research subject, please contact the IRB, the Director of Graduate Medical Education or the Chairman of the Education Institute.

Human Research Training Requirements: Investigators, Co-Investigators, Study Coordinators and other key research support personnel involved with study design, recruitment, consenting, data collection or data analysis are required to complete the CITI course (Collaborative IRB Training Initiative). This is an online course on human subject protections at www.citiprogram.org. All employees participating in human subject research are also required to complete the HIPAA in Human Subject Research course available on COMET. Completion of the Investigator Human Subject Research Education Course is also required for all Staff, Residents, Fellows and Scientists participating as PI or Co-Investigators in human research. Courses are offered quarterly and registration is conducted through COMET. An on-line review course is required every 3 years after completing the live training.

Although clinical trainees and research fellows may not be immediately involved in human research, we strongly encourage all trainees to take these courses to gain special knowledge and use of reference material relating to the conduct of clinical research. The Cleveland Clinic main campus IRB is responsible for the review of all human subject research conducted in whole or in part on premises owned or operated by CCF, regardless of who is conducting the research and includes the main campus, the family health and surgery centers, Cleveland Clinic Regional

Hospitals, the Children's Hospital Shaker Campus and other components as listed on our Federal wide Assurance agreement. You can contact the CCF IRB at 216-444-2924 or access our email account IRB@ccf.org

Safety & Security

The personal safety and health of each employee, patient and visitor is a primary importance to Cleveland Clinic. It is our policy to maintain a safety program conforming to all applicable local, state and federal safety and health standards, fire codes and environmental regulations. Since these regulations only define minimum requirements, it is the position of Cleveland Clinic that every effort will be made to exceed them whenever practical. If you are working late and feel the need to be escorted safely to your assigned parking location, contact the Cleveland Clinic Police at 216-444-2250 for assistance. For your safety, "blue light emergency intercoms" blanket the Cleveland Clinic campus. The blue lights enable you to easily find them. Push the button once and you will be connected directly to the Cleveland Clinic Police Department and it will alert them to your location for an immediate response. Uses include reporting a crime, suspicious persons, property lost, found or stolen and car trouble such as a dead battery (there is free "jump start" assistance available) or keys locked in your car.

Hazardous Chemical Identification and Communication Policy

Cleveland Clinic is committed to providing the safest, most healthful environment possible for its employees, patients and visitors. In support of this objective, Cleveland Clinic has established the following policy to comply with the Hazard Communication Standard (29CFR 1910.1200) of the Occupational Safety and Health Act and the City of Cleveland's Hazardous Chemical Right-to-Know Code (Ordinance No. 2704-B-83). This policy applies to any chemical which is known to be present in the workplace in such a manner that caregivers may be exposed under normal conditions of use or in a foreseeable emergency. The complete Hazardous Chemical Identification and Communication Policy

Human Immunodeficiency Virus Infection

Human immunodeficiency virus (HIV) infection is an epidemic of major proportion with serious medical, social and economic consequences. Physicians must be familiar with the clinical manifestations of symptomatic HIV infection (AIDS and AIDS-related conditions) as well as the indications for his limitations of various laboratory diagnostic tests that are currently available. It is the responsibility of any physician who wishes to perform these tests on his or her patients to inform them about the appropriate interpretation of the tests, the ethical and potential legal implications associated with performing these tests, the need for appropriate counseling prior to and after the test results are conveyed to the patient, the need for medical follow-up if the test results are positive. If an employee sustains a significant exposure (needle stick, sharp injury or a mucous membrane splash of patient blood or other body fluids), that employee should file a Safety Event Reporting System (SERS) form with their supervisor and contact the occupational health triage personnel by calling the Cleveland Clinic Bloodborne Pathogen (BBP) Hotline (216-445-0742) or Pager 23742 Monday – Friday 7:30 am – 5 pm (Pager 21132 evenings, weekends and holidays).

If the source patient from such an exposure is identified, consent to permit HIV testing will be sought. In the absence of consent, the request to test the patient will be referred to the Chairman of the Infectious Control Committee. Employees with exposure to source patients who are HIV-positive or whose HIV status cannot be determined will be immediately referred to an Infectious Disease Physician for evaluation for antiviral medication as deemed necessary and will be

recommended for follow-up HIV testing at three, six, and twelve months after exposure. Depending on the degree of exposure and patient risk factors, they may also receive post exposure HIV prophylaxis (see post exposure protocol). Such employees should be advised to report and seek medical evaluation for any active illness that occurs during the follow-up period. For 24 weeks after exposure, when most exposed persons would be expected to seroconvert, the Public Health Services recommends the following measures for preventing transmission of HIV: refraining from blood, semen or organ donation, refraining from sharing needles and abstaining from sexual intercourse or using measures to prevent HIV transmission during sexual intercourse. If a source patient is identified as Hepatitis B positive it is recommended that the Health Care Worker have follow up testing. This should occur at the time of the exposure to establish baseline results. This is followed by testing at 6 weeks, 3 months and 6 months. If seroconversion should occur, the Health Care Worker will be referred immediately to Hepatology for evaluation and treatment. After the tests results are available, the employee will be informed and counseled. If the test result is positive, a report will be submitted with the employee's knowledge to a designated primary physician and the Chairman of the Infection Control Committee. If a non-Cleveland Clinic health care provider, emergency services worker, police officer or fire fighter sustains a significant exposure to the body fluids of a Cleveland Clinic patient, the exposed individual may request that the patient be tested for HIV by the Infection Control Department.

Confidentiality: All Cleveland Clinic employees must preserve the confidential nature of HIV testing and results. Breach of confidentiality is grounds for dismissal.

Disclosure of Information: Copies of patient records, which contain HIV-related information, may be released to specified individuals, upon receipt of a written and valid authorization. HIV-related information may be released to the following without patient authorization: Cleveland Clinic employees who have a need to know; a health care facility or provider that procures, processes, distributes or uses a human body part from a deceased individual which is donated for a purpose; the appropriate governmental health department; a non-Cleveland Clinic health care provider, EMS worker, peace officer or fire fighter who has sustained a significant exposure to a patient. If the patient receives post-exposure testing for HIV upon authority of the Infectious Control Committee, his or her identity may not be revealed.

Health Care Workers with HIV Infection: Effective July 31, 1996, all Ohio State Medical Board licensees are subject to new rules about HIV and HBV. The attached rules incorporate guidelines and procedures that the Ohio Department of Health (ODH) Task Force on the Transmission of Blood Borne Pathogens by Health Care Professional identified as necessary to minimize the risk of HIV/HBV transmission from health care providers to the public. The rules require:

- A physician to obtain testing if he/she has reason to suspect he/she is infected with HIV/HBV.
- A physician who learns he/she is infected is required to submit to assessment and monitoring by an appropriate review panel established or approved by the Ohio Department of Health (ODH). Any practice restrictions established by the panel must be observed to minimize risk to patients.
- A physician who learns that a colleague is seropositive is required to assure that he/she is referred to an appropriate entity for assessment and monitoring. If an infected colleague fails to self-report within seven days after being informed of his/her duty to do so, the physician is required to report their knowledge of the serosensitivity to the State Medical

Board.

- Recognizing the deeply personal and sensitive nature of this information, the Medical Board rules encourage voluntary compliance to minimize the risk that a practitioner's seropositive status will be publicly divulged. The Medical Board believes that the majority of affected physicians will choose to be monitored exclusively by ODH or by an ODH-approved institutional panel.

ACGME Policies

Institutional Duty Hour Policy (eff. 3/2015)

Purpose: Providing clinical trainees with adequate academic and clinical education requires careful planning with specific considerations of the impact of training requirements and duty hours on patient safety and the clinical trainees' well-being. Didactic and clinical education must have priority in the allotment of clinical trainee's time and energies. Duty hour assignments must recognize that faculty and clinical trainees collectively share responsibility for the care, safety and welfare of patients. The training program and its sponsoring department must establish an environment that is optimal for clinical trainees' education and for safe patient care, while ensuring that undue stress and fatigue among clinical trainees is avoided. Clinical trainees' duty hours and on-call periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care and the educational needs of the clinical trainee. Duty hours must be consistent with the ACGME Institutional Requirements, Common Program Requirements and Residency Review Committee (RRC) Program Requirements. More stringent duty hour requirements established by an RRC would take precedent over the duty hour requirements listed below.

- Each program must ensure that the goals and objectives of the program are not compromised by excessive reliance on clinical trainees to fulfill service obligations.
- Duty hours must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
- Programs must mandate that clinical trainees are provided with appropriate senior and/or faculty back-up support at all times.

The Graduate Medical Education Committee (GMEC) is committed to ensure that clinical trainees are able to report concerns regarding duty hour requirements without retribution. This may be done in the following ways:

- Through the House Staff Association representatives or officers
- A meeting with the Director, Associate Director or Administrator of Graduate Medical Education (GME)
- Anonymous link on GME|com; all comments are automatically forwarded to the Administrator of GME who will investigate concerns and report findings to the GMEC for review and action plan.

Program Specific Duty Hour Policy: Each program must have a written policy and procedure consistent with the Institutional and program-specific RRC requirements for clinical trainee duty hours and must regularly distribute those to the clinical trainees and faculty within their program. The written policy and procedure must be reviewed annually to assure accuracy and reinforce importance.

Averaging Duty Hour Periods: Averaging hours must occur by rotation (4 week block, month or the period of the rotation if shorter than 4 weeks). When rotations are shorter than 4 weeks,

averaging must be done over these shorter rotations. This avoids heavy and light assignments being combined to achieve compliance. “Rolling” averages are not permitted. The rotation with the greatest hours and frequency of call must comply with duty hour requirements. If a clinical trainee takes vacation or other leave, those vacation or leave days are omitted from the numerator and the denominator when calculating duty hours and days off. (e.g. if a clinical trainee is on vacation for one week, the hours will be averaged over the remaining 3 weeks or the remainder of the rotation - if the rotation is shorter than 4 weeks.)

Duty Hour Requirements
Maximum Hours of Work per Week: Duty hours must be limited to 80 hours per week, averaged over a 4-week period or the length of the rotation, inclusive of all in-house call activities and all moonlighting.

Duty hours are defined as all clinical and academic activities related to the program. The following must be included when reporting duty hours:

- Patient care (both inpatient and outpatient)
- Administrative duties related to patient care
- The provision for transfer of patient care
- Time spent in-house during call activities
- In-hospital hours when on the phone
- Scheduled academic activities such as conferences
- Required research (research hours or any combination of research/patient care activities)
- Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee or that are accepted practice in programs, such as clinical trainees’ participation in interviewing program candidates
- Time spent at regional/national conferences/meetings when attendance at the meeting is required by the program, or when the clinical trainee is acting as a representative of the program (i.e. presenting a paper or poster). Only actual meeting time counts towards duty hours; travel and non-conference time is excluded.
- Any tasks related to performance of duties, even if performed at home, count toward the 80-hour limit

The following should not be included when reporting duty hours:

- Reading and study time spent away from the duty site
- Academic preparation time, such as time spent preparing for presentations or journal club

Mandatory Time Free of Duty: Clinical trainees must be scheduled for a minimum of 1 day free of duty every week, when averaged over four weeks.

- One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities
- It is not permissible to have the day off regularly or frequently scheduled on a clinical trainees post-call day
- At-home call cannot be assigned on these free days
- Because at-home call does not require a rest period, the day after at-home call may be used as a day off
- Extended or prolonged at-home call is not permitted as it would be in violation of the 1 day off in 7 requirement

- It is permissible for clinical trainees to take call for an entire weekend to allow them to have the entire next weekend off as long as the total duty hours, 1 day off in 7 and frequency of call are within the limits as specified by the requirements.

Minimum Time Off between Scheduled Duty Periods: The Cleveland Clinic GMEC has determined that clinical trainees must have 10 hours of rest between duty hour periods. PGY-1 clinical trainees should have 10 hours free of duty between scheduled duty periods. Intermediate-level clinical trainees [as defined by the RRC] should have 10 hours free of duty between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Clinical trainees in the final years of education [as defined by the RRC] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

- While it is desirable that clinical trainees in their final years of education have ten hours free of duty between scheduled duty periods, there may be circumstances [as defined by the RRC] when these clinical trainees must stay on duty to care for their patients or return to the hospital with fewer than ten hours free of duty.
- Circumstances of return-to-hospital activities with fewer than ten hours away from the hospital by clinical trainees in their final years of education must be monitored by the program director.

Maximum Duty Period Length: Duty periods of PGY-1 clinical trainees must not exceed 16 hours in duration.

Duty periods of PGY-2 clinical trainees and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage clinical trainees to use alertness management strategies in the context of patient care responsibilities.

1. Clinical trainees may be allowed to remain on-site in order to accomplish transition in care or to attend educational conferences; however, this period of time must be no longer than an additional four hours. During this four hour period, clinical trainees must not be permitted to participate in the care of new patients in any setting, must not be assigned to outpatient clinics including continuity clinics and must not be assigned to participate in a new procedure.
2. Clinical trainees must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
    a) Additional clinical responsibilities that clinical trainees must not be assigned to include:
        - the care of new patients in any clinical setting
        - continuity or outpatient clinics
        - participation in new procedures including elective scheduled surgery
3. Clinical trainees may be allowed to remain on site for patient safety or clinical trainee education; however, this period of time must be no longer than an additional four hours.
4. In unusual circumstances, clinical trainees on their own initiative may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring or humanistic attention to the needs of a patient or family.

a) Under those circumstances, the clinical trainee must appropriately hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance in MedHub
b) The program director must review each submission of additional service and track both individual clinical trainee and program-wide episodes of additional duty

Maximum In-House On-Call Frequency: PGY-2 clinical trainees and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). Scheduled shifts (generally 8, 10 or 12 hours in length) in an ICU or night float rotations are exempt from the requirement that call be scheduled no more frequently than every third night.

Maximum At-Home Call Frequency: Time spent in the hospital by clinical trainees on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for 1-day-in-7 free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each clinical trainee.

Clinical trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period". Therefore, the requirement of 10 hours off between shifts does not apply.

PGY-1 clinical trainees are limited to a 16-hour duty hour period and are not allowed to take at-home call.

The Program Director must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Maximum Frequency of In-House Night Float: Clinical trainees at all levels are eligible for night float, but may not be scheduled for more than six consecutive nights of night float.

Moonlighting: Because Graduate Medical Education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the clinical trainee to achieve the goals and objectives of the educational program. The program director must comply with Cleveland Clinic's written policy and procedure regarding moonlighting, in compliance with the ACGME Institutional Requirements. Moonlighting is voluntary; clinical trainees must not be required to engage in moonlighting. All clinical trainees who moonlight must be compensated for their time. All moonlighting (internal and external) including compensated moonlighting at any of Cleveland Clinic's primary clinical sites must be counted toward the 80-hour weekly limit on duty hours. None of the other ACGME duty hour requirements apply to moonlighting. Refer to the Moonlighting Policy for additional information.

Alertness Management: In accordance with the ACGME Common Program Requirements, the program must educate all faculty and clinical trainees to recognize the signs of fatigue and sleep deprivation as well as fatigue mitigation processes. All new clinical trainees are required to complete the online COMET course entitled "Sleepiness and Fatigue in Medical Professionals"

within the first 90-days of training. Annually, all clinical trainees are required to complete the refresher course of “Sleepiness and Fatigue in Medical Professionals” in COMET.

The Rest Ensures Safe Treatment (REST) Room, located in TT5-517, is a designated call room in the event that a clinical trainee is fatigued from post-call, coming into hospital from at-home call or for strategic napping, etc. Programs must provide a form of transportation for clinical trainees who may be too fatigued to safely return home; an acceptable method would be reimbursement or vouchers for a taxi or other means of public transportation.

Clinical Trainee Responsibilities Relating to Recording Duty Hours: Clinical trainees MUST complete a weekly timesheet in MedHub, the institutional residency management system, by recording their in and out times of each day worked. They must also tag the time entered to an activity by choosing from the following: Standard Work Period, Internal Moonlighting, External Moonlighting, Home Call (called in) or Work from Home. After completing each weekly timesheet, clinical trainees must hit the ‘Submit Completed Duty Hours’ button to confirm recorded hours. The trainee always has access to the current week and prior week to record their duty hours. Recording of duty hours in MedHub is required for all clinical trainees; 100% compliance is expected. Failure to do so is looked upon as unprofessional behavior and will be duly addressed by the program director; repeat offenses may be subject to disciplinary action.

Activity flagged by MedHub as a violation on a specific timesheet is an actual violation if the trainee violated the single work period (16 hours max PGY1, 28 hours max PGY 2+) or 10 hour break between shifts, but only a “potential violation" regarding the 80 hour rule and 1 day off in 7, as it is not averaged over a four week period. Regardless if the violation is actual or potential, MedHub will ask the clinical trainee to document a mitigating reason. This allows both the clinical trainee and the program to identify and correct potential duty hour problems before they actually occur.

Program Oversight of Clinical Trainees Duty Hours: Duty hours (including moonlighting) must be monitored at the program level with a frequency sufficient to ensure an appropriate balance between education and service and compliance with the duty hour requirements. Programs must have a process to ensure continuity of patient care in the event that a clinical trainee may be unable to perform his/her patient care duties.

At the conclusion of each rotation, the Program Director will have access to the Duty Hours Review Periods section in MedHub. This will provide the Program Director with the duty hour violation, details of the violation and the rationale provide by the clinical trainee when logging their mitigating reason. The Program Director is responsible for reviewing each violation and commenting on each, as the ACGME expects Program Directors to review and sign-off on all duty hour violations. Once complete, the Duty Hours Review Periods information will be forwarded to their Institute Education Committee for review and approval. Refer to the Duty Hour Review Periods Policy for additional information.

Institute Education Committee Oversight of Duty Hours: The GMEC requires that each Institute Education Committee review the Duty Hours Review Periods information, for each accredited program on a quarterly basis. The Institute Education Committee will send a resolution with the action and decision to the GME office to be placed on a GMEC agenda for discussion.

GMEC Oversight of Duty Hours: The GMEC will monitor each training program's duty hours on a quarterly basis and if needed random intervals as requested by Council through the Duty Hours Review Periods reports and resolutions provided by each Institute Education Committee.

Based on the extent and severity of non-compliance, the GMEC will determine if any additional followed-up is required. A survey of clinical trainees may be conducted. After the survey results are compiled; the program director will be required to produce a written plan of action. If areas of non-compliance are still in existence, the program director may be invited to a GMEC meeting to discuss the non-compliance issues and program response. The GMEC will continue to follow-up until compliance with all requirements is achieved.

The GMEC will also monitor compliance of clinical trainee's duty hours through the following:

- Annual Cleveland Clinic Evaluation of a Training Program results
- Annual ACGME Clinical Trainee Survey results
- GME Executive Review process
- Program Improvement Plan (PIP) process
- RRC Notification Letters
- Periodic monitoring of individual programs
- Random surveying of clinical trainees as determined by Council
- GMEC Special Review Process

Moonlighting Policy (revised 3/2016)

The time spent in graduate medical education is designed and dedicated to achieving competence in clinical care and academic excellence in the chosen specialty. Moonlighting is permitted if opportunities exist that, in the opinion of program directors do not interfere with the main objectives of training, adherence to duty hour rules or with the wellbeing of the trainee. The Accreditation Council for Graduate Medical Education (ACGME) requires that Sponsoring Institutions have a written policy on moonlighting. The Graduate Medical Education Council (GMEC) is responsible for monitoring and advising on all aspects of training at Cleveland Clinic including but not limited to each program's adherence to the prudent work requirement limits set by the Residency Review Committees (RRC).

In this capacity, the GMEC has implemented the following general rules regarding moonlighting:

1. PGY1 residents are not permitted to moonlight.
2. Moonlighting must occur outside training hours and not conflict with training activities. This means moonlighting may occur in the evening or on weekends based on a clinical trainees' educational/program responsibilities.
3. Moonlighting must not interfere with the ability of the clinical trainee to achieve the goals and objectives of the educational program or hinder patient care in any way
4. Clinical trainees must not be required to moonlight.
5. Clinical trainees must submit in advance a written request to their program director indicating that they would like to be engaged in moonlighting activities. The program director must acknowledge the moonlighting activity with a signature on the request form and this form will be maintained in the clinical trainees' program file.
6. All moonlighting (internal and external) must be counted toward the 80 hour weekly limit on duty hours and clinical trainees must document and account for all approved internal and external moonlighting activities in MedHub.

Types of Moonlighting

1. External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the clinical trainee is in training or at any of its related participating sites.
    a. Clinical trainees engaged in moonlighting that involves independent patient care activities must hold a current permanent license issued by the State Medical Board of Ohio.
    b. It is the responsibility of the institution hiring the clinical trainee to determine whether licensure is in place, adequate liability is provided and whether the resident has the appropriate training and skills to carry out assigned duties during moonlighting assignments.
    c. Clinical trainees on clinical J-1 exchange visitor visas are NOT permitted to engage in independent patient care activities due to federal regulation restricting unsupervised medical practice
2. Internal Moonlighting**:** Voluntary, compensated, medically-related work performed within the institution in which the clinical trainee is in training or other Cleveland Clinic (remote) sites (i.e. family health centers, surgical centers).
    a. As required by the Joint Commission (JC), clinical trainees engaged in moonlighting (regardless of level of responsibility and/or supervision) must hold a current permanent license issued by the State Medical Board of Ohio.
    b. Types of Internal Moonlighting:
        - Independent patient care activities at Cleveland Clinic or within the CCHS require credentialing and appointment through Professional Staff Affairs as a Limited Clinical Practitioner (LCP).
        - Supplemental on-call or any other supplemental responsibilities that are within the scope of the clinical trainee's training and commensurate with a clinical trainee's level of experience and skill. These supplemental responsibilities have to be fully supervised and occur outside normal training hours.
    c. Clinical trainees on clinical J-1 exchange visitor visas are NOT permitted to engage in independent patient care activities due to federal regulations that restrict unsupervised medical practice.

Permission to Moonlight: The decision to allow clinical trainees in any training program to participate in moonlighting activities shall be at the discretion of the program director. The program director may decide that a clinical trainee may not moonlight for any of the following reasons:

- The moonlighting activity would lead to exceeding the RRC requirement that limits duty hours.
- The clinical trainee is unable to meet any of the requirements of the training program.
- The clinical trainee's performance doesn't meet with the competency based Milestones.
- The program director feels the requirements of the program are such that none of the clinical trainees in the training program may moonlight.
- The clinical trainee exhibits signs of fatigue during training activities.

Program directors must monitor the performance of the clinical trainee to assure that factors such as fatigue are not contributing to diminished learning, substandard performance, or inadequate patient care. If a program director identifies any of these issues with a clinical

trainee who is moonlighting, the program director would advise the clinical trainee to discontinue moonlighting activities. If a clinical trainee is found to be moonlighting without program director approval, the clinical trainee may be subject to disciplinary action.

Clinical Trainee Work Environment (revised 3/2016)

Graduate Medical Education at Cleveland Clinic is committed to promoting a learning environment where patient safety and clinical trainee wellbeing are of paramount importance. Education of clinical trainees must occur in an environment in which they are able to raise and resolve issues without fear of intimidation or retaliation. An organizational system for clinical trainees to communicate and exchange information about their work environment and their programs will be provided in a confidential and protected manner. This may be accomplished through direct communication with the Program Director, Chief Resident, faculty or with the Director or the Administrative Director of Graduate Medical Education and/or through the House Staff Association.

The following services are provided to support the environment in which clinical trainees work, and maximize the educational value of the time spent in clinical activities. Please refer to your institutions Benefit Booklet for details on to access these services.

a) Food Services: Clinical trainees on duty must have access to adequate and appropriate food services. Clinical trainees who are required to be in-house overnight call are provided with on-call meals.
b) Call Rooms: Cleveland Clinic maintains on-call rooms for clinical trainees who are on in-house overnight call. Any clinical trainee required to be in-house must have access to a call room.
c) Caring For Caregivers: Employee Assistance Programs: Cleveland Clinic and the Education Institute are committed to the wellbeing of clinical trainees and understand how personal and work stresses can impact your quality of life and ability to provide skillful and compassionate care. The Caring for Caregivers Programs offer expert, confidential and free support through various referrals and resources. To learn more, seek assistance confidentially, schedule an appointment or speak to a counselor immediately, call 216-445-6970. For additional information, refer to Caring for Caregivers
d) Laboratory/Pathology/Radiology Services: There are laboratory, pathology, and radiology services to support timely and quality patient care in all training programs. This includes 24-hour retrievals of laboratory, pathology, and radiology information via electronic or online systems. All clinical trainees have access to this patient information through EPIC.
e) Support Services: Patient support services, such as intravenous services, phlebotomy services, and patient transportation services are provided to all clinical trainees and training programs.
f) Medical Records: Cleveland Clinic utilizes EPIC System's electronic medical record (EMR). There are several components to the Epic System software that include an outpatient electronic medical record (EpicCare) and an inpatient electronic medical record (Epic Inpatient) as well as a scheduling/registration, patient access and inpatient pharmacy. These integrated components are accessed through a single MyPractice/Epic Systems login screen. Providers use EPIC to document each patient's illness, treatment and care; the EMR is available at all times except during scheduled downtimes. The system supports quality patient care, the education of clinical trainees, quality assurance activities, and provides a resource for scholarly activity.
g) Security/Safety: Appropriate security and personal safety measures are provided to clinical trainees at all Cleveland Clinic locations including but not limited to parking

facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities. Cleveland Clinic has a safety and security program that conforms to all applicable local, state and federal safety and health standards, fire codes and environmental regulations. Security is provided by the Cleveland Clinic Police Department. Personal security escorts are provided by contacting the Cleveland Clinic Police Department for trainees who are concerned about displacement on campus.

h) Transportation: Training programs offer a taxi service for clinical trainees who may be too fatigued to safely return home. The taxi services are reimbursable through each department. Clinical trainees in need of this service should contact their Chief Resident, Program Coordinator or Program Director for more information.

i) Space: Cleveland Clinic offers conference rooms with AV equipment, computers and access to library material. Programs also provide workspace areas for trainees in their programs, please contact your Program Coordinator regarding what is available in your clinical area.

j) Simulation and Advanced Skills Center: Cleveland Clinic has a 10,000-square-foot multidisciplinary Simulation and Advanced Skills Center which is open to physicians, nurses, clinical trainees and allied health professionals. Simulation-based education offers education and training for clinical trainees and other healthcare providers in a low stress, risk-free environment with the goal of promoting active, hands-on learning opportunities and delivering quality patient care. The Simulation and Advanced Skills Center has a focus on skill building in teamwork and communication. The Center offers some of the newest simulation technology, including a patient simulator that responds to drugs; a fully functional OR equipped with oxygen and gases; a difficult airway center; 4 ICU beds; debrief rooms and audio/video recording for performance evaluation in debrief rooms or via the intranet. Simulation Center staff can assist faculty in building and creating scenarios.

k) iPhones: iPhones are made available to all clinical trainees, which allow 24/7 access to key applications such as the IRIS app. This app permits patient record retrieval (including images). The impetus for this significant institutional commitment is the belief that this technology will assist clinical trainees in conducting improved transitions of care through the hand off tool in EPIC, our institutional electronic medical record system and will enhance quality and patient safety.

l) Additional Program Resources: Cleveland Clinic and each program must ensure that adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services) are available to clinical trainees. In addition, necessary professional, technical and clerical personnel must be provided to support the program.

Emergent Situations or Disasters (Extreme Events) Policy (eff. 11/2011)

The purpose of this policy is to:

- Minimize the impact of an extreme event or disaster on clinical trainees and to protect their well-being, safety and educational experience.
- Provide general information and procedures to support Cleveland Clinic GME programs and clinical trainees in the event of a disaster or interruption in their educational experience.
- Provide guidelines for communication with program directors and clinical trainees regarding reconstitution or restructuring of a clinical trainees educational experience as rapidly as possible after an extreme event or determining the need for transfer or closure in the event of that normal program activity cannot be reconstituted.

For purposes of this policy an extreme event can be either:

- A disaster - defined as an event or set of events causing significant alteration to the clinical trainee experience at one or more training programs in an entire community or region. These may include, but are not limited to natural disasters (tornado, external flood, earthquake, etc.) or terrorism. The ACGME Executive Director makes the declaration of a disaster or
- An extreme emergent situation - defined as a local event (such as a hospital-declared disaster for an epidemic) that affects clinical trainee education or the work environment but does not rise to the level of an ACGME-declared disaster.

The primary source for communication regarding an extreme event and recovery plan for program directors, program coordinators and clinical trainees will be GME|com. This will likely be complemented by other communications via other CC electronic venues.

Clinical trainees are first and foremost healthcare providers, whether they are acting under normal circumstances or in extreme events as defined above. Clinical trainees must be expected to perform according to society's expectations of healthcare providers as professionals and leaders in health care delivery. Decisions regarding a clinical trainee involvement in local extreme emergent situations must take into account the following aspects of his/her multiple roles as a trainee, a physician and an institutional employee:

- The nature of the health care and the clinical work they are expected to deliver;
- Clinical trainees level of post-graduate education;
- Clinical trainees safety, considering their level of post-graduate training, associated professional judgment, capacity and the nature of the disaster at hand;
- Board certification eligibility during or after a prolonged extreme emergent situation;
- Reasonable expectations for duration of engagement in the extreme emergent situation;
- Self-limitations according to the clinical trainee's maturity to act under significant stress or even duress

Clinical trainees are students who should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a clinical trainee is working under a training certificate from a state licensing board, he/she must work under supervision. Clinical trainee performance during extreme events should not exceed expectations for their scope of competence as judged by program directors and other attending physicians. In addition, a clinical trainee must not be expected to perform in any situations outside of the scope of their individual license.

DIO/GME Office Process for an Extreme Emergent Situation: The program directors first point of contact for answers regarding an extreme emergent situation and the resulting impact on clinical trainee education and work environment must be the Director of GME/Designated Institutional Official (DIO) or his/her designee. The DIO will contact the Executive Director of the Institutional Review Committee (ED-IRC) via telephone only if an extreme emergent situation causes serious extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's or any of its programs' ability to conduct resident education in substantial compliance with ACGME, Institutional, Common and Specialty-Specific Program Requirements. The DIO will provide information to the ED-IRC regarding the extreme emergent situation and the status of the educational environment for its accredited programs resulting from the extreme event. The DIO will receive electronic

confirmation of this communication with the ED-IRC which will include copies to all EDs of Residency Review Committees (RRCs).

Only upon receipt of this confirmation by the DIO, may the program directors contact their respective EDs-RRCs if necessary, to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment. Program directors are expected to update the DIO on the results of conversations with EDs-RRCs, regarding any specialty-specific issues. The DIO will notify the ED-IRC when the institutional extreme emergent situation has been resolved.

DIO/GME Office Process for a Disaster: The program directors first point of contact for answers regarding a disaster and the resulting impact on clinical trainee education and work environment, must be the Director of GME/DIO or designee. The DIO will contact the Executive Director of the Institutional Review Committee (ED-IRC) via telephone in the case of a disaster which causes serious, extended disruption to resident assignments, educational infrastructure or clinical operations that might affect the Sponsoring Institution's and its programs' ability to conduct resident education in substantial compliance with ACGME Institutional, Common, and specialty-specific Program Requirements.

The DIO will monitor progress of both healthcare delivery and functional status of GME programs for their educational mission during and following a disaster. The DIO or designee will call or email the ED-IRC with information and/or requests for information. Similarly the Program Directors will contact the appropriate ED-RRC with information and/or requests for information. Clinical trainees can call or email the appropriate ED-RRC with information and/or requests for information.

The DIO or designee will work with the ACGME to determine the appropriate timing and action of the options for disaster impacted institution and/or programs:

- Maintain functionality and integrity of program(s)
- Arrange temporary transfers of clinical trainees to other programs/institutions until such time as the training program(s) can provide an adequate educational experience for each of its clinical trainees
- Assist the clinical trainees in permanent transfers to other programs/institutions, as necessitated by program or institution closure

If more than one program/institution is available for temporary or permanent transfer of a particular clinical trainee, the transfer preferences of each clinical trainee will be considered. Decisions to keep/transfer will be made expeditiously so as to maximize the likelihood that each house officer will complete the training year in a timely manner.

Within ten days after the declaration of a disaster by the ACGME, the DIO or his/her designee will contact ACGME to discuss due dates that ACGME will establish for the programs: (a) to submit program reconfigurations to ACGME and (b) to inform each program's house officers of transfer decisions. The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

Every effort will be made to insure that clinical trainees continue to receive their salary and fringe benefits during disaster event response and recovery period and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer. Clinical trainees should

frequently refer to the GME|com to keep informed regarding the status of programs affected by the extreme event.

Residency Closure/Reduction Policy (eff. 10/2007)
In order to reiterate the institutional commitment of the Cleveland Clinic to graduate medical education, the following policy has been established and approved by the Graduate Medical Education Council (GMEC). The Cleveland Clinic will inform the GMEC, the Designated Institutional Office and the affected residents as soon as possible, when it decides to reduce the size of or close one or more programs or when the Cleveland Clinic intends to close. In the event Cleveland Clinic decides to reduce the number of residency positions in any ACGME program, Cleveland Clinic will attempt to reduce the numbers over a period of time so that it will not affect the residents currently in the program. If this is not possible, Cleveland Clinic will make reasonable efforts to assist the residents in identifying and entering another ACGME program.

In the event Cleveland Clinic decides to close a residency program, the residents in it or committed to it, will be allowed to complete their education if faculty and patient material is adequate. If either faculty or patient material is inadequate, the Cleveland Clinic will make reasonable efforts to assist the residents in identifying and entering another ACGME program. In the event that Cleveland Clinic was to close, the DIO and the GMEC would be notified as soon as possible. The DIO would work in conjunction with the ACGME, the GMEC and Cleveland Clinic program directors as well as local teaching hospitals to arrange permanent transfers for residents and fellows to other ACGME programs. If a reduction or closure would occur at Cleveland Clinic, the DIO and the GMEC would work with the program director of the affected program (s) to develop a rotation at another medical center that could offer the requisite educational experience.

Accepting Residents from Other Programs Due to Emergent Situations, Disasters or Program Closures (eff.10/2011)
There may be situations which require training programs in other academic medical centers to seek temporary or permanent positions for their clinical trainees. This policy is intended to provide guidance to Cleveland Clinic program directors who may be asked to provide positions for clinical trainees who are unable to continue in their current programs due to an emergent or disaster situation.

When a Cleveland Clinic (CC) program director is approached about accepting a displaced clinical trainee, the first point of contact should be the DIO at CC to determine the feasibility of sponsoring an additional clinical trainee. The program director will be asked to provide assurance documentation that; 1) there is enough clinical material available for an additional clinical trainee 2) an additional clinical trainee will not negatively impact the training experience of current clinical trainees, rotators and/or medical students and 3) this request has been presented to and approved by the appropriate (institute or academic) education committee. If the DIO is satisfied that the program meets these criteria, the process will move forward.

The DIO will contact the ACGME to ascertain the status of the academic medical center/program currently sponsoring the displaced clinical trainee. If it is confirmed that clinical trainees are being relocated to other training programs and the CC program director is interested, the DIO (or GMEC representative) will contact the current sponsoring institution regarding transfer of the FTE (for CMS GME reimbursement). If the FTE is not transferred, the clinical

department at CC would need to financially sponsor the displaced clinical trainee from department operating funds.

Participating Sites Rotation Policy (revised 3/2017)
Cleveland Clinic is committed to providing clinical trainees with an educational program that offers a personal program of learning and broad education in the science and art of medicine. Recognizing that some educational experiences may need to be obtained outside of Cleveland Clinic or one of its affiliates, this policy is adopted concerning those experiences.

In compliance with ACGME Requirements; the Sponsoring Institution (Cleveland Clinic) and the training program director have responsibility for monitoring the quality of GME, including when clinical trainee education occurs in other institutions. There must be full consideration of the quality of the rotation, including goals, objectives and supervision, the educational necessity of the rotation, the accreditation implications and the financial implications of the rotation. It is also expected that the site will provide all ancillary services as expected by the ACGME as well as provide sufficient workspace and sleeping quarters if applicable.

Required Rotations
In order to obtain adequate experience and/or skills not available at Cleveland Clinic, program directors may arrange for rotations at participating sites. Rotations are considered required rotations when all clinical trainees (at a specific graduate level or anytime during training) are scheduled for the rotation. For these rotations it is expected that program directors will:

1. Monitor all aspects of the curriculum including conference participation at participating site(s).
2. Ensure that there are competency-based goals and objectives and that they are distributed to the clinical trainee prior to the rotation.
3. Ensure that the patient care responsibility is appropriate for the clinical trainee's level and ability.
4. Monitor the on-call and rotation schedule to assure appropriate supervision and adequate back-up while on-call.
5. Monitor duty hours of clinical trainees.
6. Ensure that evaluations are completed for the clinical trainees by attending faculty.
7. Ensure that clinical trainees complete evaluations for the attending faculty with whom they rotate.
8. Ensure that clinical trainees complete a rotation evaluation at the completion of the rotation. Any evaluation reflecting a significantly negative experience should result in a personal interview with that clinical trainee and follow-up with the site supervisor if necessary.
9. Conduct annual visits the site and meet with the site supervisor of the participating site(s) to assure an optimal experience.
10. Participate in regular and ongoing communication with the site supervisor.
11. Ensure compliance with ACGME Common Program Requirements, RRC Program Requirements and Cleveland Clinic policies including but not limited to duty hours, fatigue mitigation and supervision.
12. Ensure that the rotation is providing the clinical trainee with a quality educational experience (didactic conferences as well as clinical education) as described in the rotation goals and objectives.

13. Ensure that clinical trainees are informed of and adhere to established educational and clinical practices, policies and procedures at all sites to which clinical trainees are assigned.
14. Ensure that a current affiliation agreement exists that meets ACGME Common & Program-specific requirements and is reviewed at least annually and revised every five (5) years or sooner if significant changes such as program director, site director, PGY level or length of the rotation occur.
15. In conjunction with the site supervisor; monitor the clinical trainees' work environment, which includes but is not limited to adequate food service, call rooms, patient support services, laboratory/pathology/radiology services, medical records, safety/security and parking.

Elective Rotations - Clinical trainees are allotted a specific amount of time (depending on RRC and Specialty Board requirements) for elective rotations. With numerous options for elective rotations in a wide variety of specialties, clinical trainees should be encouraged to schedule their elective rotations at Cleveland Clinic or within the Cleveland Clinic Health System. If a clinical trainee selects an elective option not available at Cleveland Clinic, the program director would make the decision based on educational merit. Cleveland Clinic does not extend malpractice coverage for clinical trainees on elective rotations.

Supervision of Clinical Trainees (eff. 8/2011)

Purpose:

- To maximize the clinical trainee educational experience while maintaining a focus on patient safety and quality patient care
- To provide clear communication regarding which physician faculty member has supervisory responsibility, the nature of that responsibility and contact information for anticipated circumstances
- To assure appropriate supervision is provided to clinical trainees based on program/graduate level specific policies, which indicate gradual responsibility and progression toward each clinical trainee becoming an independent practitioner in their specialty

Policy Standards:

1. In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged supervising physician, who is ultimately responsible for clinical services provided for each patient's care.
    - This information should be available to clinical trainees, faculty, patients and other caregivers.
    - Clinical trainees and faculty should inform patients of their respective roles.
    - The supervising physician is responsible for determining the level of supervision required for appropriate training and to assure quality of patient care.
2. The program director must ensure that appropriate (program and graduate level specific) supervision policies are developed, communicated and adhered to by teaching faculty, supervising physicians and clinical trainees.
3. Program directors must set guidelines for circumstances and events which clinical trainees must communicate with appropriate supervising faculty members. Inclusive, but not limited to the transfer of a patient to an intensive care unit, request to discharge a patient against medical advice and end-of-life decisions.

4. Each clinical trainee is responsible for knowing the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. To allow clinical trainees to accomplish this, each Training Program Director shall develop explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all clinical trainees and members of the program's teaching faculty.
5. Supervising physician schedules must be structured to provide clinical trainees with rapid reliable systems for communication and interaction with supervisory physicians. In addition, on-call schedules shall be established that guarantee full and comprehensive coverage of institutional patients and facilities.
6. Supervising physicians are responsible for determining when a clinical trainee is unable to function at the level required to provide safe high quality patient care to assigned patients and must have the authority to adjust assigned duty hours as necessary to ensure that patients are not placed at risk by clinical trainees who are overly fatigued, stressed or otherwise impaired.

Progressive Responsibility: Supervision should be graded to provide gradually increased responsibility into the role of a judgmentally sound, technically skilled and independently credentialed provider.

- The privilege of progressive responsibility, authority and a supervisory role in patient care delegated to each clinical trainee must be assigned by the program director and supervising faculty.
- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each clinical trainee and delegate him/her the appropriate level of patient care authority and responsibility.
- The program director must evaluate each clinical trainee's abilities utilizing specific criteria, based on the general competencies and incorporated in various methods of assessment.
- Supervising physicians should delegate portions of care to clinical trainees, based on the needs of each patient and the respective skills of the clinical trainee.
- Senior residents or fellows can serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual clinical trainee.
- Ultimately, the clinical responsibilities for each clinical trainee must be based on the PGY-level, clinical experience, severity and complexity of patient illness/condition, available support services and foremost; patient safety.

Levels of Supervision: The type of supervision required by clinical trainees at various levels of training must be consistent with the requirement for progressive increased responsibility, the applicable program requirements of the individual Review Committee (RC) as well as common standards for quality and safe patient care.

1. Direct Supervision
    a. The supervising physician is physically present with the resident and patient.
2. Indirect Supervision
    a. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
    b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately

available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.

3. Oversight
    a. The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Program Specific Supervision Policy:

- Develop and review annually, a program specific policy regarding supervision, progressive responsibility and fatigue management.
- Include criteria for determining needed level of supervision for a given clinical trainee under a given set of circumstances.
- Provide expectations for how supervision will be documented in the medical record, as well as procedures for monitoring supervision of clinical trainees.
- Include circumstances in which clinical trainees must communicate with the supervising physician, including but not limited to, end of life decisions, discharge against medical advice and transfer to an intensive care unit.
- Assure supervising physicians and clinical trainees receive and understand the lines and levels of supervision for each graduate level and rotation (when appropriate).
- Assess that supervising physicians are providing the appropriate level of supervision based on adherence to the program specific policy as well as evaluations, surveys and other feedback submitted by clinical trainees.
- Develop options for clinical trainees who are identified (or self-identify) as too fatigued to provide quality patient care.
- Incorporate the general standards for supervision from the Graduate Medical Education Council policy.

Appendix

Substance Abuse – Signs & Symptoms

Behavioral: Inappropriate behavior or comment, defensiveness, workaholic, poor reliability, failure to accept personal responsibility, decrease tolerance for others, legal problems (DUI)

Family Problems: Marital or sexual problems, extramarital affairs, frequent arguments, sometimes violent, unexplained absences, problems with children, withdrawal from family, loss of friends, drug paraphernalia found in house

Personal and Social Destruction: Violation of one's own value system, decreased involvement, unreliability and neglecting commitments, socialization with users, unpredictable behavior, embarrassing behavior, leaving church affiliation, isolation

Health Problems: Frequent common infections, self-prescribing, frequent vague or complex illnesses, GI complaints, patient complaints, hypertensive, headaches

Emotional Problems: Lethargy, depression, unexplained grief, argumentative, explosive outbursts, edgy, anxiety, hyperactive, poor memory, concentration

Compulsive Behaviors: Irresponsible, illogical irrational use, lying, stealing, hiding use, using before social event, using alone, structuring life around use, self-medicating with sample, rationalization of use , inability to control or stop use once started

Work Difficulties: Blaming, accusing, paranoia, feeling victimized, increasingly sloppy and unreadable charting, frequently relieve others, desire to work alone, volunteer extra call, come in early, leave late, signs and symptoms of withdrawal (excessive sweating, tremors, prolonged pupil dilation, runny nose, muscle pain, nausea and vomiting), tardiness, absences, loss of satisfaction and interest in work activities, mistakes and accidents, conflicts with authority, over prescribing or under prescribing, rounds at unusual times, frequent bathroom breaks, weight loss and pale skin

Most common: Sudden change in behavior, mood swings-irritable and grumpy and then suddenly happy and bright, withdrawal from friends and family, careless about personal grooming, loss of interest in hobbies, sports and other favorite activities, changed sleeping pattern; up at night, sleeps during day, red or glassy eyes, stuffy or runny nose

For more information please see the Narconon website.

Narcotics/Opioids (heroin, fentanyl, demerol): Teeth clinching/grinding, droopy eyelids, nodding of the head, drowsiness, depressed reflexes, low, raspy, slow speech dry mouth, facial itching, euphoria, fresh and old injection sites, nausea

Depressants (barbiturates, alcohol, benzodiazepines): Uncoordinated, disoriented, sluggish, thick, slurred speech, drunk-like behavior, staggered gait, drowsiness, droopy eyelids, fumbling

Hallucinogens (LSD, ecstasy, mushrooms): dazed appearance, body tremors, synesthesia, hallucinogens, paranoia & flashbacks, lack of coordination, nausea, disorientation, speech problems, perspiration, poor time and distance perception

Stimulants (cocaine, amphetamines, methamphetamines): restlessness, body tremors, excitement, euphoria, talkativeness, exaggerated, reflexes, loss of appetite, insomnia, increased alertness, dry mouth, irritability, redness in nasal area and runny nose

Phencyclidine (PCP, angel dust): perspiration, warm to the touch, blank stare, speech problems, incomplete verbal responses, repetitive speech, increased pain threshold, cyclic behavior, confusion, agitation. Hallucinations, possible violence and combativeness, chemical odor, unusual gait

Cannabis/Marijuana: Odor of marijuana, marijuana debris in mouth, body tremors, eyelid tremors, relaxed inhibitions, increased appetite, impaired perception of time and distance, disorientation, possible paranoia

Inhalants (aerosols, spray paint): Odor of substance, possible nausea, slurred speech, disorientation, confusion, bloodshot, watery eyes, lack of muscle control, flushed face, non-communicative, intense headache, residue of substance around nose and mouth

Disruptive Behavior Flags: Profane or disrespectful language, demeaning behavior (for example, referring to hospital staff as "stupid") , sexual comments or innuendo, outburst of anger, throwing instruments or charts, criticizing hospital staff in front of patients or other staff, negative comments about another physician's care, boundary violations with staff or patients, inappropriate chart notes (for example, criticizing the treatment provided by other caregivers), unethical or dishonest behavior *(Leape, L.L.et.al. Ann Intern Med 2006;144:107-115)*

Self-referral

- Non Chemical Dependency Issue - Caring for Caregivers
- Chemical Dependency Issue - PHC
- Disruptive behavior - Caring for Caregivers

Program referral

- Non Chemical Dependency Issue - Caring for Caregivers
- Performance Issue/Probation - Caring for Caregivers
- Chemical Dependency Issue- PHC
- Disruptive behavior - Caring for Caregivers
- Academic Issue - Remediation and Tutoring

Procedure - Suspected Impairment/Reasonable Suspicion/ For Cause

On-Duty Staff, Residents, Fellows, Trainees, Nurses and Employees. Note to all: The suspected impaired individual should never be unaccompanied due to protocol and safety reasons. If the individual refuses to submit to the evaluation process, he/she should be informed this will result in disciplinary action up to and including termination.

Observer	Supervisor, Staff/Senior Resident on Service/NOM	Adult Medical Emergency Team (AMET) Provider On Call or RRT	Caring for Caregivers (EAP, LPHP and Physician Assistance, Physician Health)
Document concerning behaviors (smell of alcohol, slurred speech, stumbling, sleepiness, glassy eyes, etc.) Contact Supervisor, Staff, or Sr. Resident on service/NOM If available, ask another supervisor to concur Suspect Diversion without obvious signs of impairment? Contact Caring for Caregivers and leadership to plan an intervention	Contact Human Resources, Program Director or Physician Health Contact Caring for Caregivers 24/7, 216-445-6970 or pager #23411 Contact Occupational Health (if closed, not on site or after hours) On-Call Reasonable Suspicion Hotline 216- 445-5105 to initiate "For Cause" testing (Note: Inform collector if this is an Anesthesia provider) May take up to 1 hour for Mobile Unit arrival. Collection occurs in pre-determined locations identified by Occupational Health. You will be informed of location. No use of restroom. If caregiver attempts to leave, do not prevent them. Call security. If immediate medical attention: **IS** warranted: Dial 122 AMET or RRT; CMET or AMET physician Physically responds & responsible for care (unless delegated to AMET physician) **NOT** warranted; Dial (6-4896) AMET RN contacts Staff MET Physician for responding. RRT Dial 88 request Rapid Response (not Code Blue)	Performs on-site medical assessment & determines need for medical attention. **YES** – transport to Emergency Dept. Caregivers receiving medical treatment still require collection by Occupational Health Mobile Collector. Notify Mobile Unit and ED staff. Collection occurs in the ED by the Mobile collector. **NO –** have Supervisor/Observer call Occupational Health 216-445-4105 and escort caregiver to the location designated by Occupational Health (typically the E.D. area) to meet the Mobile collector. Transition supervision to the Supervisor/Observer Have Supervisor/Observer Inform CFC representative (216-444-4000, pager #23411)	Assist as needed contacting Occupational Health Reasonable suspicion hotline to dispatch the Mobil Unit. Assist as needed contacting CC Police Department 216-444-2222 or Regional Security to arrange for assistance in supervision of suspected impaired caregiver. Arrive on-site as necessary. As needed meet and escort Mobile Unit collector to pre-determined collection location (typically the ED) to perform testing Receive the transfer of the caregiver from AMET, CCF Police/Security Contact CC Alcohol & Drug Recovery Center (ADRC) to provide notice of likely upcoming admission. Confer with Psychiatry Resident on call Complete substance abuse intake. If needed - Arrange for transportation to the ADRC/ Lutheran Hospital/Glenbeigh by ambulate for admission, if not medically admitted remain in contact with leadership Case manage and follow up Represent and notify Physician Health.

	Wait in Private with caregiver until AMET/RRT arrives. Escort and remain with caregiver until Occupational Health process is complete arrange for transfer. If Observer is staff/resident on service requiring return to clinical duty, notify both CFC (pager 23411) and CC Security for assistance, remain until relief arrives Caregiver will be suspended pending investigation and may not return to work. Mandatory referral to cfc; if CFC determines they will not be on-site, instruct caregiver to call 445-6970 for follow up Consult with CFC regarding transfer home or facility for evaluation. Caregivers are not permitted to drive, take cab home, family member or transfer to facility		Note: CFC is aware that Anesthesia providers and Licensed caregivers have specific evaluation requirements

Moonlighting Notification Form

The Accreditation Council for Graduate Medical Education (ACGME) requires that clinical trainees submit prospective written notification to their program director indicating that they will be engaged in moonlighting activities. The program director must acknowledge the moonlighting activity with a signature on the notification form and this form will be maintained in the clinical trainees program file.

The program director should assure (to the best of his/her ability) that the moonlighting experience for each clinical trainee does not compromise the following: the educational experience of the clinical trainees training program; the clinical trainees prescribed duty hours for that specialty (established by the Residency Review Committee); and the nature of the moonlighting work is appropriate for the clinical trainees level of experience.

Program directors have the authority to approve or deny moonlighting opportunities for clinical trainees based on their ability to meet training program goals and objectives. Also, program directors may feel the requirements of the training program preclude clinical trainee involvement in outside activities during portions of the training program or during the entire training program. Any moonlighting (internal and external) that occurs must be counted toward the 80 hour weekly limit on duty hours.

Clinical trainees in programs that are accredited are required to complete this form and submit to their program director prospectively for approval prior to accepting and engaging in moonlighting activities.

Site of Moonlighting	**Supervisor**	**Frequency (i.e. 1/wk for 12 hr. shift)**	**General Responsibilities**

Attach additional sheet if necessary

PROGRAM DIRECTOR

☐ Approved

☐ Not Approved

Clinical Trainee Printed Name _____ Program Director Signature _____ Date Signed _____

Anesthesiology Institute: Notice of Substance Abuse Prevention Program

The Anesthesiology Institute is fully committed to patient safety and employee well-being. As part of this commitment, a Substance Abuse Prevention Program (SAPP) has been established. Candidates in the residency and fellowship training programs in the Anesthesiology Institute are required to participate in SAPP. As a condition of employment, all residents/fellows must agree to participate in the Substance Abuse Prevention Protocol and to abide by the terms of the Substance Abuse Policy. Occupational Health Services or the SAPP Coordinator will perform all testing outlined in the protocol. Occupational Health Service or the SAPP Coordinator will distribute the Anesthesiology Institute Pre-Hire Consent Form and the Policy Statement during the residents/fellows initial Occupational Health Screening (pre-employment testing). An Occupational Health employee or SAPP Coordinator will be the witness to the Pre-Hire Consent Form and the Pre-Hire Consent Form will be filed in the residents/fellows Occupational Health record. If you have any issues regarding the Policy or Consent, please speak with the Anesthesiology Institute's SAPP/Substance Abuse Prevention Program Director or Coordinator.

The policy is outlined as follows:

- Required drug screen testing (pre-hire testing, random testing, reasonable suspicion for cause testing, return to duty testing)
- Controlled substances that will be tested (pre-hire, random testing, for cause testing) will be identified for participants
- Anesthesia chain of custody drug screen collection protocol (collection procedures) will be explained

The components of the program encompass increased education on prevention, recognition and risk of substance abuse and include:

1. Screening of all new residents/fellows potential employees in anesthesia
2. Pre-hire drug screens
3. Random toxicology screens after primary hiring
4. "For cause" drug screens if indicated
5. Return to duty testing following a violation of alcohol or controlled substance use policies if indicated

Expanded Random Drug Testing Program: Cleveland Clinic retains the right to subject you to random toxicology screens after initial hiring. Cleveland Clinic is committed to patient safety and caregiver health. As part of our pledge to deliver safe, reliable care, we recognize that impairment caused by drug abuse adversely impacts caregivers and patients. Beginning January 1, 2016, Cleveland Clinic has implemented an Expanded Drug Testing Program (EDT) that requires participation of all caregivers. This is an expansion of our existing random drug testing programs and our commitment to a drug-free workplace. Cleveland Clinic is committed to a testing process that is respectful, fair and non-disruptive to patient care. The intent of this program is to improve early detection and treatment of those who abuse substances and to reduce the incidence of dependency, abuse and misuse of substances that may be readily accessible to healthcare workers. Cleveland Clinic supports the Department of Health and Human Services' recommendation, advocating random drug testing of all healthcare professionals. More information on the Expanded Random Drug Testing Program

Smoke Free Policy: In an effort to provide a healthy environment for all employees, patients and visitors and to continue our dedication to health and wellness; Cleveland Clinic and the Cleveland Clinic Health System became a smoke free environment. Smoking bans on all Clinic

and CCHS properties will be strictly enforced. To assist our employees, Cleveland Clinic offers special programs to help employees quit or reduce their tobacco use.

Nonsmoking Hiring Policy: To take further steps in preserving and improving the health of all its employees and patients; Cleveland Clinic has a nonsmoking hiring policy requiring all job applicants and individuals receiving appointments to take a cotinine test (nicotine metabolite) during their pre-placement physical exam (health screening). This is a pre-employment test only. The cotinine test will detect the presence of nicotine in all forms of tobacco. Appointments that have been offered to prospective residents and fellows who test positive will be rescinded. Those individuals who test positive; then test negative after 90 days, may be reconsidered for appointment at the discretion of the training program director should the residency/fellowship position remain vacant.

Benefit Contacts and Details

All benefits are maintained through the Cleveland Clinic Human Resources (HR) Department.

Cleveland Clinic Employee Health Plan Customer Service Unit: Any questions regarding the Cleveland Clinic Employee Health Plan should be directed to the CCHS Employee Health Plan Customer Service Unit at 216-448-2247 or toll-free 1-877-688-2247. You should also contact the Customer Service Unit regarding questions pertaining to billing or claims.

Cleveland Clinic Benefits Customer Service Center: The Benefits Customer Service Center is available to help obtain information related to eligibility issues, benefit plan coverage provisions, enrollment information and qualified life events. Contact the Benefits Customer Service Center at 216-448-2247 or toll-free at 1-877-688-2247. Address: Cleveland Clinic Benefits Office/AC341, 3050 Science Park Drive, Beachwood, Ohio 44122

Social Security Number: If you have a Social Security Card when you process through GME Orientation; you should expect to receive your Insurance ID Cards approximately 4-6 weeks after the date you enrolled, Prescription cards 6-8 weeks. If you DO NOT have a Social Security Card when you process through GME Orientation; then your Insurance ID Cards will NOT be mailed to you until approximately 4-6 weeks after Graduate Medical Education receives a copy of your Social Security Card, Prescription cards 6-8 weeks.

Group Numbers:
Employee Health Plan and Prescription Drug: 228250803
Cigna Dental Plans: 32153560000
EyeMed Vision Care Plan: 965999604

Making an Appointment

The normal eligibility process can take up to eight weeks, so keep this in mind when trying to schedule a doctor's appointment before you have received your Insurance ID Card(s). If you have an emergency and need to schedule an appointment before you have received your Insurance ID Card(s) call the Cleveland Clinic Call Center Appointment Line 216-444-2273. Inform the appointment scheduler that you have not received your insurance card yet as you are newly hired and that you have elected your benefits via ONE HR: Workday and Portal. The appointment scheduler will need to call the Employee Health Plan Office to verify your

eligibility. A Temporary ID (or EHP Pend) will be assigned so that an appointment can be scheduled.

Remember, you will still need to pay your co-pay. You and any dependents that you register in the benefits online enrollment are covered beginning on your start date ,we advise you to enroll in the plans as soon as possible so that the Health Plan Office can see that you have enrolled for any emergency reasons, but you must enroll within the first 31 days of employment.

Prescription Coverage:

- If a prescription is needed before you have a prescription card; you will need to pay for the prescription and submit a reimbursement claim once you receive your card(s) - annual deductibles must be satisfied first. Save your receipts.
- To be reimbursed: once you receive your CVS/Caremark Prescription Card, you will complete a Reimbursement Claim and mail the form with the receipt(s) to CVS/Caremark (as instructed on the claim form). For assistance with the process or to obtain a CVS/Caremark paper claim form, you can contact either CVS/Caremark via the phone number located on the back of your CVS/Caremark Prescription Card or you may contact the Pharmacy Coordination at 216-986-1050 (option 4) or 1-888-246-6648 (option 4).
- This money will likely be applied to your deductible. If you are due a refund, you will receive a refund check via the U.S. Postal Service issued by CVS/Caremark. Please note that the refund check may take several weeks to arrive after submission of your claim.

Referral and Assessment Procedure for Behavioral Health Issues

This procedure is intended to be a guide and a resource to the Program Director as well as for the clinical trainee. A description of the plan coverage and treatment are administered through the Behavioral Health Program. For additional information, call 216-986-1050 or 1-888-246-6648. Reasons for referrals include but not limited to: self-referral for mental health or wellness issues including substance abuse, disruptive physician behavior, chemical dependency, known or suspected, professionalism, performance issues, probation.

The role of the Caring for Caregivers Employee Assistance Program (EAP) and the Physician Health Committee (PHC) are also reviewed in this protocol. A separate section entitled psychiatric emergencies is also reviewed. It is important to underscore that when a Program Director is considering the use of the protocol, he/she should ask the questions:

“Why am I not referring to the EAP?”, “Why am I not referring to the PHC?”

Resources for Program Directors:

- Employee Assistance Program (EAP/CFC)
- Physician Health Committee (PHC)
- Psychiatry Emergencies
- Disruptive Behavior Flags
- Algorithms for Referral
- Academic remediation and tutoring (Contact Alan Hull, M.D., Ph.D.)

The role of the EAP is to provide a first entry and screening of wellness issues as well as limited follow up/counseling. The referral can be self-referred and referred by concerned supervisors

(i.e. program directors). Confidentiality is maintained in the EAP (no entry into medical record/EPIC or computer appointment tracking). Immediate access is available on campus and at various offices throughout NE Ohio. The EAP personnel are licensed independent mental health and chemical dependency professionals with expertise in interpersonal stress management, substance abuse screening, mental illness, work relationships, personal relationships, performance issues, as well as life style management. Historically, the EAP is the first stop in "getting help" and is of no cost to the clinical trainee. No insurance is billed. Issues of medical leaves and FMLA are also considered and the EAP counselors provide a balance of advocacy and institutional/patient risk management.

Following the initial assessment by the EAP counselor, a referral can be made as needed to other levels of assessment and/or treatment, including: psychiatric assessment/treatment, psychological assessment, neuropsychological testing, substance abuse assessment/treatment, stress management courses, marital/family therapy

Strong consideration should be given by residency and fellowship directors in their collective orientation sessions and/or individual meeting with trainees the existence and usefulness of the EAP program and referral process. Equal awareness should be given to supervising residents and chief residents of the EAP role, as a timely referral by these supervisors is always encouraged and recommended.

Physician Health Committee was established in 1992. It is composed of various members of the Cleveland Clinic staff, including physicians, clinicians, counselors and attorneys. Individuals may refer themselves to the PHC or referrals can be made by department chairs, EAP representatives, program directors and others. The goals of the PHC are:

- To assess, treat and monitor any condition that can affect performance, patient safety or the health of the trainee.
- To act as an intermediary, separating disciplinary issues from potential health or behavioral issues.
- To coordinate fitness for duty assessments with involved parties. The PHC acts as a liaison between the treating provider and the program director to assure confidentiality of protected health information.

A representative of the PHC will correspond with the trainee regarding PHC recommendations for return to duty and notify the program director when the trainee is cleared to return to work. The PHC is not a disciplinary entity but it deals with many performance issues which may directly affect patient care and the individual's licensure status. Referral of trainees with performance deterioration (prior to probation) is highly recommended as an early referral is also conducive to advocacy for the trainee as well as the program. As with the EAP, the PHC has the ability to refer the resident and fellow to various levels of assessment including: chemical dependency evaluation and treatment, psychiatric and psychological evaluation and treatment (Dept. of Psychiatry and Psychology), neuropsychological assessments, off campus assessments as indicated.

A PHC referral by the Program Director must be made for known or suspected substance abuse/dependency and any issues that might impact the trainee's ability to obtain a medical license. A PHC referral by the Program Director may be considered for any: Serious performance issue, serious academic issue, and serious professional issue.

For further information on the Physician Health Program/Physician Health Committee, please visit the Caring for Caregivers website on the ONE HR Workday Portal under Health and Wellbeing

Psychiatric Emergencies: A psychiatric staff is on call 24/7 and can be accessed by calling the hospital operator. The psychiatric staff on call will also facilitate the appointment for the psychiatric assessment that may be necessary. This staff member is available to discuss with the referring physician (program director, chief resident, or colleague) a screening assessment of the psychiatric emergency and appropriate triage which may include and not limited to: emergency room assessment, urgent psychiatric inpatient admission, same day or next day psychiatric assessment, urgent chemical dependency assessment and/or inpatient chemical dependency admit.