Cleveland Clinic
Graduate Medical Education

Enterprise
Graduate Medical Education

2026
Graduate Physicians Manual

Welcome from GME Leadership

Dear Colleague-in-Training,

Welcome to the Cleveland Clinic! You are an integral part of one of the largest and best medical facilities in the world. Your work here helps us achieve our vision of being the best place to train.

In January 2025, Cleveland Clinic GME became One Single Sponsoring Institution, incorporating our programs in Akron, Cleveland, Florida and Nevada. We endeavor to make our educational approaches and processes as uniform as possible towards our mission of training the caregiver of the future to better serve our community and the world.

Adjusting to life as a Trainee has its challenges and rewards, and an institution the size of Cleveland Clinic can seem daunting. Your well-being is extremely important to us, and we offer many opportunities for support. We provide this Graduate Physicians Manual (GPM) to help answer some of your questions.

All policies and procedures concerning Graduate Medical Education are developed, approved, and implemented by the Graduate Medical Education Committee (GMEC). While every effort was made to ensure the accuracy of the information presented in this manual, it is possible that changes will be made to some of the policies after its publication. Cleveland Clinic Institutional and GMEC policies will take precedence over those in this publication in matters of arbitration.

To keep you current, any changes to policies will be communicated on the intranet site, GME|com, as they are implemented. 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 Cleveland Clinic network.

We very much look forward to learning and working with you during your time in training with us and beyond.

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The Enterprise GME Department has an anonymous GME Confidential Reporting Form that is provided to all Trainees. The tool can be used to safety and anonymously report any concern they have regarding their educational environment and program overall. If you would like to submit a report, please click here.

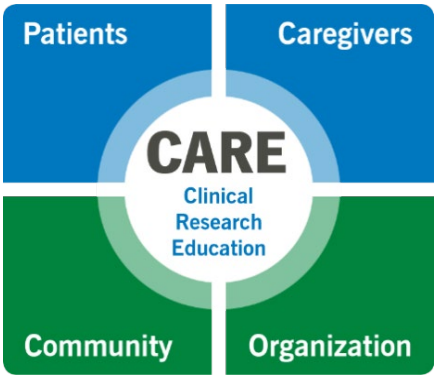
Any reference in this manual to "Clinical Trainee" includes residents and fellows. Any reference to "Trainee", "Caregiver", "Employee" or "House Staff" includes Residents, Fellows, and Research Trainees.

Cleveland Clinic's goal is to be the best place to receive care anywhere and be the best place to work in healthcare. Through it all, we work as a team of teams, guided by our values and Care Priorities, everywhere there is a Cleveland Clinic.

Culture Defines Who We Are
Our Cleveland Clinic Values define who we are. They are essential to our culture. By living our Values every day, in every interaction, we ensure the best possible care and service for all.

Serve with heart: We care for patients and each other with compassion and purpose.
Succeed as one team: We achieve excellence together as One Cleveland Clinic.
Shape the future: We advance care for all through courage and innovation.

Care Priorities Inform the Work We Do



Patients: We provide each patient a lifetime of high quality, seamless care enabled by technology.
Caregivers: We create an inclusive and supportive culture that empowers caregivers to thrive.
Organization: We steward our resources, enabling us to grow responsibly and serve as many patients as possible.
Community: We serve our communities by tailoring care to meet their unique needs and ensure better health.

GME Mission Statement – The enterprise Graduate Medical Education (GME) Department at Cleveland Clinic is dedicated to the continuous improvement, oversight and support of Trainees and their programs. The enterprise GME Department fosters future leaders in the practice, scholarship, and teaching of healthcare. We are committed to creating an environment where people feel valued and respected within the GME community and assuring compliance with regulatory standards. We train the caregiver of the future to better serve our community and the world.

GME Vision Statement – For Cleveland Clinic to be the best place to train as a clinician and researcher.

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Institutional Statements & Responsibilities

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

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 (GME) programs, throughout our enterprise, 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 GME 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 enterprise standards. This includes providing an environment focused on ethics, attention to engagement and belonging 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 work 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 throughout the enterprise to high academic and professional standards through ongoing formal internal quality assessment of educational programs, resident/fellow 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/fellow 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 administrative, educational, financial, human, and clinical resources. Cleveland Clinic also acknowledges the importance of dedicated faculty teaching time as essential to the success of every program under our enterprise institutional sponsorship, and the need for periodic review of the adequacy of these resources.

GME Mission Statement – *The enterprise Graduate Medical Education (GME) Department at Cleveland Clinic is dedicated to the continuous improvement, oversight and support of Trainees and their programs. The enterprise GME Department fosters future leaders in the practice, scholarship, and teaching of healthcare. We are committed to creating an environment where people feel valued and respected within the GME community and assuring compliance with regulatory standards. We train the caregiver of the future to better serve our community and the world.*

GME Vision Statement – *For Cleveland Clinic to be the best place to train as a clinician and researcher.*

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 and Responsibilities.

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.

Duties and Responsibilities of Clinical Trainees

The purpose of this policy is to outline the roles, responsibilities, and professional expectations of Clinical Trainees participating in Enterprise GME programs. It aligns with Cleveland Clinic's (CC) dedication to quality Enterprise GME programs, adherence to regulations and accreditation standards, professional growth, and excellence in patient care, education, and service to the institution.

CC shall provide an Enterprise GME environment that meets or exceeds standards established by applicable accrediting and regulatory bodies. Clinical Trainees are required to perform their duties in a competent, ethical, and professional manner, in accordance with CC policies, applicable laws, and accreditation requirements.

Clinical Trainees shall provide safe, effective, and compassionate patient care under appropriate supervision, participate fully in required educational, scholarly, and institutional activities, and contribute to the education and supervision of other Trainees and medical students, as applicable. Clinical Trainees must adhere to institutional, program-specific, and accreditation-related requirements throughout the duration of their training and uphold CC's standards of professionalism, integrity, and service.

Clinical Trainees shall perform competently, as determined by the Program Director (PD) and supervisory staff, in accordance with institutional and accreditation-defined competencies and undertake any other duties assigned by the PD or GME.

Educational Responsibilities

- Clinical Trainees are expected to fulfill assigned responsibilities and provide supervised patient care while fully participating in required educational, scholarly, teaching, conference, and committee activities as directed by the Program Director, and GME.

Responsibilities to the Institution

- Clinical Trainees must maintain institutional good standing by meeting Cleveland Clinic policies, credentialing, health screening/immunization, documentation, Clinical and Educational Work Hours, training, evaluation, and other requirements as determined by their PD and GME throughout their appointment.

Administrative Responsibilities

- Clinical Trainees must complete required administrative tasks and fully cooperate with Cleveland Clinic and their program processes for documentation, reporting, meetings, Clinical and Educational Work Hours, Moonlighting, accreditation, and compliance with all applicable institutional, regulatory, and legal standards.

Clinical Trainee Responsibilities in Medical Student Education

- Clinical Trainees must support medical student education by orienting students to the rotation, clearly communicating roles and expectations, teaching and modeling professionalism and ethical patient care, providing constructive feedback, and promptly escalating concerns or learning difficulties through appropriate faculty channels.

View the GME Policies Page for the complete GME Duties and Responsibilities of Clinical Trainees Policy

GME Professional Conduct Policy

To establish clear expectations for professional conduct and provide a consistent, fair, and graduated framework for identifying, addressing, and resolving disruptive, inappropriate, or Unprofessional Behavior involving Enterprise GME Trainees.

This policy is intended to:

- Promote a safe, respectful, and professional work and learning environment
- Support high-quality patient care, education, and teamwork
- Ensure conduct inconsistent with professional standards is addressed in a timely, confidential, and equitable manner

Enterprise GME is committed to maintaining a professional, respectful, and collaborative work and learning environment that supports high-quality patient care, education, and teamwork. Disruptive, inappropriate, threatening, intimidating, violent, dishonest, fraudulent or other Unprofessional Behavior as described in the Professional Conduct Policy is not tolerated. Sexual harassment and other forms of unlawful harassment are strictly prohibited and are addressed in accordance with Cleveland Clinic's Non-Discrimination, Harassment, and Retaliation policies, in addition to this policy.

All Enterprise GME Trainees are expected to comply with:

- The Cleveland Clinic Code of Conduct
- Enterprise Professional Conduct standards

- Applicable GME and institutional policies

Conduct that compromises patient safety, the learning environment, or the well-being of patients, Trainees, staff, or faculty will be addressed in a consistent, fair, and timely manner. When behavior is egregious, repeated, unresponsive to Remediation, or presents actual or potential risk, Corrective Action, up to and including Dismissal, may be taken in accordance with the Graduate Physicians Manual (GPM) and applicable institutional policies.

Enterprise Graduate Medical Education (Enterprise GME) will implement this policy in a manner that ensures consistent application, fairness, and timely response to concerns related to professional conduct across all sponsoring institutions and training sites. This policy is implemented through the following:

Expectation Setting and Dissemination
All Enterprise GME Trainees are informed of professional conduct expectations through orientation, institutional policies, and ongoing education. Trainees are responsible for reviewing and adhering to this policy, the Cleveland Clinic Code of Conduct, and applicable institutional and GME requirements or policies.

Early Identification and Intervention
Concerns regarding Disruptive Behavior or Unprofessional Behavior should be addressed as early as possible by the Trainee's program leadership team. When feasible and appropriate, direct, and professional conversations are encouraged to promote timely resolution and mutual understanding.

Reporting and Escalation
Incidents that cannot be resolved through discussion, must be reported through established channels, including the Program Director, Local GME Office, VCE, ADIO, DIO, or other approved reporting mechanisms, such as the GME Confidential Reporting Form or via the Office of Educational Integrity reporting tools. This includes, but is not limited to, Egregious Behavior or repeated incidents of Disruptive Behavior or Unprofessional Behavior. Any Egregious Behavior must be escalated immediately in accordance with institutional safety and reporting requirements.

ANY ACTS OF VIOLENCE OR IMMINENT THREATS OF VIOLENCE SHALL BE REPORTED IMMEDIATELY BY THE IMPACTED TRAINEE OR THE APPROPRIATE GME LEADERS AS FOLLOWS:

- Main Campus Employees – Call Cleveland Clinic Police at: 216.444.2222
- Akron General Employees – Call Akron Clinic Police at: 330.344.7604 (x47604)
- Cleveland Clinic Weston Hospital – Call Weston Police at: 954.659.1570 (x7777)
- Regional Hospitals – Contact emergency security phone number at your location
- Family Health Centers and Administrative Location Site Employees – Call 911
- Employees at All Other Locations – Dial 911

Assessment and Investigation
All reported concerns will be reviewed promptly and handled confidentially to the extent possible. Investigations are conducted in a fair and objective manner, with involvement from Local GME Leadership (VCE, ADIO, DIO), Human Resources, legal, and other institutional

partners as appropriate. The DIO (or Designee) provides oversight for significant or escalated concerns.

Graduated Response and Remediation
Responsive actions are determined based on the severity, frequency, and impact of the behavior. The preferred institutional response emphasizes education, coaching, Remediation, and support. When behavior is egregious, persistent, unresponsive to Remediation, or poses risk to patients, learners, staff, or the institution, Corrective Action, up to and including Dismissal, may be taken in accordance with the Graduate Physicians Manual (GPM) and applicable institutional policies.

Documentation and Recordkeeping
Actions taken in response to professional conduct concerns are documented in accordance with Enterprise GME and institutional requirements. Certain actions may become part of the Trainee's permanent record, subject to applicable state and federal laws and ACGME standards.

Confidentiality and Non-Retaliation
Cleveland Clinic prohibits retaliation against any individual who, in good faith, reports a concern or participates in an investigation. Confidentiality is maintained throughout the process to the extent consistent with thorough investigation and appropriate Corrective Action.

View the GME Policies Page for the complete GME Professional Conduct Policy

Conditions of Employment & Requirements

Eligibility, Selection and Appointment

The purpose of this policy is to define the scope and intent of Enterprise GME Office related to eligibility, selection, and Appointment of Clinical Trainees, and to clarify the responsibilities of the GME Department and its training programs in administering these processes.

GME training programs must adhere to established institutional and program requirements from multiple accrediting agencies when determining Trainee eligibility, conducting selection activities, and issuing Appointments. Eligibility must be verified prior to Appointment, and selection decisions must be based on documented criteria and program requirements.

Appointments are contingent upon verification of qualifications and continued compliance with institutional, accreditation, and regulatory standards throughout the training period.

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.

Cleveland Clinic GME programs are accredited and recognized by a variety of accrediting and regulatory organizations. All Trainees, regardless of whether they are enrolled in an accredited or non-accredited program, are held to the same institutional standards and expectations as outlined in this policy. Additional requirements may be imposed by outside accreditors and regulators.

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 (graduation prior to July 1, 2025) accredited by the Liaison Committee on Medical Education (LCME)

- Graduates of Osteopathic medical schools in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of medical schools outside the United States or Puerto Rico who meet the following:
    - Hold a current valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
        - This requirement does not pertain to:
            - Postdoctoral Psychology Fellows, Psychology Residents, or Special Fellows
            - Canadian medical school graduates who graduated before July 1, 2025

Prerequisite training and documentation:

- Clinical Trainees who satisfy the prerequisite training and documentation requirements, as defined by the training program and approved by the GMEC are eligible for consideration
- Fellows in ACGME accredited programs must have completed prerequisite training as defined by the specialty review committee. A Trainee who holds a valid ECFMG certificate but does not meet the ACGME specialty requirements may be considered for a position as an "exceptional candidate" in those specialties that allow this exception as outlined in their program requirements. Please refer to the GMEC Eligibility Procedure for details.

Cleveland Clinic holds Institutional Recognition from the ACGME to sponsor Non-Standard Training (NST) programs. This recognition permits our programs to offer clinical training to foreign national physicians on J-1 visas sponsored by the ECFMG. Each NST program must complete the ACGME NST approval process prior to appointing any J-1 visa Trainees.

Selection

Programs must select from eligible applicants on the basis of 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. View the Equal Employment Opportunity Policy.

Residency programs recruiting first year Clinical Trainees are required to participate in their specialty matching program. Those using the NRMP must adhere to the "all in" requirement. Other programs are encouraged to participate in an organized matching program where such is available.

Before accepting a Clinical Trainee who is transferring from another institution into the same specialty, the Program Director must obtain documents that are required by their accrediting body. This includes written or electronic verification of the previous educational experience and a summative competency-based performance evaluation of the transferring clinical Trainee. Additional documentation may be required by the program's accrediting body. All documents must be received by the Program Director prior to accepting the Clinical Trainee into the program. Requests for transfer must be approved by the local PCLEC Chair prior to any commitment.

Appointment

Initial and subsequent Appointments are contingent upon meeting all required criteria. The Local GME Office reviews application materials to ensure each candidate meets the prerequisite academic requirements for entry into the respective training program. Upon the recommendation

of the Program Director, an Appointment letter is created on behalf of the DIO. Requirements of employment are published on the GME website, provided to candidates during the interview process, and included as an addendum to the formal Appointment letter. This includes terms, conditions, and benefits of the Appointment, information on stipends, professional liability coverage, and health and disability insurance (including coverage for eligible dependents), institutional policies for vacation and leaves of absence, including medical, parental, and caregiver leave, and, where applicable, information regarding their eligibility for the relevant specialty board examination(s).

Neither Cleveland Clinic nor any of its training programs require Clinical Trainees to sign a noncompetition agreement or other restrictive covenant.

Throughout the Recruitment, Selection and Appointment Processes, the Sponsoring Institution must ensure compliance with the Cleveland Clinic Employment of Relatives Policy.

View the GME Policies Page for the complete Eligibility, Selection and Appointment Policy

Requirements to Begin Training

To start training/working at Cleveland Clinic Clinical Trainees/Research Trainees will be required to complete an electronic onboarding packet as well as attend a scheduled orientation session with their Market's Local GME Office. The documents collected during onboarding will be kept as part of the Trainee's permanent record. Salary and/or benefits will not begin until the Trainee has successfully completed all conditions of employment.

1. Complete and receive medical clearance from a pre-employment health screening performed by Cleveland Clinic Occupational Health before the orientation date. This should be scheduled as soon as possible, but no later than 15 calendar days prior to your scheduled start date to ensure timely clearance is received.
2. Complete a criminal background check as required by Cleveland Clinic Department of Protective Services.
3. Complete all tasks in Workday: the Cleveland Clinic Human Resource Management System, including: an 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.
4. Complete all required tasks, forms, and uploads in MedHub: the institutional Residency Management System.
5. Clinical Trainees must provide documentation of a current permanent or training medical license/certificate from the appropriate State Board in the State they will be training in.

Licensure

Clinical Trainees are required to obtain a permanent or training medical license/certificate issued by the appropriate State Board within the State that they are training and appointed to. Applying and renewing is the responsibility of the Trainee. Trainees are required to maintain their licensure throughout their training program. Failure to maintain licensure will result in the inability to work and may result in termination of employment. The Trainee must provide their Local GME Office with a copy before they can start training.

Clinical Trainees are required to notify their Program Director of any communication from the respective State Board during the application process that will delay or prevent issuance of a

permanent or training medical license/certificate. Failure to do so may result in disciplinary action, termination of employment and/or rescission of the Clinical Trainee's appointment.

Permanent Licensure
If a Clinical Trainee is joining an advanced fellowship, the program may require a permanent license. Please check with the Program Coordinator, State Medical Board of Ohio, Florida Board of Medicine, or Nevada State Board of Medical Examiners for more information.

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.

Clinical Trainees must obtain a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES). Proof must be uploaded into MedHub.

Apply online at NPPES and apply as an Individual. A social security number is required.

Medicaid and Medicare Enrollment Requirements

To order, refer and prescribe to Medicaid and Medicare patients, it is essential to enroll in both systems. Prescriptions will only be accepted after enrollment has been approved. To enroll a Clinical Trainee will need a Social Security Number, NPI Number and a Permanent License or Training Certificate Number. Details can be found in the individual Clinical Trainee's GME onboarding package sent during the appointment process and by clicking here for details, links and instructions.

English Proficiency Policy

The purpose of this policy is to describe the GME requirements for certifying English proficiency for prospective J-1 exchange visitors or H-1B temporary workers for whom English is not their native language.

Pursuant to U.S. Department of State regulations governing the J-1 Exchange Visitor Program, Cleveland Clinic (CC) requires all applicants for research training programs to demonstrate their English proficiency in accordance with this policy prior to being hired. To be equitable, we are also requiring English proficiency for H-1B Research Trainees.

A research training program applicant who requires a J-1 or H-1B visa must take a test of English proficiency and report the scores to the Local GME Office before being appointed. The test of English proficiency may include either a standardized test or a standardized virtual interview. CC will only accept results within two years of passing. There are three ways by which a prospective Research Trainee can meet the English proficiency requirements.

Applicants obtain a minimum passing score on the TOEFL iBT®. Note, beginning January 21, 2026, the Educational Testing Service (ETS) implemented a revised TOEFL iBT® scoring scale. Because TOEFL scores remain valid for two years, the Local GME Office will continue to accept legacy TOEFL iBT scores (0–120 scale) for exams taken on or before January 20, 2026, until January 20, 2028.

Applicants must meet the following minimum section score requirements:

- An overall score of 90 or higher on the legacy scale, or

- An overall score of 4.5 or higher on the revised scale

In addition, applicants must meet the following minimum section score requirements:
1. Listening Score:
    a. Legacy scale: 22 or higher
    b. Revised scale: 5 or higher
2. Speaking Score:
    a. Legacy scale: 25 or higher
    b. Revised scale: 5 or higher

Reading and Writing scores combined can make up the difference to meet the overall score of 90 (legacy scale) or 4.5 (revised scale).

Score Reporting
When registering for the TOEFL examination, applicants should use institutional code 3491. The TOEFL iBT® can be scheduled at: http://www.ets.org/toefl/
1. A standardized virtual interview with an external, ESL (English as a Second Language) professional selected by the Local GME Office. (Checklist and assessment guide can be found within the GME English Proficiency Policy Standard Operating Procedure). The test will be digitally recorded and scored by the external examiner; the exam documents and recording will be available to the department if warranted. Fees for testing and scoring will be covered by the department. Please refer to the GME English Proficiency Policy Standard Operating Procedure for additional details and instructions.
2. Applicants who at the time of application have already taken one of the following English examinations within two years of applying may provide official score reports:
    a. IELTS score of 7 or higher
    b. Cambridge English Exam scores of 180 or higher
    c. Michigan English Test (MET) score of 64 or higher
    d. Duolingo English Test score of 130 or higher
    e. Occupational English Test (OET) score of 350 on the Listening, Reading, and Speaking sub-tests, and a minimum score of 300 on the Writing sub-test, in one test administration or higher

CC has registered with IELTS, Cambridge English, MET, Duolingo, and OET to receive scores.

Exemptions
The following persons are exempt from this requirement:
- Anyone who is a legal resident of the following countries where English is the primary language: Antigua & Barbuda, Australia, Bahamas, Barbados, Belize, Canada, Cook Islands, Dominica, Ghana, Grenada, Guyana, Ireland, Jamaica, Kenya, Lesotho, Namibia, New Zealand, Nigeria, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Singapore, Trinidad and Tobago, United Kingdom, Uganda, and Zimbabwe
- Graduates of U.S. universities
- Exchange Visitors transferring from one J-1 program to the CC Exchange Visitor Program. Documentation of the English proficiency assessment used to enroll in a U.S. higher education institution or participate in another J-1 Exchange Visitor Program must be provided.

Documentation of Proficiency
The official test scores or virtual interview report from the ESL professional must be received by the Local GME Office before the appointment is processed, and any visa documents are issued.

View the GME Policies Page for the complete English Proficiency Policy

Performance

Evaluations

The purpose of this policy is to establish a comprehensive, systematic, and competency-based approach to evaluation within Enterprise GME. This policy ensures that Clinical Trainees, teaching faculty, and training programs receive timely and meaningful feedback to guide professional development, program improvement, and compliance with institutional and other accrediting body requirements.

Cleveland Clinic (CC) is committed to maintaining a robust evaluation system that promotes continuous learning, professional growth, and program excellence within its GME programs. Evaluation processes shall include formative, semi-annual, and summative assessments of Clinical Trainees, evaluations of teaching faculty, and annual evaluations of training programs. These evaluations will be conducted in a fair and standardized manner using approved institutional tools and processes, primarily through MedHub. Evaluation data will be used to support Trainee development, faculty improvement, and ongoing program evaluation and improvement, in alignment with ACGME and other accrediting body standards.

Formative Evaluations of Clinical Trainees
Teaching faculty listed in MedHub are required to complete written evaluations of Clinical Trainees at the end of each rotation.

For longitudinal experiences, such as continuity clinics, there must be evaluations completed at least every three months and at completion of the experience.

All evaluations must be completed in MedHub, with the exception where other systems are required by an accreditor or certifying board. Non-MedHub evaluations should be linked to and visible in MedHub.

Evaluations must provide information that the CCC can use for its synthesis of progressive resident performance and improvement toward unsupervised practice. While all programs are strongly encouraged to use a Milestone-based approach to evaluation, this is required for ACGME accredited programs.

Programs with Osteopathic Recognition must incorporate Osteopathic Principles and Practice content into Clinical Trainee evaluations.

Formative Evaluations of a Clinical Trainee may not be anonymous. Clinical Trainees and faculty are encouraged to discuss the Clinical Trainees' performance and evaluation content.

Additional Evidence Used for Assessment Purposes
Programs must use 360-Degree Evaluations to support comprehensive Formative Assessment of Clinical Trainees. The frequency of these evaluations is determined by the individual program, but should occur at least one time per academic year. These evaluations may include input from

multiple stakeholders, such as peers, interprofessional staff, and patients, and are developed and implemented at the discretion of individual programs.

Semi-Annual/Summative Assessments

A program's CCC must synthesize evaluation data and advise PDs regarding each Clinical Trainee's progress toward autonomous practice. This should be grounded in competency-based Milestones and must use specialty specific Milestones for ACGME programs.

Based on the CCC's recommendations, the PD or their Designee must meet and review with each Clinical Trainee the documented Semi-Annual Evaluation of performance, including progress along the specialty specific Milestones where appropriate, around the mid-point of each academic year. Annually, near the end of each academic year, the PD or their Designee must follow the same process for the Summative Evaluation which will include the Clinical Trainee's readiness to progress to the next year of the program if applicable.

Upon completion of the program, the PD or their Designee must complete a Final Evaluation of each Clinical Trainee which includes whether a Clinical Trainee is ready to engage in autonomous practice.

All GME clinical training programs are required to use GMEC approved standard forms in MedHub for Semi-Annual, Summative and Final Summative Evaluations. Programs with Osteopathic Recognition require the Director of Osteopathic Education (DOE) to meet with and complete a separate semi-annual form for all designated osteopathic residents.

Verification of Training Evaluation

The PD is required to complete a GMEC approved standard form in MedHub for the Verification of Training for each Clinical Trainee at the completion of their time within the program. This Final Evaluation verifies that the Clinical Trainee has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.

Evaluation of Teaching Faculty

Clinical Trainees are required to evaluate teaching faculty at the end of each rotation, using the GMEC approved standard form in MedHub. It is the responsibility of the program to deliver this evaluation to all Clinical Trainees at the end of each rotation. A Clinical Trainee's evaluation of teaching faculty is required to be anonymous.

Access to Evaluation Data

All Formative, Semi-Annual, Summative, Final Summative and Verification of Training Evaluations must be accessible to Clinical Trainees through MedHub.

Teaching faculty may view their aggregate evaluation results once the confidentiality threshold of five (5) completed evaluations is met through the Faculty Teaching Dashboard. Teaching faculty are unable to review individual evaluations completed in MedHub by Clinical Trainees.

Other Evaluations

The GMEC may require programs, faculty, and/or Clinical Trainees to complete additional evaluations as needed to meet accreditation requirements and to monitor the clinical learning environment.

View the GME Policies Page for the complete GME Evaluations Policy

GME Remediation and Corrective Action Policy

The purpose of this policy is to describe the Graduate Medical Education (GME) guidelines for Remediation and Corrective Action. This policy applies to all GME Trainees, regardless of program accreditation type.

All Trainees who are appointed through GME are required to meet the academic and professional competencies and expectations of the training program in which they are enrolled and those of the Cleveland Clinic.

This policy applies to all GME Trainees regardless of program type or accreditation status. Progression through the Remediation and Corrective Action process is typically from Verbal Counseling to Written Counseling, and then to Remediation and/or Probation. Unsuccessful outcomes of Probation can include an extension of Probation, Non-Promotion and Dismissal. While desirable to implement progressive Remediation or Corrective Action, a stepped approach is not mandated. Steps may be skipped depending on the severity and seriousness of the situation.

Verbal Counseling

When a Trainee's academic, research and/or professional performance is below expectations of a training program, the PD or Designee engages in Verbal Counseling with the Trainee. Verbal Counseling may occur at any time and be repeated as many times as necessary. Notes regarding the counseling should be maintained by the PD or Designee using the GME Counseling & Remediation Form, and do not need to be reported to the Local GME Office. Verbal Counseling is not disciplinary, not Reportable unless escalated to a Reportable action such as Probation or Dismissal, and cannot be appealed.

Written Counseling

When a Trainee's academic, research and/or professional performance remains below expectations of a training program, despite Verbal Counseling, the PD or Designee engages in Written Counseling with the Trainee.

Written Counseling is provided to the Trainee using the GME Counseling & Remediation Form. This specifies the reasons for the Written Counseling and Remediation steps that are required to improve the Trainee's performance, as well as the measurable expected outcomes and a timeline. The form should be signed by the PD or Designee and the Trainee. The Written Counseling form is maintained by the PD or Designee and does not need to be reported to the Local GME Office. Written Counseling is not disciplinary, not Reportable unless escalated to a Reportable action such as Probation or Dismissal, and cannot be appealed. GME Office Caregivers in the Local GME Office are available to provide guidance for PD or Designees in creating effective Written Counseling plans, though consultation with the GME office is not required.

In the event that at the end of the timeline specified in Written Counseling, the Trainee's clinical or research performance has not improved to the extent deemed acceptable by the program, the Trainee may be placed in Remediation and/or Probation.

Remediation

This should only be delivered to the Trainee after consultation and review by the local PCLEC Chair or Designee. Remediation should only be used to address underperformance of clinical or research knowledge and skills that the PD or Designee, in consultation with the Clinical Competency Committee (CCC) and local PCLEC Chair or Designee reasonably believes will improve with a significant modification to the usual training pathway, extension of training or repeating a training year. Remediation is considered a formative tool that is within the normal academic course of assessment and instruction.

The program invokes Remediation status to the Trainee by written notification using the GME Counseling & Remediation Form which informs the Trainee that their performance is not satisfactory. It must include a detailed description of the unsatisfactory performance, the modifications to be made to the Trainee's schedule and responsibilities, the expectations for performance improvement, metrics by which improvement will be determined and time parameters. The PD or Designee and Trainee should sign the form.

While in Remediation, Trainee activities and responsibilities may be restricted or otherwise modified by the PD or Designee.

If at the conclusion of the Remediation period the PD or Designee, with consultation from the CCC, finds that the Trainee has not successfully completed the Remediation, the PD or Designee will have the option to extend the Remediation or place the Trainee on Probation. If a second Remediation is not successful, the Trainee must enter Probation status.

Remediation is not considered disciplinary action and is neither Reportable nor subject to appeal, unless it results in an extension of training (i.e., Non-Promotion, repeating a training year or additional time in the program to achieve training goals). In such cases, Remediation becomes both Reportable and appealable. An explanation for extension of training may be required by some oversight bodies and this will be provided.

If the Remediation will be Reportable due to an extension of training, a copy of the signed GME Counseling & Remediation Form will be forwarded to the local PCLEC Chair or Designee who will meet with the Trainee to discuss the significance and implications of Remediation and review the Trainee's option to appeal. The Trainee will inform the local PCLEC Chair or Designee in writing of the decision to accept or appeal the Remediation within 10 calendar days of the meeting. Modifications to the Trainee's responsibilities and activities may occur, as determined by the PD or Designee, during the appeal process. If no request for an appeal is received within 10 calendar days from the meeting, the Remediation becomes final and no appeal will be permitted.

Corrective Action: Probation

This should only be delivered to the Trainee after consultation and review by the local PCLEC Chair.

In the event that at the end of the timeline specified in Written Counseling or Remediation, the Trainee's performance has not improved to the extent deemed acceptable by the program, or if the offense committed by the Trainee is egregious enough in nature to necessitate skipping other steps, the Trainee may be placed on Probation.

The program invokes Probation status to the Trainee by written notification using the GME Counseling & Remediation Form which informs the Trainee that their performance is not satisfactory and includes a clear statement that the Trainee is on Probation. This notice must include a detailed description of the unsatisfactory performance, the expectations for improvement, metrics by which improvement will be determined and time parameters. The PD or Designee and Trainee should sign the form.

While on Probation and during the appeal process, the Trainee's activities and responsibilities may be restricted or otherwise modified by the PD or Designee. Probation is disciplinary, Reportable and appealable.

In the event the duration of Probation will conclude after the end of an academic year or planned completion of a training program, the Trainee's current contract may be extended until the end of the Probation period.

Probation status is initially issued for a period of time as determined by the PD or Designee and on the recommendation of the CCC. A Trainee on Probation will have their progress toward performance improvement reviewed by the PD or Designee on a regular basis, which is identified in the GME Counseling & Remediation Form. The PD or Designee should maintain notes of all required meetings. At the end of the probationary period, the PD or Designee will meet with the Trainee and provide written documentation of the outcome of the Probation which may include: removal from Probation, extension of Probation, Non-Promotion upon the completion of the current contract, Non-Renewal of Contract or Dismissal. If Probation is extended, a new GME Counseling & Remediation Form must be completed to document the terms of the extended Probation.

A copy of the signed GME Counseling & Remediation Form will be forwarded to the local PCLEC Chair or Designee who will meet with the Trainee to discuss the significance and implications of Probation and review the Trainee's option to appeal the decision. The Trainee will inform the local PCLEC Chair or Designee in writing of the decision to accept or appeal the Probation within 10 calendar days of the meeting. If the Trainee accepts the Probation, it will be recorded in their permanent GME academic record in MedHub. If the Trainee chooses to appeal the Probation, it will not be documented or Reportable until an Appeal Task Force decision has been rendered in favor of the Probation. Modifications to the Trainee's responsibilities and activities may occur, as determined by the PD or Designee, during the appeal process. If no request for an appeal is received within the 10 calendar days from the meeting, the Probation becomes final and no appeal will be permitted.

<u>Corrective Action: Dismissal from Training</u>
Dismissal may occur in the event the Trainee does not successfully remediate after a Probation. For Cause Dismissal may also occur in the event of apparent serious violations of ethical, legal or medical practice standards of conduct; significant patient safety concerns; in the event of egregious behavior, or if found responsible after investigation of adverse incidents.

While Dismissal may be appealed by the Trainee, the appeal process does not apply in the case of certain egregious events such as: falsification of records, material omission of information on an application or any official paperwork, plagiarism, violation of the Substance Abuse Policy, conviction of a felony, loss of medical license leading to inability to practice clinical medicine,

or conduct that is severe in nature or impact, including but not limited to behavior involving violence, threats, harassment, discrimination, retaliation, dishonesty or fraud.

In the event a Trainee is dismissed from a program, and is eligible for an appeal, they will meet with the local PCLEC Chair or Designee and be placed on paid Administrative Leave of Absence for 10 calendar days following that meeting, or until they provide a decision regarding appeal to the local PCLEC Chair or Designee, whichever comes first. If the Trainee decides not to appeal, the Dismissal will stand and the Trainee will be terminated on that date.

Administrative Leave of Absence

Trainees may be placed on paid Administrative Leave of Absence by their PD or Designee only in consultation with the local PCLEC Chair or Designee. During this leave, the Trainee should undertake no clinical, administrative or other work of their training program except as necessary to address the reason for the leave.

Reasons for Administrative Leave of Absence may include, but are not limited to: investigation of alleged misconduct and/or unprofessional behavior, failure to comply with conditions of Probation or other Corrective Actions; academic and/or professional deficiencies; in addition to others.

View the GME Policies Page for the complete GME Remediation and Corrective Action Policy

GME Appeal Policy

All Trainees who are appointed through GME are required to meet the academic and professional competencies and expectations of the training program in which they are enrolled and those of the Cleveland Clinic. Trainees facing Reportable Remediation or Corrective Action have the right to appeal such action.

A copy of the GME Counseling & Remediation Form indicating Remediation or Corrective Action will be forwarded to the local PCLEC Chair or Designee who will meet with the Trainee to discuss the significance and implications of the action and review the Trainee's option to appeal. The Trainee will provide a written notification to the local PCLEC Chair or Designee via email of the decision to accept or appeal the action within 10 calendar days of the meeting. Modifications to the Trainee's responsibilities and activities may occur, as determined by the PD or Designee, during the appeal process. If no request for an appeal is received within 10 calendar days from the meeting, the action becomes final and no appeal will be permitted.

The appeal process is not a legal proceeding. It is a peer review process as defined by Ohio Revised Code, Sections 2305.25, 2305.251 and 2305.252 and Florida Statutes 395.0193 and 395.0191. While an Appellant may choose to engage legal counsel to assist them with preparation of the appeal, legal counsel may not represent or accompany the Appellant or otherwise appear before the Appeal Task Force (ATF) at any time. The ATF may seek legal advice from the Cleveland Clinic Office of General Counsel, but the Cleveland Clinic's attorneys will not serve in a prosecutorial role before the ATF.

The appeal process does not apply in the case of certain egregious events such as: falsification of records, material omission of information on an application or any official paperwork, plagiarism, violation of the Substance Abuse Policy, conviction of a felony, loss of medical license leading to inability to practice clinical medicine, or conduct that is severe in nature or

impact, including but not limited to behavior involving violence, threats, harassment, discrimination, retaliation, dishonesty or fraud.

Structure of the Appeal Process

- Formation of the ATF
    - The local PCLEC Chair or Designee will guide the composition of the ATF and is not eligible to participate. The ATF is formed as an ad hoc subcommittee of the GMEC to investigate each appeal as it occurs.
- Composition of the ATF
    - The ATF will consist of five voting members who have no direct conflict of interest, as determined by the local PCLEC Chair or Designee, by way of being part of the teaching faculty in the appellants training program, department, or institute, personal involvement with the Appellant or a member of the involved faculty, or any other situation which might cause the member to be prejudiced and have a preexisting opinion on the action.
    - One member from the local PCLEC to serve as chairperson. This person will set a date for the meeting a maximum of 45 calendar days after the local PCLEC Chair or Designee received notice of the appellant's request for an appeal.
    - One member from the local PCLEC to serve as chairperson. This person will determine the date for the meeting, which will occur as soon as practical. The Appellant will receive at least 5 calendar days' notice of the date of the hearing
    - Three additional faculty members
    - One Trainee
    - One Local GME Office Caregiver will be present as a non-voting member to serve as an administrative consult regarding GME policy and procedures.
- Appeal Task Force Solicitation of Documentation
    - A GME Office Caregiver will solicit documentation and general information relevant to the action under appeal from the Appellant and the PD or Designee. The ATF Chair will have the discretionary right to exercise reasonable control over the proceedings including limiting or precluding scurrilous, irrelevant or redundant testimony or documents. Information deemed appropriate by the Chair will be distributed to the ATF for review in advance of the meeting. Written documentation submitted to the ATF for deliberation, reports and minutes will not be made available to either the PD or Designee or the appellant.
    - The PD or Designee will submit documentation that justifies and explains the reason for the action being appealed. This documentation may include, but is not limited to, summaries of counseling sessions, evaluations and notes regarding specific incidents, emails and other communications with those involved in associated incidents, and any other information they deem pertinent.
    - The Appellant will submit any information in support of the appeal. ***The burden is on the Appellant to demonstrate by the greater weight of credible evidence that the action was arbitrary, capricious, or not reasonably supportable.***
    - Both the PD or Designee and the Appellant may provide a list of individuals with relevant information to be considered for inclusion in the appeal process. That list may include anyone who may be in a position to have direct knowledge that could impact the appeal.
        - The list must include their contact information, a brief explanation of why each person is identified, and what their potential input would be to the appeal.

        - Members of the ATF will review the list and may make recommendations to the ATF Chair as to whom they would like to interview during the appeal. The ATF Chair will have discretionary right in determining who will or will not be invited to attend the appeal meeting.
- Meeting Process
    - A Local GME Office Caregiver will set the agenda for the appeal meeting. The PD or Designee, appellant, and other individuals identified by the ATF Chair will be scheduled to meet with the ATF. The PD or Designee and the Appellant will not be present before the ATF at the same time.
    - The ATF will initially meet with the PD or Designee who will be asked to summarize the events, issues and overall factors that have led to the action. The ATF may or may not ask the PD or Designee for additional information and may choose to ask them to return at a later time.
    - The ATF will then meet with the Appellant who will be offered an opportunity to present information in their defense. The ATF may or may not question the Appellant at that time and may choose to ask them to return at a later time.
    - The ATF may then meet with other individuals who have relevant information as identified by the ATF Chair.
    - After completing the scheduled meetings the ATF will determine if there is need for additional interviews.
        - If the ATF feels that additional information is needed to render a decision, they will then invite and interview additional individuals
    - The ATF Chair will call for a vote once they have determined enough information has been obtained in determining whether the action was arbitrary, capricious, or not supported by the evidence. A simple majority of the voting members of the ATF will determine whether the action is upheld or overturned.
        - If the action is overturned, the ATF may choose to include in its decision letter a recommendation for a modified action they believe more appropriate for the situation. If the PD or Designee chooses to apply the modified action, the Trainee would not have the opportunity to appeal this decision.
- Appeal Task Force Decision
    - When the ATF has come to a majority decision, the information will be relayed to the local PCLEC Chair or Designee in writing within five (5) business days of the vote.
    - For appeals that occur in the South Submarket and Florida Markets, the ADIO will inform the DIO of the ATF decision.
    - The local PCLEC Chair or Designee will then inform both the Appellant and the PD or Designee. In the event that a Dismissal of a Trainee is sustained, it will become effective the day following their notification.

Confidential meeting minutes and other materials used in the appeals process will be maintained within the local and central GME office in a secure location and will be accessible only by those who need access. These materials will be accessible internally only by those who need access as determined by the GME office. These materials will only be available for external review if subpoenaed or requested by the Cleveland Clinic Office of General Counsel.

View the GME Policies Page for the complete GME Appeal Policy

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 Clinical Trainee 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 GME Trainee Vacation and Leave of Absence (LOA) Policy.

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 Clinical Trainee of an extension to training for deficient performance in accordance with the GME Promotion Policy. The Program Director must also complete the Application for Extension of Training and submit the paperwork to the Local GME Office. 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 Director 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 the AOA website for each Osteopathic 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.

Promotion Policy

The purpose of this policy is to provide expectations and processes for the promotion of Trainees within Enterprise GME programs. Promotion decisions are based on performance, competence, professionalism, and program-specific requirements, while maintaining alignment with accreditation requirements and institutional standards.

All Enterprise GME programs must follow the standards outlined within this policy, while implementing program-specific criteria and procedures that align with these enterprise-wide expectations.

The CCC must meet prior to the Trainee’s Semi-Annual Evaluations and advise the PD regarding each Trainee's progress. At least annually, there must be a Summative evaluation of each Trainee, with guidance from the CCC, that includes their readiness to progress to the next year of the program or graduation. Decisions on promotion and readiness for graduation are at the discretion of the PD.

All appointments shall be for a period not to exceed one year and may be renewed by the DIO in writing, upon recommendation by the PD. Letters of reappointment are usually generated during the second half of each academic year. As these offers are generated before the conclusion of the academic year, each letter of appointment is issued contingent upon the Trainee’s satisfactory completion of the current academic year as identified by the programs.

In the event a Trainee is dismissed at any time during the academic year or if for any reason 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 or not to promote a Trainee to the next graduate level, the Trainee must be advised of such decision in writing with as much notice as the circumstances will reasonably allow. Appeal of non-reappointment or non-promotion may be pursued as outlined in the GME Remediation and Corrective Action Policy.

All residents enrolled in ACGME accredited residency programs with a duration greater than one year are required to successfully pass USMLE Step 3 or COMLEX Level 3 no later than January 31 of their Final Year of Residency to be eligible for graduation.

Other GME clinical training programs may elect to implement a USMLE Step 3 or COMLEX Level 3 requirement. Any ACGME accredited program that establishes a more restrictive standard, or any non-ACGME clinical training program that adopts a Step 3/Level 3 requirement, must maintain a program specific policy that clearly defines the examination requirement and the timeframe by which it must be successfully completed.

View the GME Policies Page for the complete GME Promotion Policy

Completion of Training Certificates

Official Certificates of Completion of Training are issued to Clinical Trainees/Research Trainees who have successfully completed a GME sponsored Cleveland Clinic program in its entirety as determined by the program length approved by the GMEC. In unusual circumstances, if a Program Director determines a Trainee has met all requirements of the training program, a certificate may be issued in advance of the expected completion date with approval from the Local GME Office.

The Completion of Training Certificate will include the legal name of the Clinical Trainees/Research Trainees, dates of training and the name of the program as listed by the accrediting body or, in the case of non-standard programs, as named when approved by the GMEC.

Termination Procedure

When a Clinical Trainees/Research Trainees completes their training and/or leaves the Cleveland Clinic for any reason, they are required to process out through their Local GME Office. The processing out procedure includes meeting all training program requirements, returning Cleveland Clinic property and obtaining the required signatures from either the Program Director, Program Coordinator, or an authorized representative on the Cleveland Clinic GME Checkout Form.

The Cleveland Clinic GME Checkout Form will be sent via email by the Local GME Office after a termination record has been entered into MedHub for the Trainee. The completed Checkout form should be returned to the program coordinator. All Trainees who discontinue their appointment before their end date should submit a letter of resignation to GME to be included in their MedHub file.

Bridge Appointments for Cleveland Clinic GME Trainees

The purpose of this policy is to address Enterprise GME Clinical Trainees who have a gap in their employment between training appointments or between completing their Enterprise GME training program and an appointment with the Office of Professional Staff Affairs (OPSA).

It is the policy of the Enterprise GME Department to permit eligible Clinical Trainees to request a GME Bridge Appointment in order to address short gaps between training appointments or between the conclusion of an Enterprise GME training appointment and the start of an approved Professional Staff appointment.

This policy applies uniformly to all GME Clinical Trainees. Clinical Trainees on visas should be aware that extended periods of unpaid leave may have implications for immigration. Such Clinical Trainees must consult with the Visa & Immigration Services Department prior to requesting a GME Bridge Appointment and if appropriate, may wish to consult with independent immigration counsel when considering an unpaid leave of absence.

Policy Implementation

1. Upon written request by the Clinical Trainee, and with written approval from the Clinical Trainee's hiring clinical department, the Local GME Office will grant a GME Bridge Appointment. This unpaid LOA is limited to a maximum of 62 calendar days and includes continuation of healthcare benefits for the duration of the LOA. The caregiver cost of benefits will be deducted retroactively when paychecks resume following the conclusion of the unpaid LOA. Approval must be received from the department into which the Clinical Trainee will be appointed on their return. That department will be responsible for the employer portion of this expense.
2. If the Clinical Trainee is not eligible or approved for a GME Bridge Appointment, their employment will terminate at the end of the Clinical Trainee's GME contract term. Benefits will terminate according to standard Cleveland Clinic Benefit Policy. During this period, the Clinical Trainee may be eligible to maintain their healthcare benefits through COBRA.
3. If a Clinical Trainee is on an approved LOA (whether paid or unpaid) at the end of their appointment, the Clinical Trainee may request that the existing LOA continue in lieu of a Bridge Appointment. All requests are subject to the necessary approvals by the Local GME Office, in accordance with Enterprise policies.
4. An application for Bridge Appointment Request Form must be completed by the hiring clinical department after receiving a written request from the Clinical Trainee. The completed form must be submitted to the Enterprise GME Office no later than 2 weeks prior to the anticipated start of the GME Bridge Appointment.

Work Restrictions

During a GME Bridge Appointment, the Clinical Trainee is on an approved unpaid voluntary LOA and is ineligible to work in any capacity within the Cleveland Clinic Enterprise. This includes, but is not limited to, research activities, the use of Cleveland Clinic email, or moonlighting shifts.

View the GME Policies Page for the complete GME Clinical Trainee Bridge Appointment Policy

Compensation & Benefits

Enterprise GME 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.

Trainee Salary & Benefit Policy

The purpose of this policy is to develop a fair and equitable policy regarding salary and benefits for all Trainees appointed through Enterprise GME.

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 Cleveland Clinic must adhere. The following reflects our consideration of Trainees' needs as well as U.S. government regulations.

Cleveland Clinic will sponsor H-1B status only for those individuals who are currently in the U.S. and are eligible for a change of status to H-1B or an extension/change of employer of existing H-1B status.

Upon approval of the GMEC, all PDs and PCs will be notified of any changes in salary or benefits for Trainees. Local GME Office Caregivers will review appointments and reappointment requests for adherence to the policy. Any requests which do not meet the policy requirements will be returned to the program for revision.

Salary

Clinical Trainees

Clinical Trainees will receive an annual salary commensurate with their post-graduate level. Clinical Trainees paid by Cleveland Clinic are to be paid at the graduate level required to enter the program; additional compensation is not provided to those who have completed training above and beyond those requirements. Salaries are determined each year and are posted on GME|com and disseminated through various communication channels. These salaries and benefits are paid by the Local GME Office. New programs or programs that have increased in complement after the Local GME Office maximum number was set will incur chargebacks to their department.

Within a program, all Clinical Trainees working in the same capacity at the same level will be paid the same salary and receive the same benefits with the exception of Clinical Trainees who have pursued academic advancement (clinical research, fellowship within a residency program, chief resident year for a visa holder, etc.). Trainees whose programs include work as an LCP may be eligible for a higher salary to compensate for such work at the discretion of the program and department. Departments will pay the salary and benefits for these individuals via an account provided to the Local GME office at the time of appointment.

To ensure compliance with H-1B visa requirements, the wages set for Clinical Trainees shall take into consideration the prevailing wage as published by the Association of American Medical Colleges (AAMC). If a salary level increases after a Clinical Trainee has been contracted for the year, the new wage will take precedence over the contracted rate on the effective date the post graduate level rates are increased.

Clinical Trainees cannot be paid by outside funds regardless of immigration status unless (1) the funding is coming from the U.S. Military, (2) the Clinical Trainee was accepted from an ACGME program at another institution which closed and per closure policy has agreed to fund the Clinical Trainee through completion of training, or (3) the parties enter into a suitable agreement that does not create a conflict of interest and has been vetted by the Cleveland Clinic

Legal Department. Regardless of the source of funding, the wages will be comparable to wages received by similarly situated Clinical Trainees.

Research Trainees

All Research Trainees in clinical departments appointed by the Local GME Office must receive an annual salary that is equal to or exceeds the current prevailing wage, preferably funded by the department. The prevailing wage may vary from year to year, therefore each academic year the prevailing wage will be obtained from the U.S. Department of Labor Office, Bureau of Labor Statistics, Employment Statistics (OES) on or around July 1. Clinical departments or outside funding sources are responsible for the salary and benefit cost difference if the prevailing wage changes during a Research Trainee's appointment. Clinical departments should check with the Local GME Office for the current prevailing wage.

In the event alternative funds are used, the funding source must be vetted PRIOR to the appointment of the Research Trainee. Funding sources may include a university, hospital, or academic medical organization. Funding from family businesses of Research Trainees will not be accepted. Funding from foreign governments will not be accepted, unless expressly approved in writing by the Chief of the Institute in which the Research Trainee will be working, the Law Department and the Innovation Management & Conflict of Interest (IM&COI) Office. The funding will align with the research purpose and be comparable to wages received by other Research Trainees with similar responsibilities and experience. The alternative funding must not obligate the Research Trainee to share any intellectual property or other information related to Cleveland Clinic's research activities. The Research Trainees will be required to fully disclose any and all information related to the funding source and cooperate with the vetting of the outside funding source. If required, the department/institute proposing to host the Research Trainee will need to cover the cost associated with appropriate background checks and other due diligence activities related to vetting the funding source and/or Research Trainee. The outside funding must be disclosed on any federal grants or awards under which the Research Trainee is performing research and any changes to the funding must be immediately reported to the IM&COI Office.

In keeping with Cleveland Clinic technological and intellectual property security processes, outside funding sources will be vetted for possible relationships with known perpetrators of technological and intellectual property espionage. If according to Cleveland Clinic sources the funding organization is a high-risk organization, the Research Trainee will not be appointed unless Cleveland Clinic funds can be provided.

Funding requirements may vary based on visa type:

Visa Type	**Funding Requirements**
H1-B	Without exception: • Salary and benefits must be paid by the department and must be at or above prevailing wage as determined by the U.S. Department of Labor Office of Occupational Employment Statistics. • The department is responsible for all costs (filing fees) associated with the filing of the H-1B petition. • Third party funding earmarked for a specific Trainee may not be transferred to department accounts in order to meet the prevailing wage requirements. • H-1B Trainees may be paid out of Cleveland Clinic grants and/or funds earmarked specifically for research.

Visa Type	Funding Requirements
J-1	• Salary may be paid by Cleveland Clinic or an approved outside source, which may include a university, hospital or academic medical organization. • Departments are responsible for obtaining verification of funds directly from the approved outside source. Funding from family businesses will not be accepted. • ***Personal funds may not be used as a supplement to the main source of funding.***

Part-time Employment: Research Trainees may not work part-time; these are salaries positions and Research Trainees in these positions cannot be paid an hourly wage.

Verification of Funding Sources

If outside funding is utilized, the source must be verified in writing utilizing the GME Outside Funding for Cleveland Clinic Research Fellows Template and signed by the person responsible at the organization providing funding. The amount of funding must be given in U.S. dollars. The Department must directly verify the funding with the source reflected on the funding verification form. This can be achieved by an email confirmation from the funding source. Annual renewal is required for reappointments and should be obtained 4 months in advance of the contract expiration. These documents must be in English or accompanied by a certified English translation.

Benefits

All Clinical Trainees and Research Trainees will be offered medical benefits through the employer's health plan for themselves and any eligible dependents, regardless of source of funding or salary. For Research Trainees, benefits will be paid by the appointing department. Reimbursement of benefit costs by an approved outside source is acceptable and must be arranged between the organization and the Finance Director in the department. Departments cannot require Research Trainees to pay out of pocket for the employer funded portion of their benefits or to transfer personal funds for this purpose. Medical insurance provided by outside sources is not acceptable as it may not meet visa requirements. The accounting unit provided for salary will be utilized for the employer portion of benefits expenses. If the Clinical Trainee or Research Trainee is the dependent of a Cleveland Clinic employee and they are enrolled in the employer's health plan through the primary's plan, proof of coverage must accompany the appointment request.

View the GME Policies Page for the complete Trainee and Salary Benefit Policy

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 the training program are included and covered under the professional liability coverage offered by Cleveland Clinic. Domestic 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 the Clinical Trainee was here in training. The Clinical Trainee does not have to purchase any "tail" coverage when

they leave. For more information, refer to the Enterprise Risk & Insurance website. After the Clinical Trainee leaves the Clinic, verification of professional liability insurance or claims history can be requested through the Cleveland Clinic Loss History Portal.

FMLA

Pursuant to the Family and Medical Leave Act (FMLA), Cleveland Clinic allows eligible employees time off from work for up to 12 work weeks in a rolling 12-month leave year for qualifying employee's and family member's serious health conditions and family care events. Except in the case of leave to care for a covered service member with a serious illness or injury (see FMLA - Military Family Leave of Absence policy), an eligible employee's entitlement is limited to a total of 12 work weeks of leave during any leave year for all qualifying FMLA leaves. FMLA leave will run concurrently with other qualifying leaves (e.g. Workers' Compensation, short-term disability leave, etc.)

Qualifying Event

FMLA/Medical: Leave of absence due to an employee's own serious health condition.

FMLA/Family Care: Leave of absence for the birth and/or care of a newborn, for placement and/or care of an adopted or foster child, or to care for a family member with a serious health condition. Family member includes the employee's spouse, son or daughter, or parent. A son or daughter must be under age 18, or 18 or older and incapable of self-care because of mental or physical disability.

FMLA leaves for serious health conditions normally do not cover short-term illnesses such as the common cold, flu, ear infection, upset stomach, minor ulcers, and headaches (other than migraines).

It is the employee's responsibility to notify his or her supervisor of the need for FMLA leave.

View the complete FMLA Policy

GME Trainee Vacation and Leave of Absence Policy

The purpose of this policy it to address all relevant requirements and procedures regarding Trainee vacation and leaves of absence as required by the Accreditation Council of Graduate Medical Education (ACGME).

This policy describes vacation, leaves of absence, and salary continuation for leaves taken by Trainees during a Cleveland Clinic GME Training Program ("Program"). To be eligible, the Trainee must be an active clinical or research Trainee appointed through GME. Vacation and leaves of absence benefits begin upon the Trainee's initiation of training in their GME Training Program.

Program Responsibilities

1. Each program must have a policy and process for submitting and approving requests for vacation and leaves of absence that is shared with Trainees annually. All time away dates must be recorded in MedHub.
2. Each program must provide their Trainees with accurate information regarding the impact of leaves of absence on the criteria for satisfactory completion of the program and on a

Trainee's eligibility for board certification. The potential need for an extension of training time must be reviewed with the Trainee at the time of a leave request.
3. The PC will keep an accurate record of all paid and unpaid time off for each Trainee, including vacation, leaves of absence, and allowable holidays according to the program's policies. This must be entered into MedHub.
4. Complete Leave of Absence paperwork is required to be submitted in order to request a Leave of Absence.

Trainee Responsibilities
1. Trainees must request all vacation and leaves of absence in advance of the desired dates in accordance with program policy and with approval of the PD. Anticipated time away must be requested as soon as the need is identified.
2. Complete Leave of Absence paperwork is required to be submitted in order to request a Leave of Absence. It is the responsibility of the Trainee to monitor their vacation and leave of absence time.

Vacation Time: Trainees receive three weeks (15 working days) of paid vacation per academic year. For appointments of less than one year, vacation time is prorated at the rate of 1.25 days per month worked and rounded to the nearest whole day. Vacation time is not cumulative and does not carry over into the next academic year. Vacation must be requested per guidelines in the program policy. Trainees may, but are not required to, utilize available paid vacation time should they exhaust the paid leaves below, per guidelines in the program policy.

PDs retain the authority to review and recommend whether a Trainee is approved for vacation. Trainees should not make any travel plans until they have received approval for vacation from all necessary parties per the program policy.

Paid Personal Days: Trainees are eligible for a minimum of 5 personal days per year. Personal days must be approved by the PD, and can be used for events such as exams, when too ill to work, or as interview days. Personal days must be requested in advance whenever possible.

Types of Leave
FMLA: Pursuant to the Family and Medical Leave Act (FMLA), Cleveland Clinic allows eligible Trainees time off from work (up to 12 work weeks in a rolling 12-month period) for qualifying Trainee and family members' serious health conditions and family care events. Except in the case of leave to care for a covered service member with a serious illness or injury, an eligible Trainee's entitlement is limited to a total of 12 work weeks of leave during any leave year for all qualifying FMLA leaves. FMLA leave will run concurrently with other qualifying leaves (e.g. Workers' Compensation, Short-Term Disability Leave, Maternity Leave, Parental Leave, Caregiver Leave, etc.). FMLA is unpaid unless it is taken concurrent with available vacation or other applicable paid leave of absence.

Caregiver Leave: With approval of the PD, Trainees are eligible for a maximum of six (6) weeks of paid Caregiver Leave over the course of their time in a training program. All Trainees are eligible for this leave for the birth and care of their newborn child, for placement with the Trainee of a child for adoption or foster care; to care for an immediate family member (i.e., spouse, child, or parent) with a serious health condition. Paid Caregiver Leave must be taken concurrently with other leaves such as Maternity, Parental, and FMLA leaves. Available paid vacation may be used outside of/in addition to the first six (6) weeks of approved Medical,

Parental or Caregiver Leave. Caregiver Leave may be taken continuously or intermittently and consistent with the requirements of any applicable concurrent leaves described in this policy.

Maternity Leave: Eight (8) weeks paid leave is provided for Maternity Leave beginning with the birth of the child. Trainees must notify their PD of a need for Maternity Leave as soon as possible. Maternity Leave must be taken concurrent with available FMLA and Caregiver Leave. Maternity Leave must be taken continuously. A Trainee receiving the Maternity Leave Benefit may also be eligible for the Parental Leave Benefit to be used immediately following the Maternity Leave Benefit period. Refer to GME Maternity Leave Policy for more detailed information.

Parental Leave: Four (4) weeks paid Parental Leave is provided to Trainees for the birth and care of their newborn child or for placement with the Trainee of a child for adoption or foster care. Trainees must notify their PD of a need for Parental Leave as soon as possible. Parental Leave must be taken concurrently with available FMLA and Caregiver Leave. Parental Leave must be taken continuously. A Trainee receiving the Maternity Leave Benefit may also be eligible for the Parental Leave Benefit to be used immediately following the Maternity Leave Benefit period. Refer to GME Parental Leave Policy for more detailed information.

Bereavement Leave: Per Cleveland Clinic Bereavement Leave Policy, Trainees are eligible for paid 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. Five (5) days are granted for the death of a spouse or child/step-child, three (3) days are granted for other immediate family members defined as: mother/stepmother, mother-in-law, father/stepfather, father-in-law, child-in-law, siblings/stepsiblings, siblings-in-law, grandmother, grandfather, and grandchild and one (1) day for aunts and uncles. Trainees are eligible for up to three (3) days of paid Bereavement Leave for a pregnancy loss less than 24 weeks.

Medical Leave of Absence: If a Trainee is temporarily unable to work due to a medical condition, illness, or accident as determined by their treating physician and is unable to carry on duties and responsibilities as required in the program, which exceeds seven (7) consecutive days, salary and benefits will continue for the lesser of (1) 90 days, (2) the duration of the illness, or (3) the remainder of the contract. If the illness continues, the Trainee is eligible to apply for disability benefits in accordance with the terms of the Disability Plan and remain eligible to receive Cleveland Clinic benefits. Written verification is required from the treating physician stating duration of leave required as well as medical necessity of the leave. Please refer to the Disability Benefit program for further information.

Military Leave of Absence (FMLA): Pursuant to the Family and Medical Leave Act (FMLA), Cleveland Clinic allows eligible Trainees time off from work for up to twelve (12) weeks in a rolling 12-month period as a result of a "qualifying exigency" arising out of the fact that the Trainee's spouse, son, daughter or parent is a covered military member on active duty (or has been called to active duty) in support of a contingency operation and allows eligible Trainees up to 26 weeks in a single leave year to care for a covered service member with a serious injury or illness if the Trainee is the spouse, son, daughter, parent or next of kin of the service member.

Paid Administrative Leave of Absence: A Trainee may be placed on a paid administrative leave of absence, removing the Trainee from any activities of their training program for a

specified amount of time. Reasons for administrative leave of absence may include, but are not limited to: investigation of alleged misconduct and/or unprofessional behavior; failure to comply with conditions of probation or other corrective actions; academic and/or professional deficiencies; other reasons warranting removal of the Trainee from duties. A Trainee who is issued a dismissal as a result of disciplinary action will be placed on administrative leave of absence up to 10 calendar days pending the decision to appeal the dismissal. If the Trainee decides to appeal the dismissal, they will remain on paid leave until the appeal process concludes.

Unpaid Personal Leave: It is the policy of the Cleveland Clinic to grant Trainees an unpaid leave of absence for urgent or emergency situations that personally affect the Trainee and cannot be handled in any other way. PDs have the final approval for all requests for an Unpaid Personal Leave of absence.

Jury Duty: Jury Duty leave is absence from work to comply with a court order to appear for jury duty. Trainees are eligible for jury duty pay regardless of their length of service. It is the responsibility of the Trainee to provide their PD with a copy of the court order or notice. Jury duty will not be authorized without such documentation. Refer to the Jury Duty and Witness Duty Leave Policy for more detailed information.

View the GME Policies Page for the complete GME Trainee Vacation and Leave of Absence (LOA) Policy

GME Maternity Leave Policy

The purpose of this policy is to provide information regarding eligibility for the Maternity Leave Program and clear expectations regarding the request and approval process.

It is the policy of Cleveland Clinic to provide income protection for a maximum of eight (8) consecutive weeks for eligible, full-time Trainees who are on authorized Maternity Leave. This policy describes the process for Trainees during an Enterprise GME training program.

Eligibility Criteria for Maternity Leave Benefit Payments

1. To be eligible, the employee must be an active, regular, full-time employee appointed through GME immediately prior to the birth of the child. Employees on an Unpaid Personal or Military Leave of Absence at the time of the birth of the child are not considered "active" for the purpose of Maternity Leave Benefit payments.
2. Eligibility for payment of the Maternity Leave Benefit (or any corresponding Family and Medical Leave Act (FMLA) Leave or Caregiver Leave within the GME Vacation and Leave of Absence (LOA) Policy (see FMLA - Family Medical Leave of Absence Policy and GME Vacation and Leave of Absence (LOA) Policy) will be determined by the Local GME Office once:
    - The request was discussed with the PD and the potential need to make up time to meet board requirements was determined.
    - Complete Leave of Absence paperwork is required to be submitted in order to request a Leave of Absence; the Local GME Office will review the request and communicate with the requestor about what is required for approval. Instructions are included on the form to send back to the Local GME Office within 15 calendar days of the baby's date of birth.

3. The Maternity Leave Benefit is available for a Trainee's pregnancy loss at or after 24 weeks of the gestation period with the submission of appropriate documentation to the Local GME Office in a timely manner, but no later than 15 calendar days following the Trainee's pregnancy loss.
4. Except as otherwise indicated, the Maternity Leave Benefit will not be paid to any Trainee who attempts to secure the Maternity Leave Benefit under fraudulent and/or misrepresented conditions. Under such circumstances, the Trainee shall be subject to corrective action according to the GME Remediation and Corrective Action Policy.

Maternity Leave Benefit Payments

1. The Maternity Leave Benefit begins on the day of delivery or next full day following childbirth if the Trainee worked on the date of delivery. The Maternity Leave Benefit is not available for intermittent or partial day absences and only full days of continuous absence will be counted toward the Maternity Leave Benefit. The authorized Maternity Leave shall run concurrently with leave under the Caregiver Leave within the GME Vacation and Leave of Absence (LOA) Policy and FMLA (see GME Vacation and Leave of Absence (LOA) Policy) and FMLA - Family Medical Leave of Absence Policy).
2. The payment of the Maternity Leave Benefit will be processed by the Local GME Office upon the confirmation of birth reported to the Local GME Office. It is the responsibility of the Trainee to report birth within 48 hours and to ensure completion and submission of both the Maternity Leave Request form and proof of birth to the Local GME Office in a timely manner, or no later than 15 calendar days following the birth of the child.
3. Based on a customary period of recovery from childbirth, the Maternity Leave Benefit period is eight (8) consecutive weeks. The Benefit will be paid for a maximum period of eight (8) consecutive weeks at 100% of the employee's base salary for either one or multiple births. No waiting period is required prior to the Maternity Leave Benefit payments.
4. A Trainee receiving the Maternity Leave Benefit may also be eligible for the Parental Leave Benefit to be used immediately following the Maternity Leave Benefit period (see Graduate Medical Education (GME) Parental Leave Policy).

Maternity Leave During a Holiday

If a Cleveland Clinic designated holiday occurs during the Maternity Leave period:

- The Maternity Leave Benefit is provided in lieu of pay for that holiday.
- The Maternity Leave Benefit will not be extended.

Maternity Leave During Bereavement Leave

If Bereavement days occur during the Maternity Leave period:

- Maternity Leave is provided in lieu of Bereavement Leave.
- The Maternity Leave Benefit will not be extended.

Termination of Coverage

Benefit payments under this program will terminate at the first to occur of:

- When employment ceases
- When the employee is no longer in an eligible job status
- When the Maternity Leave Benefit period of eight (8) consecutive weeks is exhausted

View the GME Policies Page for the complete GME Maternity Leave Policy

GME Parental Leave Policy

The purpose of this policy is to provide information regarding eligibility for the Parental Leave Program and to provide clear expectations regarding the request and approval process.

It is the policy of Cleveland Clinic to provide income protection for a maximum of four (4) consecutive weeks for eligible, full-time Trainees who are on authorized Leave of Absence to care for and/or bond with a newborn or a newly adopted child. This policy describes the process for Trainees during an Enterprise GME training program.

Eligibility Criteria for Parental Leave Benefit Payments

1. To be eligible, the eligible parent must be classified as an active, regular, full-time Trainee immediately prior to the birth or adoption of the child. For this policy to apply, the Trainee must be appointed through GME. Trainees on an Unpaid Personal or Military Leave of Absence at the time of the birth of the child are not considered "active" for the purpose of Parental Leave benefit payments.
2. Eligible Trainees must use the approved Parental Leave Benefit within twelve (12) weeks of the birth or placement of the child. In the event both eligible parents are employees of Cleveland Clinic, the approved Parental Leave benefit must be used within sixteen (16) weeks of the birth or placement of the child.
   The approved Parental Leave Benefit may be delayed when the newborn of an eligible Trainee remains hospitalized for more than eight (8) weeks immediately following birth. Under that circumstance and upon request that includes documentation confirming the estimated duration of the newborn's hospitalization, the approved Parental Leave Benefit may be delayed until the date that the newborn is released from the hospital. If this circumstance is applicable and both eligible parents are employees of Cleveland Clinic, the approved Parental Leave Benefit must be used within eight (8) weeks following the date that the newborn is discharged from the hospital.
3. Eligibility for payment of the Parental Leave Benefit (or any corresponding Family and Medical Leave Act (FMLA) Leave and Caregiver Leave within the GME Vacation and Leave of Absence (LOA) Policy (see FMLA - Family Medical Leave of Absence Policy and GME Vacation and Leave of Absence (LOA) Policy)) will be determined by the Local GME Office once:
   - The request was discussed with the PD and the potential need to make up time to meet board requirements was determined.
   - Complete Leave of Absence paperwork is required to be submitted in order to request a Leave of Absence; the Local GME Office will review the request and remind the requestor of what is required for approval. Instructions are included on the form to send back to GME within 15 calendar days of the baby's date of birth. Once leave commences GME must receive (1) completed paperwork by the Trainee, and (2) sufficient written proof of birth or adoption that contains the Trainee's name, the child's name, the Trainee's relationship to the child, and the date of birth or adoption that is signed by a hospital or government official, or other supporting documentation as appropriate.
4. Eligible Trainees must use the Parental Leave Benefit for the purpose of caring for and/or bonding with the newborn or newly adopted child. For surrogacy and egg or sperm donations, the Parental Leave Benefit is only available to a Trainee who is an intended parent of and responsible for the child, whether or not there is any genetic relation between the Trainee and child.

5. Except as otherwise indicated, the Parental Leave Benefit will not be paid to any Trainee who attempts to secure the Parental Leave Benefit under fraudulent and/or misrepresented conditions. Under such circumstances, the Trainee shall be subject to corrective action according to the GME Remediation and Corrective Action Policy.

Parental Leave Benefit Payments

1. The Parental Leave Benefit can be used as soon as the day of birth or placement of the eligible child, or the next full day following childbirth or adoption if the Trainee has worked on the day of delivery, or, if applicable, immediately following the conclusion of the employee's Maternity Leave of absence. The Parental Leave Benefit is not available for intermittent or partial day absences, and only full days of continuous absence will be counted toward the Parental Leave Benefit. The authorized Parental Leave shall run concurrently with leave under the Caregiver Leave within the GME Vacation and Leave of Absence (LOA) and FMLA Policies (see GME Vacation and Leave of Absence (LOA) Policy and FMLA - Family Medical Leave of Absence Policy).
2. The payment of the Parental Leave Benefit will be processed by the Local GME Office upon the confirmation of birth or placement to the Local GME Office. It is the responsibility of the Trainee to ensure completion and submission of the paperwork and proof of birth or adoption to the Local GME Office in a timely manner, or no later than 15 calendar days following the birth of a child or placement for adoption.
3. The Parental Leave Benefit will be paid for a maximum period of four (4) consecutive weeks at 100% of the Trainee's base salary for either one or multiple births/adoptions. No waiting period is required prior to the Parental Leave Benefit payments.
4. Following exhaustion of a Parental Leave Benefit period, Caregiver Leave within the GME Vacation and Leave of Absence (LOA) Policy and/or FMLA leave may be available for a Trainee to continue to care for and bond with a newborn or a newly adopted child (see GME Vacation and Leave of Absence (LOA) Policy and FMLA - Family Medical Leave of Absence Policy).

Parental Leave During a Holiday

If a Cleveland Clinic designated holiday occurs during the Parental Leave period:

- The Parental Leave Benefit is provided in lieu of pay for that holiday.
- The Parental Leave Benefit will not be extended.

Parental Leave During Bereavement Leave

If Bereavement days occur during the Parental Leave period:

- Parental Leave is provided in lieu of Bereavement Leave.
- The Parental Leave Benefit will not be extended.

Termination of Coverage

Benefit payments under this program will terminate at the first to occur of:

- When employment ceases
- When the employee is no longer in an eligible job status
- When the Parental Leave Benefit period of four (4) consecutive weeks is exhausted

View the GME Policies Page for the complete GME Parental Leave Policy

Educational Allowance Policy

The purpose of this policy is to define the annual Enterprise GME educational allowance for Clinical Trainees, including how the allowance can be used and how Clinical Trainees are reimbursed.

This policy establishes guidelines for the annual educational allowance provided to Enterprise GME Clinical Trainees during an academic year throughout their Cleveland Clinic (CC) GME training program. To be eligible, the Clinical Trainee must be actively appointed through the Local GME Office. Departments and programs may provide additional educational funds outside of this policy.

The Local GME Office will provide each Clinical Trainee with an annual academic year educational allowance, not less than $1,000.00, for the purpose of enhancing their learning experience. All expenditures must be for the Clinical Trainee only, documented, and align with approved educational purposes.

Funding for the GME educational allowance will be issued concurrently with the Clinical Trainee's academic year and must be spent on items purchased during that year. An academic year begins on the 1st day of the training appointment and remains in effect for the duration of their academic year appointment.

Educational allowance balances do not rollover from one academic year to the next. Any unused funds are forfeited at the end of the individual Clinical Trainee's academic year appointment. Educational expenses shall not exceed the Clinical Trainee's contractual educational allowance limit for the academic year. Clinical Trainees do not have a cash option, any right, or entitlement to the cash balance of any unused portion of the educational allowance. Under the IRS regulations, certain educational expenses as noted below are considered taxable income and will be reflected on the Cleveland Trainee's Form W-2.

All applicable expenses must comply with the established CC Travel & Employee Expense Standard Operating Procedure in addition to the rules and regulations established in this policy. Clinical Trainees are responsible for submitting their educational allowance expenses for reimbursement using Oracle Expense.

Permitted (Reimbursable) Expenses:

- Annual ECFMG J-1 sponsorship fee
- Certifications (i.e., ACLS, BLS, ATLS), when not covered by the program
- Educational materials (i.e., medical textbooks and journals, online educational courses, and self-study materials)
- Expenses related to GME-approved international elective rotations; requests may be submitted after approval in Momentus via the International Away Rotations Application
- Medical malpractice/professional liability insurance coverage for GME-approved external elective rotations; requests may be submitted after rotation approval in Momentus via the Training Affiliation Agreement Request Form
- Individual professional medical society dues or fees
- Medical & Safety equipment required for training (i.e., surgical loupes, stethoscopes, lead, etc.)
- Professional Development Programs – Registration Fee Only

- Publication Costs (i.e., for Open Access journals – please check with the CC Alumni Library first as we have institutional agreements with publishers which may prevent the need for the Clinical Trainee to bear this cost)
- Pre-approved Software and Technology used for Medical Education purposes on your personal computer (i.e., statistical software) – Note that software *cannot be downloaded or installed on CC computers until it is reviewed and approved by the Local GME Office and Cybersecurity. If you would like to purchase any software, please reach out to the Local GME Office first to discuss. See Configuration Management Policy and Secure Configuration and Protection for Endpoints SOP.*
- Additional items may be approved at the discretion of the Local GME Office
- Board Registration Fees (taxable income)
- Licensing Fees (i.e., State Medical Board Training Certificate, Medical License, DEA Certificate, FCVS Transcripts, Background Check) (**initial** licensing fees and costs associated with **initial** licensing is taxable income)
- USMLE Step 3/COMLEX Level 3 Examination and/or study aides (taxable income)

Prohibited (Non-Reimbursable) Expenses:
- Accessories (i.e., chargers, screen protectors, etc.)
- Cases (i.e., cell phone cases, laptop bags, iPad cases, etc.)
- Computers, computer equipment (i.e., printers, scanners, etc.)
- Enterprise Cleveland Clinic Parking Citations and/or tire immobilization ("boots")
- Enterprise Cleveland Clinic Parking Fees
- May not be used in combination with the GME Clinical Trainee Research and Scholarship Travel Policy or other travel funding to supplement or offset travel-related expenses
- "Smart" glasses and other similar devices (i.e., Meta glasses & other /AI devices and toolkits)
- Personal cell phones
- Personal items not related to medical education (i.e., gas, food, rent/mortgage, insurance, moving expenses, interview travel, legal advice, etc.)
- Research Expenses (i.e. gift cards for participants, lunch for focus group)
- Scrubs/Uniforms, including clothes and shoes
- Additional items may be denied at the discretion of the Local GME Office

View the GME Policies Page for the complete GME Clinical Trainee Educational Allowance Policy

Resources

GME Department Functions

Providing a quality educational experience to our Trainees is our number one job, which is why our Enterprise Graduate Medical Education caregivers are committed to ensuring that our training programs meet or exceed national and institutional standards. The GME Department helps in the following areas:
- Administration: oversees and monitors program accreditation and all institutional policies affecting GME programs.
- Human Resources: recruit Trainees, administer payroll, authorize benefits and verify employment as well as perform other HR-related functions.
- Customer Service: resource center for questions about graduate medical education.

- Notary: this service is provided free of charge.

Contacts for Local GME Offices:
- Main Campus Market: 216-444-5690; meded@ccf.org
- Ohio South Submarket: 330-344-6050; akmeded@ccf.org
- Florida Market: FloridaGME@ccf.org

Information for International Medical Graduates

The Visa and Immigration Services (VIS) SharePoint site contains information for non-U.S. citizens who are in training at Cleveland Clinic, including the Handbook for International Physicians and Scientists quick links to the Executive Order Toolkit, International Trainees FAQs (including international travel and immigration forms), Terra Dotta portal, information about VIS Drop-In Hours, webinars and Terra Dotta training sessions, and general information on living in Cleveland.

Academic Awards Program

Each year the Education Foundation sponsors a variety of award opportunities for Cleveland Clinic enterprise Clinical Trainees and professional staff. There are four categories: Alumni awards, manuscript awards, nomination awards, and awards requiring proposals. Most submissions and nominations will be accepted beginning in November through March. Detailed information on the various award opportunities can be found on the Academic Awards Program website.

The award recipients are presented their award at the Annual Awards Dinner hosted by DIO Jeremy Lipman, MD, MHPE, Medical Director, Graduate Medical Education.

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

Employee Health Plan members also have access to other wellness programs, including nutrition and weight management programs like Cleveland Clinic Eat Well program and Weight Watchers. For full information to go www.clevelandclinic.org/healthplan

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 caregivers take care of themselves and maintain their ability to provide a world class patient experience. The programs offer expert, confidential and free support through the: Professional Staff Assistance Program (PSAP), Licensed Professionals Health Program (LPHP), and Employee Assistance Program (EAP). Together these programs demonstrate the importance Cleveland Clinic places on care for our caregivers. To receive more information, please refer to the Caring for Caregivers site.

Caring for Caregivers (CFC) offers private and confidential assessment, short-term counseling and follow-up services to benefit-eligible employees and their dependent family members. Enrollment in Cleveland Clinic EHP is not required for access to Caring for Caregivers' services. Services are available both virtually and at numerous locations throughout the United States and are not part of medical or GME records. The Cleveland Clinic recognizes that Trainees are an important part of our team and provides this benefit to assist them in reaching their highest potential, both at work and in their personal life. To access, please call 216-445-6970 or 1-800-989-8820.

Complaint & Problem Resolution

This policy is intended to provide Trainees with the opportunity to raise and resolve issues in their training program without fear of intimidation or retaliation. When a Trainee experiences a problem such as perceived harassment, unfair treatment, concerns regarding work environment, program noncompliance with the ACGME and other accrediting bodies, RC or Cleveland Clinic requirements or procedural discrepancies/inequities, it is best handled within the program whenever possible. Trainees are encouraged to engage the Chief Resident, Program Director, Principal Investigator, Department Chair, Advisor or other designated individuals in the training program in resolving issues or complaints. Occasionally, these issues are unable to be resolved at the program level, in which case the Trainee is encouraged to contact their market specific Local GME Office to arrange a meeting. Main Campus Market Trainees will be scheduled to meet with the Designated Institutional Official, Senior Directors of Enterprise Graduate Medical Education, or a Designee. Trainees located in the Ohio South and Florida Markets will meet with their GME Director and ADIO. Every attempt will be made by GME leadership to investigate and resolve the reported issues/complaints.

If a workable solution is not reached by GME Leadership, the Trainee may choose to bring the matter before the Graduate Medical Education Committee (GMEC). Findings and action taken by the GMEC are considered final and binding on all parties involved.

The Enterprise GME Department created an enterprise GME Confidential Reporting form for all Trainees to use to safely and anonymously report any concern about their training. This is to raise issues related to: work hours, supervision, fatigue or any other concern. Access the GME Confidential Reporting form. This feedback is sent anonymously to the Market specific Local GME Office that was identified. We urge Trainees to be candid so that we can take action where appropriate and continue to make Cleveland Clinic a great place to learn and grow. If contact information (not required) is provided we will follow up with the Trainee to discuss next steps. Reports of discrimination or harassment, including sexual harassment, may be made anonymously through the Office of Educational Equity's anonymous reporting portal. Reports made through the anonymous reporting portal will be sent directly to the Office of Educational Equity. The Office of Educational Equity will address the report to the extent possible with the information provided.

SERS event reporting provides information as to where processes are breaking down and targets opportunities for improvements which reduces the likelihood of recurrence. You can report by calling Ext. 6-RISK, or 216.636.7475, or by using the online SERS Reporting form.

Discrimination, Harassment and Retaliation

Trainees who have experienced or witnessed discrimination, harassment or retaliation on the basis of a protected characteristic may report the conduct to the Office of Educational Integrity, EduIntegrity@ccf.org. A protected characteristic is a person's race, color, religion, sex, gender, sexual orientation, gender identity, pregnancy, marital status, age, nationality, ethnicity, ancestry, disability, military status, genetic information, protected veteran status, or any other characteristic protected by law. Trainees may also contact the Office of Educational Integrity if they have been subject to or witnessed other forms of mistreatment.

The Office of Educational Integrity shall maintain the confidentiality of reports of discrimination, harassment, retaliation and mistreatment to the extent reasonably possible consistent with Cleveland Clinic's responsibility to provide a safe educational and work environment, to provide a prompt, fair and impartial resolution of the report and to comply with applicable laws related to reporting.

GME Policies

Institutional Clinical Experience and Education Work Hour Policy

The purpose of this policy is to maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with institutional and accrediting body requirements.

Providing Enterprise GME Clinical Trainees with adequate academic and clinical education requires careful planning with specific consideration for the impact of training requirements on patient safety and Trainee well-being. Didactic and clinical education must have priority in the allotment of a Clinical Trainee's time and energy. Cleveland Clinic ensures that all Enterprise GME training programs are designed to provide Clinical Trainees with excellent clinical and didactic education experiences, as well as reasonable opportunities for rest and personal activities while assuring patient safety, outstanding clinical care, and compliance with accreditation requirements.

Clinical Experience and Educational Work Hours Requirements

Each Enterprise GME training program must have a written policy for clinical and educational work hours that is consistent with this institutional policy. Programs are encouraged to use the GME Work Hours Policy Template. The program's policy must regularly be distributed to their Clinical Trainees and faculty and readily available for access and reviewed annually by Program Director (PD) or Designee.

This policy must include the procedures in place that ensure coverage of patient care in the event that a Clinical Trainee is unable to perform their patient care responsibilities, and the procedure for safe transportation home if a Trainee is too fatigued to drive.

Clinical Trainees must accurately log and submit all clinical and educational work hours in MedHub weekly. The PD must review all reported work hour violations at least monthly and submit these to the GMEC for review.

Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period unless further restricted in accordance with ACGME or other accrediting body standards.

- The program schedule must be designed in such a way that this requirement is met.
- This includes clinical work from home while using the electronic health record (i.e. EPIC) and taking calls. Decisions regarding whether to report infrequent phone calls of very short duration will be left to the individual Trainee.
- Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours.
- Averaging for all work hour requirements must occur over a single rotation using one of the following: a four-week period, a one-month period (28-31 days), or the period of the rotation if it is shorter than four weeks (i.e.: for a 2 week rotation, a Clinical Trainee must have 2 days off during the rotation).
- Vacation or other leave days are omitted from the numerator and the denominator for averaging work hours, call frequency, and days off.
- A rolling average is not permitted.
- The rotation with the greatest hours and frequency of call must comply with the clinical and educational work hour requirements.

Mandatory Time Free of Clinical Work and Education

Clinical Trainees should have 8 hours off between scheduled clinical work and education periods.

- There may be circumstances when Clinical Trainees choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. Flexibility is provided to the Clinical Trainee to make that decision.
- When Clinical Trainees are assigned to at-home call return to the hospital to care for patients, a new time-off period is not initiated, and therefore the requirement for eight hours between work periods does not apply.

Clinical Trainees must have at least 14 hours free of clinical work and education after 24 hours of in-house call. Clinical Trainees have a responsibility to return to work rested and thus are encouraged to prioritize sleep over other activities during this time.

Clinical Trainees must be scheduled for a minimum of 1 day in 7 free of clinical work and required education when averaged over four weeks. At-home call cannot be assigned on these free days.

Clinical and educational work periods for Clinical Trainees must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or Clinical Trainee education.
- Additional patient care responsibilities must not be assigned to a Clinical Trainee during this time. During this 4 hour period, residents must not be permitted to participate in the care of new patients in any patient care setting; must not be assigned to outpatient clinics, including continuity clinics; and must not be assigned to participate in a new procedure, such as an elective scheduled surgery.

- A Clinical Trainee may remain to attend a conference, or return for a conference later in the day, only if the decision is made voluntarily.

In rare circumstances, after handing off all other responsibilities, a Clinical Trainee, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient
- To give humanistic attention to the needs of a patient or patient's family
- To attend unique educational events

Time spent by Clinical Trainees in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit. PGY 1 residents are not permitted to moonlight.

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Clinical Trainees must be scheduled for in-house call no more frequently than every third night when averaged over a four-week period.

At-Home Call

The PD must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate fatigue.

- 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 clinical work and education, 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 expected to return to the hospital or other clinical setting while on at-home call when needed to provide direct care for new or established patients.

Fatigue Mitigation

All programs must educate their faculty and Clinical Trainees regarding recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. Annually and at the start of a new training program, Clinical Trainees are required to complete an assigned online learning module on these topics.

Oversight of Clinical Experience and Educational Work Hours

The GMEC, in partnership with the programs, is ultimately responsible for institutional and program-level compliance with clinical and educational work hour requirements.

The PD is responsible for reviewing clinical experience and educational work hours quarterly by completing the *GMEC Quarterly Work Hour Review Process document* and reporting this to the local PCLEC and GMEC through the Enterprise GME Department. The PD or their delegate must investigate all violations and create a mitigation strategy.

Clinical Trainees can anonymously or confidentially report work hour concerns through the House Staff Association, House Senate, or House Staff Ambassadors Officers. They can also report directly to the Local GME Office using the GME Confidential Reporting Form. The program and institution will ensure that any reporting is free from reprisal.

View the GME Policies Page for the complete GME Institutional Clinical Experience and Education Work Hour Policy

Moonlighting Policy

The purpose of this policy is to describe when Clinical Trainees are permitted to Moonlight while in a GME Training Program.

Moonlighting is permitted if opportunities for paid supplemental clinical work exist that, in the opinion of Program Director (PD), do not interfere with the main objectives of training, adherence to work hour rules or with the wellbeing of the Clinical Trainee.

Types of Moonlighting

Internal Moonlighting Opportunities

Program-Site Moonlighting:

1. Voluntary, fully supervised, compensated, Supplemental Clinical Activity that is within the scope of the Clinical Trainee's training and commensurate with the Clinical Trainee's level of experience and skill.
2. This work occurs outside normal training hours but is conducted in clinical environments that are at the Clinical Trainee's program's Primary and Participating Sites. For ACGME programs, these are only those sites entered on the program's ACGME Accreditation Data System (ADS) page.
3. Participation requires OPSA appointment as a Moonlighter with credentialing and appointment through Professional Staff Affairs and/or Regional Hospital Medical Staff Office(s), where applicable.
4. This work requires a permanent medical license and a Personal DEA Number
5. J-1 Trainees are eligible for this work.

System-Wide Moonlighting:

1. Voluntary, fully supervised, compensated, Supplemental Clinical Activity that is within the scope of the Clinical Trainee's training and commensurate with the Clinical Trainee's level of experience and skill.
2. This work occurs at a Cleveland Clinic facility, but outside normal training hours and outside the Clinical Trainee's program's Primary and Participating Sites.
3. Participation requires OPSA appointment as a Moonlighter with credentialing and appointment through Professional Staff Affairs and/or Regional Hospital Medical Staff Office(s), where applicable.
4. This work requires a permanent medical license and a Personal DEA Number except as noted below.
5. J-1 Trainees are **not** eligible for this work.

Internal Independent Practice:

1. Voluntary, unsupervised Supplemental Clinical Activity performed by a Clinical Trainee at a Cleveland Clinic facility.
2. For clinical training programs, this can occupy up to 20% of the Clinical Trainee's time and cannot occur in the specialty in which they are training or interfere with work hour compliance.
3. Participation requires OPSA appointment as a Limited Clinical Practitioner (LCP) with credentialing and appointment through Professional Staff Affairs and/or Regional Hospital Medical Staff Office(s), where applicable.

4. This work requires a full medical license and Personal DEA Number.
5. Cleveland Clinic will not utilize third party companies for the hiring of LCPs.
6. Clinical Trainees in ACGME accredited programs, or programs governed by other accrediting bodies, are only eligible for this if explicitly stated in their program requirements.

Cleveland Clinic malpractice liability coverage **does** cover all Internal Moonlighting opportunities.

External Moonlighting

1. Voluntary, supervised Supplemental Clinical Activity performed by a Clinical Trainee at a non-Cleveland Clinic facility.
2. It is the responsibility of the institution hiring the Clinical Trainee to determine whether licensure and DEA number are in place, adequate liability is provided and whether the Clinical Trainee has the appropriate training and skills to carry out assigned duties related to external assignments.
3. Cleveland Clinic malpractice liability coverage **does not** cover external moonlighting; the Clinical Trainee is responsible for acquiring their own liability insurance.
4. External Moonlighting is **not** permitted for J-1 Visa Holders.

The time spent in a GME training program is dedicated to achieving competence in clinical care and academic excellence. Moonlighting is permitted at the discretion of the PD. Moonlighting must not interfere with the ability of the Clinical Trainee to achieve the goals and objectives of their educational program, adherence to work hour rules, their fitness for work nor ability to provide safe patient care.

The GMEC has implemented the following general rules regarding moonlighting:

1. Clinical Trainees in post-graduate year 1 (PGY1) and those funded by the military are **not** permitted to moonlight.
2. Moonlighting must occur outside of a Clinical Trainee's scheduled educational hours and must not interfere with program responsibilities.
3. Clinical Trainees must not be required to participate in Moonlighting activities.
4. Each academic year, a Clinical Trainee who wishes to moonlight must submit a Moonlighting Request in MedHub. If approved by the PD, the request will be reviewed by the Local GME Office for final approval.
5. All Moonlighting activities (internal and external) must be compliant with accreditation and Institutional work hour rules. Clinical Trainees are responsible for documenting and reporting all approved Internal and External Moonlighting activities in MedHub.
6. Any Clinical Trainee engaging in any Moonlighting or work as an LCP must obtain a permanent medical license and a Personal DEA Number. The Institutional DEA Number may not be used once a Personal DEA Number is obtained.
    - Programs may appeal to the GMEC for an exemption if prescribing medications that require a DEA will not occur during the Moonlighting work.
7. Clinical Trainees may not moonlight outside the state of their appointed training program.

J-1 Visa Holders sponsored by ECFMG

J-1 Visa holders are appointed in their ACGME-accredited program or an NST program that has been recognized by the ACGME, as the Cleveland Clinic holds ACGME NST Recognition, which allows NST programs to provide training to Clinical Trainees on J-1 Visa holders.

In addition to the rules above, the following applies to J-1 Visa holders:

- J-1 Trainees may only engage in "Program-Site Moonlighting."
- Moonlighting must be restricted to the program's Primary and Participating sites. For NST Programs, these sites are those entered in the ACGME ADS System for the associated core program.
- J-1 Trainees may not moonlight until approved by the ECFMG following PD submission of the "Attestation of Supplemental Clinical Activity within the Training Institution Form" to the Training Program Liaison (TPL). This process must be completed each academic year.

Expectation of the Program Director

The decision to allow Clinical Trainees in any training program to participate in Moonlighting activities shall be at the discretion of the PD. The PD must review and take action on all Moonlighting Requests in MedHub and, if applicable, assist the Clinical Trainees in the credentialing/appointment process. The PD must monitor the performance of the Clinical Trainee to ensure that factors related to Moonlighting such as fatigue are not contributing to diminished learning, substandard performance, or inadequate patient care. A PD may revoke a Clinical Trainee's permission to Moonlight at any time. If a Clinical Trainee is found to be Moonlighting without PD approval, the Clinical Trainee will be subject to disciplinary action. The PD must monitor that the Clinical Trainee includes Moonlighting in their work hours submissions in MedHub as required by the GMEC.

View the GME Policies Page for the complete Moonlighting Policy

Supervision of Clinical Trainees Policy

GME is committed to maximizing the educational experience of Clinical Trainees while maintaining a focus on patient safety and quality patient care. This policy guides supervisory structures and processes. This policy is designed to provide Trainees with progressive authority and responsibility, conditional independence, and a supervisory role in patient care, as the Trainee progresses towards independent practice within their specialty.

Cleveland Clinic ensures that all Clinical Trainees will have the appropriate level of supervision across all sites, as they develop progressive authority and responsibility for patient care while building the skills, knowledge and attitudes required for independent practice.

Sponsoring Institution Policy Standards

1. In each clinical learning environment, every patient must have an identifiable, appropriately credentialed and privileged supervising physician, who is ultimately responsible for the clinical services provided.
    - This information must be available to Clinical Trainees, faculty, patients, and other caregivers.
    - Clinical Trainees and faculty must inform patients of their respective roles.
    - The supervising physician is responsible for determining the level of supervision required for appropriate training to ensure the quality of patient care.
    - Job descriptions for all Clinical Trainees, at every PGY level, which outline the required supervision levels for procedures are maintained in MedHub and are accessible to all through the public site https://cc.medhub.com/functions/jcaho/
2. Individual Program Supervision Policy Requirement
    - The PD must review and update (if applicable) the program's specific supervision policy at least annually. An approved copy should be shared with all Clinical Trainees

and supervising physicians at the beginning of each academic year. Ensure that there is an up-to-date supervision policy specific to their program that is communicated to all Clinical Trainees and the supervising physicians with whom they work at least annually.

The program policy must include:

- Circumstances and events where Clinical Trainees must notify the supervising physician, including but not limited to end-of-life decisions, discharge against medical advance, and transfer to an intensive care unit. Including but not limited to end-of-life decisions, discharge against medical advance, and transfer to an intensive care unit.
- The mechanism whereby progressive authority and responsibility, conditional independence, and a supervisory role in patient care is delegated to each resident by the PD
- How each Clinical Trainee will know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence
- Circumstances in which the supervising physician must be physically present providing direct supervision
- Include criteria for determining the level of supervision needed for a given Clinical Trainee under a given set of circumstances
- When applicable, the program will determine the required level and type of supervision for telecommunication-based patient encounters, consistent with ACGME supervision standards and institutional policies
- Provide expectations for how supervision will be documented in the medical record as well as procedures for monitoring supervision of Clinical Trainees
- 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 this policy

3. Assignments of Clinical Trainees to work with supervising physicians must be of sufficient duration to allow the attending physician time to assess the Clinical Trainee's abilities and delegate the appropriate level of patient care, authority and responsibility.
4. Supervising physician schedules must be structured to provide Clinical Trainees with rapid reliable systems for communication and interaction with supervising physicians.
5. 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.
    - Senior residents or fellows may 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.

<u>Levels of Supervision</u>

Supervision is contextual. The supervising physician is responsible for determining the level of supervision required to provide appropriate training, while assuring safety and quality of patient care, for each Clinical Trainee based on the Clinical Trainee's level of training and ability, as well as patient complexity and acuity.

Direct Supervision must be provided to all PGY 1 residents until deemed ready to take on progressive authority and responsibility as outlined in the program-specific policy.

Direct Supervision must also be provided to all Clinical Trainees in an ACGME Non-Standard Training (NST) Recognized Program until their first Milestone assessment identifies them as ready for progressive authority and responsibility.

When providing indirect supervision, the supervising physician must be available to provide direct supervision in a reasonable time frame if deemed appropriate by the supervising physician or requested by a Clinical Trainee or another caregiver.

When providing oversight, the supervising physician must be available to review and provide feedback on a procedure or encounter in a reasonable time frame.

View the GME Policies Page for the complete Supervision of Clinical Trainees Policy and Supervision Policy Template for Programs

Clinical Trainee Away Rotations Policy

Cleveland Clinic (CC) is committed to providing Clinical Trainees with an educational program that offers an experience of learning and education in the science and art of medicine. This policy is intended to govern approved educational experiences that may be available to Clinical Trainees at sites outside of CC or one of its affiliates. This policy is not intended to apply to internal educational experiences at sites where CC is the Sponsoring Institution, even if the experience is outside of the Clinical Trainee's primary clinical site.

In compliance with ACGME Requirements and other regulatory bodies, the Sponsoring Institution (Cleveland Clinic) and the training PD have responsibility for monitoring the quality of GME, including when Clinical Trainees 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 Participating Site will provide all ancillary services as expected by the ACGME and other regulatory bodies, as well as provide sufficient workspace and sleeping quarters, if applicable.

PDs must ensure that each Away Rotation, whether a Required Rotation or an Elective Rotation, complies with institutional, accreditation, board and other requirements for training. Clinical Trainees are encouraged to capitalize on the many learning opportunities available locally and schedule Elective Rotation within their regional health system.

Malpractice Liability Insurance: Elective Rotations are not covered under CC's professional liability insurance policy. If coverage is not provided by the institution in which the Clinical Trainee is rotating, the Clinical Trainee must purchase an individual policy and it is the reasonability of the outside institution to ensure appropriate coverage is in place prior to the rotation. Clinical Trainees on Required Rotations are covered by CC's professional liability insurance policy. This coverage is limited to Required Rotations not available within CC.

Affiliation Agreement: An Affiliation Agreement must be in place prior to beginning any outside rotation. The Training Affiliation Agreement Request Form must be completed by the Clinical Trainee's PC in Momentus 10 weeks prior to the scheduled start of the outside rotation. Once

approved, the Local GME Office will initiate the Affiliation Agreement for the rotation. Failure to follow established procedures may result in processing delays. Please refer to the International Away Rotations Policy for information on experiences outside of the United States. Affiliation Agreements must be reviewed by the program at least annually and for Required Rotations revised every five (5) years or sooner if significant changes occur such as: PD, Site Director, Goals & Objectives, PGY level or length of the rotation.

No-Go States: CC does not permit Clinical Trainees to rotate in certain states due to restrictions related to business registration and authorization. The Local GME office will review any rotation requests with the legal and tax teams for acceptability. Observerships may be feasible in no-go states.

Rotations should be less than six (6) weeks, Requests for rotations exceeding six (6) weeks in duration will be reviewed on a case-by-case basis.

Clinical Trainees on an Away Rotation will continue to receive their salary and benefits from Cleveland Clinic unless explicitly stated otherwise in the Affiliation Agreement.
Cleveland Clinic GME is not responsible for funding travel, housing, meals, licensure, certification, living expenses or other costs while on Away Rotations.

Visa Holders: Any Clinical Trainee on a visa must notify VIS when planning any external rotation.

- ECFMG must be informed at least 30 days in advance of any proposed off-site rotation or elective that will be conducted at a location other than the approved sponsoring institution or a Participating Site.
- PDs are encouraged to check with VIS to determine if additional expenses may be incurred by the program due to specific visa requirements. These costs are the responsibility of the program, not the Local GME Office.

In addition, PDs have the following responsibilities for their program's Away Rotations:

1. Ensure competency-based goals and objectives are provided to Clinical Trainee prior to the rotation and that patient care responsibilities are appropriate to the Clinical Trainee's level and ability.
2. Monitor all aspects of the rotation, including:
    a. Curriculum and conference participation at Participating Sites
    b. On-call schedules with appropriate supervision and adequate back-up
    c. Work hours
    d. Compliance with institutional, accreditation, board and other regulatory policies and requirements
    e. Completion of required evaluations of the Clinical Trainee such as faculty for Clinical Trainees, Clinical Trainees for faculty, and end of rotation evaluations. Any evaluation reflecting a significantly negative experience should prompt a personal interview with that Clinical Trainee and follow-up with the Site Director as needed.
3. Maintain regular communication with the Site Director and ensure the rotation provides a high-quality educational experience aligned with the stated goals and objectives.

Observations: Observation rotations are discouraged. If accreditation requirements do not specify that observation rotations are considered an approved elective, vacation time should be used for

such an experience. It is the responsibility of the PD to advise whether the observership will be counted towards academic credit per the programs accrediting body.

View the GME Policies Page for the complete Clinical Trainee Away Rotation Policy

GME International Rotation Policy

The purse of this policy is to assure the safety, quality of education and appropriate supervision for Clinical Trainees on international elective rotations. With approval, Clinical Trainees may participate in elective rotations outside of the United States for experiences not available at Cleveland Clinic.

Clinical Trainees and programs are advised that international rotations can take a long time to establish with many steps of the process beyond the control of Cleveland Clinic. It is the responsibility of the program and Clinical Trainee to assure all steps are completed in a timely manner.

The PD will determine whether an individual Clinical Trainee is eligible to pursue an elective international rotation. This decision may be based on factors specific to the individual Clinical Trainee or the overall program.

The PD will provide the Clinical Trainee with guidance regarding necessary approvals from specialty boards, the Accreditation Council for Graduate Medical Education (ACGME) or other accreditation agencies. The PD will inform the Clinical Trainee of the potential impact of the rotation on their eligibility for board certification and need for extension of training. Following discussion with the PD, the PC will complete the electronic International Rotation Request Form in Momentus. This form must be completed at least 90 days in advance of the planned start date of the requested rotation. Once approved, the Enterprise GME Department will initiate the affiliation agreement for the rotation.

Clinical Trainees on an international elective will continue to receive their salary and benefits from Cleveland Clinic unless explicitly stated otherwise in the Affiliation Agreement. The Cleveland Clinic will provide general liability and professional liability insurance to cover the acts and omissions of Clinical Trainees while on affiliation at the Participating Site.

Cleveland Clinic is not responsible for funding travel, housing, meals, licensure, certification, living expenses or other costs while on international rotations.

The Visa and Immigration Services (VIS) Department will support Clinical Trainees related to any visa requirements to facilitate the international rotation. Clinical Trainees in the U.S. on a visa must consult with the VIS to determine whether an international rotation is feasible.
It is the responsibility of the PD to ensure that the necessary evaluations, case logs and other documentation necessary for accreditation and board certification are completed.

Travel Advisory:
Cleveland Clinic Enterprise GME relies on Cleveland Clinic Global Security to determine whether the international rotation is safe to approve. Their decision is final. Travel to countries the U.S. Department of State places under a Level 4 Travel Advisory will not be permitted. Those with a Level 3 advisory are eligible for review by the Director of Global Security. Security and safety protocols may be required for approval. Clinical Trainees are strongly

advised to purchase trip insurance as changes to travel advisory levels can occur with little notice. Clinical Trainees are required to share a copy of their travel itinerary with their PD.

Cleveland Clinic business related travel must be booked through American Express Global Business Travel. If the Participating Site makes the travel arrangements through a different travel agency, then the travel itinerary must be provided to the Clinical Trainee's PD and the Enterprise GME Department. The itinerary will be uploaded into the Everbridge Travel Protector App so the traveler will have access to daily travel advisories and Cleveland Clinic Protective Services will be aware of the global traveler's whereabouts in the event of a crisis in that part of the world. Please refer to the GME Clinical Trainee Research and Scholarship Travel Policy for more information.

Immunizations: Clinical Trainees are responsible for obtaining any required travel immunizations and medications. The Cleveland Clinic Health Plan does not cover immunizations required only for international travel. Please refer to the Centers for Disease Control and Prevention website (https://wwwnc.cdc.gov/travel) for up-to-date information and speak with the host site for their requirements. The cost of immunizations is the sole responsibility of the traveler.

View the GME Policies Page for the complete GME International Rotation Policy

Clinical Trainee DEA Registration Number Policy

In compliance with Federal Law, it is the policy of the Cleveland Clinic (CC) that every Clinical Trainee who Administers or Prescribes, Controlled Substances must be registered with the Drug Enforcement Administration (DEA). Clinical Trainees are required to adhere to all requirements for DEA registration. This policy outlines those requirements and expectations.

Clinical Trainees without a Personal DEA Registration Number

Clinical Trainees who do not have their own Personal DEA Registration Number will be issued an internal code number as a suffix of the Institutional DEA Registration Number. Internal code numbers as a suffix of the Institutional DEA Registration Number are valid throughout the Clinical Trainee's appointment at the Cleveland Clinic or until they obtain a Personal DEA Registration Number. This process must comply with the Enterprise Assigning Hospital DEA Registration Numbers to Authorized Physicians Policy.

It shall be the responsibility of the Local GME Office to maintain and record the internal code number suffix to the Institutional DEA Registration Number assigned to a Clinical Trainee as part of the Clinical Trainee's personnel records, along with issue and expiration dates when available.

Transition from Institutional DEA Registration Number to Personal DEA Registration Number while in Training

- Clinical Trainees are not permitted to apply for a Personal DEA Registration Number under a training certificate. They must obtain a full permanent medical license within their state of practice to apply.
- Clinical Trainees who acquire a Personal DEA Registration Number must provide the Local GME Office with documentation of the registration including issue and expiration dates.
- The Local GME Office will verify the Clinical Trainee's Personal DEA Registration Number and update in MedHub.

- In accordance with the Enterprise Assigning Hospital DEA Registration Numbers to Authorized Physicians Policy, the Local GME Office will coordinate with appropriate pharmacy leadership to rescind the Clinical Trainee's use of the Institutional DEA Registration Number.
- Under no circumstances, whether knowingly or unknowingly, shall any Clinical Trainee who is assigned a Personal DEA Registration Number by the DEA Administer or Prescribe Controlled Substances under an Institutional DEA Registration Number.

Clinical Trainees with a Personal DEA Registration Number

Clinical Trainees prescribing and administering controlled substances at any Cleveland Clinic Nevada practice sites are required to obtain and maintain a Personal DEA Registration Number.

Clinical Trainees are expected to update and maintain required documentation relating to Personal DEA Registration and to continue an active registration as long as the need to Administer or Prescribe, Controlled Substances is necessary in their training role. Should a Clinical Trainee be unable to maintain an active Personal DEA Registration Number, the Clinical Trainee's Program Director must provide the appropriate pharmacy leadership with documentation stating that the Clinical Trainee's Personal DEA Registration Number was in good standing and not revoked by the DEA. Subject to approval by pharmacy leadership, the Clinical Trainee may revert to use of the Institutional DEA Registration Number.

As per DEA guidance, if a Clinical Trainee's Personal DEA Registration lapses or expires, the Clinical Trainee has a 30-day grace period in which they can renew their Personal DEA Registration. During this period, a Clinical Trainee is prohibited from prescribing or administering a controlled substance and may not revert to use of the Institutional DEA Registration. After the 30-day grace period, the Clinical Trainee is eligible to revert to the use of the Institutional DEA Registration subject to the appropriate pharmacy leadership.

Re-assignment of the Institutional DEA Registration Number must follow the requirements outlined in this policy.

Clinical Trainees who practice in specialty areas that do not require the Clinical Trainee to Administer or Prescribe Controlled Substances are not required to obtain a Personal DEA Registration Number or obtain assignment of an internal suffix for use of the Institutional DEA Registration. They should consult their Local GME Office regarding details.

Clinical Trainees whose Personal DEA Registration Number does not include all schedules required by their training program must inform the Local GME Office and their training program of any and all limitations/exceptions/exclusions regarding their Personal DEA Registration Number before their training start date and/or orientation date.

Clinical Trainees who plan to move into Ohio, Florida, or Nevada from another state or move their place of practice within the state must request an update/modification of their Personal DEA Registration Number to reflect the state they will be practicing in.

Clinical Trainees who are appointed as a Limited Clinical Practitioner (LCP) or Moonlighter through the Office of Professional Staff Affairs (OPSA) are required to obtain a Personal DEA Registration Number to practice in said capacity. Refer to the GME Moonlighting Policy for

details. Exceptions may be considered on a case-by-case basis for those moonlighting activities that do not require the Administration, Prescription, or Distribution of Controlled Substances.

The Local GME Office will verify the status of a Clinical Trainee's Personal DEA Registration Number.

Onboarding – Clinical Trainees who enter training with a Personal DEA Registration Number must provide the Local GME Office with documentation of their registration including issue and expiration dates. The Local GME Office will verify the information and upload the documentation while recording the Registration Number and expiration date in the Clinical Trainees' MedHub records.

Maintenance – Personal DEA Registration Numbers stored in MedHub are automatically searched weekly for registration changes, schedule changes, and expirations. The Local GME Office will monitor these reports regarding said changes and update records accordingly. GME will notify Clinical Trainees prior to the expiration date of their Personal DEA Registration Number and recommend appropriate steps to avoid lapses of Personal DEA Registration Number status. Documentation of changes is accomplished by the Local GME Office uploading an online verification of current Personal DEA Registration Number status using data provided by the U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division data files.

Transition from a Fee-Exempt DEA Registration Number to Fee Paid Personal DEA Registration Number before training
Clinical Trainees with a Fee-Exempt DEA Registration Number will need to change the status to a Fee Personal DEA Registration; Cleveland Clinic is not exempt from the DEA application or renewal fee. Clinical Trainees should contact the Local GME Office with any questions regarding changing their DEA Registration Number status in the DEA system.

Clinical Trainees Visiting from Another Institution with an Institutional or Personal DEA Registration Number
Clinical Trainees visiting from an outside institution are not eligible to use Cleveland Clinic's Institutional DEA Registration Number unless a special agreement is in place. Visiting Clinical Trainees shall provide either their Institutional DEA Registration Number from their home institution or a Personal DEA Registration Number during the onboarding process. This information will be stored in MedHub and made available for programs to request electronic medical record access.

Education
Clinical Trainees must participate in a compulsory orientation at the beginning of their training period. Said orientation provides an oversight of DEA Registration and Controlled Substance Prescribing via either an in-person seminar on their start/orientation date or an online module delivered through Clinical Trainees' MyLearning accounts.

View the GME Policies Page for the complete GME Trainee DEA Registration Number Policy

Clinical Trainee Certification Policy

Enterprise GME recognizes that certain specialty training programs require Clinical Trainees to attain and/or maintain specific certifications. Cleveland Clinic ensures that all Clinical Trainees

will have the required certifications to participate in and successfully complete their Enterprise GME training program.

Each clinical training program that requires certification(s) such as Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS) or others, must have a program specific policy. This policy must include: (1) the timing by which the certification must be attained; (2) if renewals are necessary and at what intervals; (3) the consequences of not having the certification; and (4) whether time away from the program will be provided for the required certification process. This policy should be available for the Clinical Trainees and those involved in the program to access how the program leadership team feels is best.

Compliance will be monitored by the PD or their Designee.

View the GME Policies Page for the complete GME Clinical Trainee Certification Policy

Clinical Trainee Research and Scholarship Travel Policy

The purpose of this policy is to provide information regarding the availability and use of Travel Allowance funding for eligible Enterprise GME Clinical Trainees. The Cleveland Clinic strongly encourages Enterprise GME Clinical Trainees to participate in scholarly and research activities, which are mandatory in many GME training programs. Thus, Enterprise GME provides funding in support of some travel associated with scholarly and research activities.

The Local GME Office is responsible for administering travel funds for eligible Clinical Trainees for the purpose of supporting participation in approved travel related to scholarly and research activities.

Eligible Clinical Trainees are permitted to take one (1) Enterprise GME sponsored trip per academic year, with a maximum allowable reimbursement of $2,500.00. To be eligible for reimbursement, the Clinical Trainee must be actively appointed through the Local GME Office at the time of travel. Any additional travel opportunities and funding beyond this policy are at the discretion and responsibility of the Clinical Trainee's training program and are not covered under Enterprise GME sponsorship.

Clinical Trainees must refer to their Local GME Office Clinical Trainee Travel Instructions & Guidelines for detailed guidance, including but not limited to:

- Eligibility criteria
- Booking and pre-approval requirements
- Allowable and non-allowable expenses
- Expense documentation requirements
- Reimbursement submission and processing timelines

Falsification of Expenses

Submission of fraudulent receipts or falsification of any expense documentation may result in denial of reimbursement, revocation of reimbursement privileges, and/or disciplinary action.

Internal Audit
The CC Corporate Compliance Office reserves the right to audit Clinical Trainee expenditures. Audit findings may be reported to the Local GME Office, Corporate Compliance Committee, or others.

View the GME Policies Page for the complete GME Clinical Trainee Research and Scholarship Travel Policy

Clinical Trainee On-Call Meal Allowance Policy

The purpose of this policy is to provide information regarding the availability of On-Call Meal Allowance for eligible Enterprise GME Clinical Trainees and to ensure access to food during clinical and educational assignments. Eligible Enterprise GME Clinical Trainees will be provided with access to an On-Call Meal Allowance during the academic year. To be eligible, the Clinical Trainee must be actively appointed through the Local GME Office. The use of On-Call Meal Allowances to purchase gift cards is strictly prohibited.

The Local GME Office is responsible for administering the On-Call Meal Allowance for eligible Clinical Trainees for the purpose of overseeing the distribution of funds for food during eligible clinical and educational assignments.

Clinical Trainees should refer to their Local GME Office On-Call Meal Instructions & Guidelines for specific information regarding:

- Eligibility criteria
- Total allowance amounts
- Approved locations and methods for use of the allowance

Prohibited Use
On-Call Meal Allowances may not be used to purchase gift cards. Violation of this restriction may result in corrective action as determined by the Local GME Office.

View the GME Policies Page for the complete GME Clinical Trainee On-Call Meal Allowance Policy

Well-Being Policy

The purpose of this policy is to support Trainee well-being by promoting a healthy and supportive clinical learning environment that enables Trainees to meet the professional, personal, and educational demands of training while developing the skills necessary for lifelong resilience and professional fulfillment.

Cleveland Clinic (CC) recognizes that psychological, emotional, and physical well-being are critical in the development of competent, caring, and resilient physicians and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of clinical training. A positive culture in a clinical learning environment models constructive behaviors and prepares Trainees with the knowledge, skills and attitudes needed to thrive throughout their careers.

All Enterprise GME programs must be attentive to scheduling, work intensity, and work compression that impacts Trainee well-being. Trainees and faculty who have concerns about the impact of clinical work on well-being should address them with the PD, the local PCLEC Chair, or through the GME Confidential Reporting Form.

Safety events, workplace injuries, and workplace violence should be reported through the institutional Safety Event Reporting system (SERS). PDs should collaborate with their Institute Safety, Quality and Patient Experience (SQPE) team to review data regarding these events on their program.

Programs must ensure that Trainees have the opportunity to access medical and dental care, including mental health care, at times that are appropriate to their individual circumstances. Trainees must be given the opportunity to attend medical, mental health, and dental care appointments. Every effort should be made to schedule these outside of working hours, but where this is not feasible, trainees will be provided with time to attend during working hours. Each program must have a policy in place to address appropriate mechanisms for requesting such time away for both urgent and non-urgent appointments.

All Trainees, when onboarding, are required to complete institutionally approved education modules on recognizing and responding to burnout, depression, substance use disorders, suicidal ideation, and potential for violence, including available support mechanisms for individuals experiencing these conditions as well as recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. PDs may also request that Trainees enroll in additional MyLearning courses, as appropriate.

All Trainees and faculty have access to Caring for Caregivers where they can obtain screening and care for these conditions.

Trainees and faculty members can report concerns about individuals experiencing burnout, depression, substance use disorders, suicidal ideation or others to their PD, Chair or to the Local GME Office through the GME Confidential Reporting Form.

All Trainees have access to Caring for Caregivers who provide no cost, confidential, professional assessment, short-term counseling, and referral services to caregivers, including Trainees, with 24/7 on-call pager availability for urgent matters including safety issues and critical incident response services.

Trainees who are unable to perform their patient care responsibilities due to circumstances including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave must notify their PD as soon as feasible. The PD will ensure that there is coverage and continuity of patient care in the Trainee's absence.

Programs must allow an appropriate length of absence for Trainees unable to perform their patient care responsibilities consistent with applicable Cleveland Clinic policies for FMLA, and Enterprise GME Policies for Vacation and Leave of Absence, Maternity and Parental leaves as referenced below.

When extended time away is required, the PD must review with the Trainee the anticipated impact of the leave on program completion requirements and board eligibility including the potential need to extend training.

Each program must have policies and procedures in place to ensure coverage and continuity of patient care when a Trainee is unable to work.

The CC provides confidential resources to support Trainee behavioral health and well-being, including enterprise well-being programs, Caring for Caregivers, and GME-specific support services. Trainees may confidentially or anonymously report concerns related to well-being policy adherence to the Local GME Office using the GME Confidential Reporting Form without fear of reprisal. Trainees may report discrimination, harassment, including harmful conduct, or retaliation in CC's educational programs or activities via email to the Office of Educational Integrity or anonymously through their on-line reporting tool.

View the GME Policies Page for the complete GME Well-Being Policy and Well-Being Policy Template for Programs

Transitions of Care Policy

Enterprise GME is committed to maximizing the educational experience of Clinical Trainees while maintaining a focus on patient safety and quality patient care. This policy guides Transitions of Care (TOC) structures and processes to facilitate continuity of care and patient safety at participating sites. Cleveland Clinic ensures that all Clinical Trainees and faculty will have professional development regarding effective TOC.

Circumstances Requiring Transition of Care Communication

Clinical Trainees must ensure that Transition of care communication occurs whenever they begin or conclude care of a patient as well as when there is a change in the primary unit, team or caregiver responsible for a patient's care. This includes, but is not limited to:

- Transfer of complete responsibility for a patient, including to a licensed independent practitioners, advanced practice provider, care coordinator or another physician
- During the transition to and from on-call teams
- Transfer of responsibility for a patient between clinical units or care settings, regardless of whether the patient's actual location has changed
- Transfer of care to another hospital, nursing facility, or other care setting
- Temporary reassignment of responsibility during times, regardless of duration, when the Clinical Trainee will be unavailable to provide patient care such as while attending a personal appointment or in a meeting

Programs will implement structured Transition of Care communication processes to ensure safe, effective transitions of care. These communications will usually involve interactive, two-way communication that includes current patient information, anticipated changes, and verification of understanding as appropriate. When feasible, these communications will occur in a quiet environment with minimal interruptions and prior to assuming patient care responsibilities. All Clinical Trainees and faculty will be educated regarding effective TOC.

View the GME Policies Page for the complete GME Transitions of Care Policy

Trainee Vendor Interaction Policy

Enterprise GME is committed to educating and clarifying considerations Enterprise GME Trainees should take into account when interacting with industry or vendor representatives. This policy establishes enterprise-aligned expectations for Enterprise GME programs. Cleveland Clinic Health System (CCHS), Cleveland Clinic Akron General Health System (CCAGHS), and Cleveland Clinic Weston (Weston) also maintain institution-specific policy documents as required by their respective governance structures. Where institution-specific policies are required by law, accreditation, or organizational requirements, such policies supersede or supplement this policy.

This policy is to ensure Enterprise GME programs and/or personnel are not influenced through industry persuasion, whether collectively or through individual interaction.

It is recognized that Cleveland Clinic has established Vendor and Conflict of Interest policies. Further, Enterprise GME recognizes that the ACGME and the American Medical Association (AMA) provide guidance on the relationship between Enterprise GME and Industry, which provides ethical opinions and guidelines that address this relationship. Ultimately, an educational benefit should be derived from any Industry or Vendor interaction, and such interactions should abide by applicable standards and principles of Professionalism.

Enterprise GME will follow the afore-referenced organizational policies and ACGME and AMA principles to guide the efforts of the Enterprise GME programs to promote unbiased learning, through professionals who serve the best interests of patients in a consistently ethical and exemplary fashion.

Expectations

1. Individual GME training programs that interact with industry representatives will educate Trainees about the potential impact of these interactions.
2. Individual GME training programs are encouraged to integrate into their curricula instruction on how to properly analyze and better understand the information with which they are presented by vendors.
3. Faculty members are encouraged to be present and participate in interactions with vendors to model appropriate behavior.
4. Trainees will follow the guiding and ethical principles of timely and truthful reporting of potential conflicts of interest, and disclosure and management of conflicts of interest.
5. PDs will serve as a source of education and guidance for their Trainees related to vendor interaction and the resolution of defined conflicts.
6. Trainees should report deviations of this policy to their PD, Vice Chair of Education, Associate DIO, DIO, Primary Investigator, GMEC, or Corporate Compliance.

It is recommended that Trainees consider this policy as a guide for interactions that may occur outside the training environment.

View the GME Policies Page for the complete GME Trainee Vendor Interaction Policy

Incidental Patient Contact Policy

The purpose of this policy is to provide the requirements for Research Trainees to engage in incidental patient contact where necessary to fulfill the requirements of a specific research

project. Research Trainees are permitted to participate in the following activities: observation, consultation, teaching, or research.

Incidental patient contact for a Research Trainee is permitted only in limited, non-clinical circumstances that are ancillary to approved academic activities, conducted under appropriate supervision, and compliant with all regulatory and institutional requirements. Additionally for J-1 Research Scholars and Short-Term Scholars, the ability to engage in incidental patient contact must be approved and documented on their Form DS-2019 prior to participation.

For all Research Trainees:

1. In order to participate in incidental patient contact, after a Research Trainee has participated in their research program for 30 days, the research PD must determine through assessment that the Research Trainee has the appropriate knowledge and skill to carry out the elements of the program that would require such patient interactions.
2. These patient activities must be related to a specific research project which requires the collection of patient data and/or obtaining informed consent for research. Under no circumstances is the Research Trainee permitted to examine, diagnose, discuss or propose treatment directly to a patient. The Research Trainee will not be given final responsibility for the diagnosis and treatment of patients.
3. Any incidental patient contact involving the Research Trainee will be under the direct supervision of a physician who is a U.S. citizen or permanent resident and who is licensed to practice medicine in the State of where the work is occurring.
4. Prior to any incidental patient contact, the host department must complete and send the incidental patient contact assessment and application to the Local GME Office.
5. Incidental patient contact may not begin until reviewed, approved and entered into MedHub by the Local GME Office.
6. The supervising physician is responsible for assuring any activities of the Research Trainee will conform fully with the State licensing requirements and regulations for medical and health care professionals in the State in which the Research Trainee is pursuing the program.
7. Any experience gained in the program will not be creditable towards any clinical requirements for medical specialty board certification.

Additional requirements for Research Trainees on a J-1 visa:

1. The Local GME Office will forward the application to VIS for review and processing.
2. The Local GME office will approve incidental patient contact and enter this in MedHub.
3. Following this, VIS will prepare the draft incidental patient contact statement in accordance with 22 CFR § 62.27 (c)(iii) and send it to the Dean of the Cleveland Clinic Lerner College of Medicine for signature or his/her designee (as in Executive Dean of CCLCM).
4. VIS will update the Research Trainee's Form DS-2019 Form to indicate incidental patient contact is permitted and attached the 5-point statement signed by the Executive Dean.

View the GME Policies Page for the complete GME Incidental Patient Contact Policy

Disasters and Other Substantial Disruptions in Patient Care or Education Policy

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 Enterprise GME programs in the event of a Disaster or Extreme Event; provide guidelines for communication with Program Leadership and Clinical Trainees regarding restructuring of education experiences, including rotation reassignments,

Temporary Transfer, Permanent Transfer of Clinical Trainees or termination of the educational experiences, after a Disaster or Extreme Event.

This policy establishes guiding principles for Clinical Trainee roles, expectations, and protections during Extreme Events or Disasters, including natural or human-made events such as a flood, tornado, catastrophic loss of funding, loss of infrastructure, military unrest and terrorism.

Clinical Trainees are first and foremost healthcare professionals, whether they are acting under normal circumstances or in Extreme Events as defined above. Clinical Trainees are expected to perform according to society's expectations as professionals and leaders in health care delivery. Decisions regarding a Clinical Trainee's involvement in local Extreme Events or Disasters must take into account the following aspects of their multiple roles as a Clinical Trainee, a physician, and a Cleveland Clinic employee including:

- The nature of the health care and the clinical work they are expected to deliver
- A Clinical Trainee's knowledge and skill
- Safety
- Board certification
- Reasonable expectations for the duration of engagement
- Self-limitations due to health

Even in an Extreme Event or Disaster, a Clinical Trainee must work within the scope of their license and adhere to the GME supervision policy.

The PDs first point of contact for answers regarding an Extreme Event and the resulting impact on Clinical Trainee education and work environment must be the Designated Institutional Official (DIO), or Designee. The DIO will contact the appropriate accrediting bodies if an Extreme Event causes serious extended disruption to Clinical Trainee assignments, educational infrastructure or clinical operations that might affect Cleveland Clinic or any of its programs' ability to conduct education in substantial compliance with accreditor requirements. The DIO will notify the accrediting bodies when the institutional Extreme Event has been resolved.

The DIO or Designee will work with accrediting bodies to determine the appropriate timing and action in order to:

- 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 to maximize the likelihood that each Clinical Trainee will complete the training year in a timely manner.

Within ten days after the declaration of a Disaster, the DIO or Designee will contact required accreditors to discuss plans for restoration of training.

Within 30 days of declaring a serious event or Disaster, the DIO or their Designee will:

- Provide a plan describing the continuation of Clinical Trainees' educational experiences and any major changes to the Sponsoring Institution and its programs
- As needed, support timely reassignment of Clinical Trainees, including their temporary or Permanent Transfer s to other programs
- Ensure that Clinical Trainees are prospectively informed of the estimated duration of any Temporary Transfer to another program
- Ensure that Clinical Trainees continually receive timely information regarding reassignments, transfer arrangements, and/or major changes to the Sponsoring Institution or its programs.

Every effort will be made to ensure that Clinical Trainees continue to receive their salary, benefits and professional liability coverage during Disaster event response and recovery period and/or accumulate salary and benefits until such time as utility restoration allows for fund transfer.

Communication

The primary source for communication regarding an Extreme Event and recovery plan for Program Leadership, Clinical Trainees, and all involved with education will be the Enterprise GME web page (GME|com). Additional communications may be disseminated through other Cleveland Clinic electronic venues. All are expected to regularly review GME|com for updates affecting their programs.

Additional Expectations

Clinical Trainees and Research Trainees should familiarize themselves with the emergency preparedness of resources applicable to their training location and follow local emergency procedures during any declared emergency, extreme emergent situation, or Disaster.

View the GME Policies Page for the complete GME Policy for Disasters and Other Substantial Disruptions in Patient Care or Education Policy

Residency Closure/Reduction Policy

The purpose of this policy is to affirm Cleveland Clinic's institutional commitment to Graduate Medical Education (GME) and to establish a clear and compliant framework for managing the reduction or closure of GME programs in accordance with applicable ACGME Institutional Requirements (common and/or specialty specific) and the requirements of other accrediting bodies. This policy is intended to ensure timely communication, continuity of education, and appropriate support for affected Clinical Trainees across Cleveland Clinic training sites.

In the event that Cleveland Clinic determines a GME training program must be reduced or closed, the Designated Institutional Official or designee will notify the appropriate accrediting bodies and affected Clinical Trainees as soon as possible and will make reasonable efforts to ensure continuity of GME training. This includes allowing Clinical Trainees to complete their education when adequate educational resources are available or assisting Clinical Trainees in identifying and transferring to comparably accredited programs or appropriate educational rotations when continuation at Cleveland Clinic is not feasible.

In the event that it is determined a Cleveland Clinic GME training program must be reduced or closed, or that the Cleveland Clinic Sponsoring Institution must close, notification will be made

to the GMEC and DIO. The GMEC will be responsible for overseeing that the following actions are taken:

- The DIO or their senior level designee will notify the appropriate accrediting bodies, affected Clinical Trainees, Vice Chief of Education/Associate DIO, Vice Chair of Education, and training program leadership (PD, PC, and other education leaders) as soon as possible following the decision to reduce or close a program.
- The DIO will work in coordination with Enterprise GME Department, PD, PC, Local GME Offices, and, when applicable, accrediting bodies, and affiliated teaching hospitals to address the educational impact of the reduction or closure.
- Clinical Trainees currently enrolled in an affected program will be allowed to complete their education when sufficient faculty and patient resources remain available to support their training.
- If continuation of training at Cleveland Clinic is not feasible, Cleveland Clinic will make reasonable efforts to assist Trainees in identifying and transferring to comparably accredited programs or educational rotations where they may continue their education.
- When a program reduction occurs, Cleveland Clinic will attempt to reduce program size over time, when possible, to minimize the impact on Clinical Trainees currently enrolled in the program.

View the GME Policies Page for the complete GME Residency Closure/Reduction Policy

Institutional Policies

Scrub Personnel Responsibility Policy

The scrub personnel responsibility information listed here is 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 chiefs 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.

View the complete Scrub Personnel Responsibility Policy

Scrub machines are in place across Cleveland Clinic Northeast Ohio and Florida locations. The machines will be expanded to Cleveland Clinic Akron General Hospital in Fall 2026. These machines are designated for departments and caregivers who primarily work in surgical areas or sterile environments and are required to wear ceil blue scrubs. Caregivers who do not work in these settings must purchase and launder their own scrubs.

Scrub machines are available 24 hours a day, seven days a week. For access-related questions, please contact your program coordinator or program manager. Scrubs must be returned to a dispenser at the same location from which they were issued.

Social Media Use Policy

To provide all Cleveland Clinic employees and to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures with rules and standards 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®, LinkedIn®, Instagram® or Parler®
- 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®, TikTok® 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.

When communicating on Cleveland Clinic social media sites, communicating about Cleveland Clinic, or as a representative of Cleveland Clinic on any social media site unaffiliated with Cleveland Clinic, Cleveland Clinic employees are expected to follow the same standards and policies that otherwise apply to them in the workplace as a Cleveland Clinic employee. For example, social media activity is subject to Cleveland Clinic policies that strictly prohibit discrimination, harassment, threats, and intimidation. The standards set forth in Cleveland Clinic's Health Insurance Portability and Accountability Act (HIPAA), Professional Conduct Policy and Confidential Information policies also apply to internal and external social media activity, such as comments posted to the intranet, Facebook, blogs, or discussion forums, as do

the standards set forth in Cleveland Clinic's Telephone and Cellular Phone Use policy. Likewise, Cleveland Clinic does not intend to limit any employee's rights under the NLRA as such policies do not apply to communications protected by the NLRA.

Employees must not post content about coworkers, supervisors, or the Cleveland Clinic that is knowingly false, vulgar, obscene, threatening, intimidating, harassing, defamatory, or maliciously detrimental to Cleveland Clinic's legitimate business interests. Relatedly, employees must not post content that violates Cleveland Clinic's workplace policies against discrimination, harassment, or hostility based on race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, national origin, ethnicity, ancestry, disability, military (including veteran) status, citizenship, genetic information or any other protected class, status, or characteristic protected by state, federal or local law. Inappropriate postings may include, for example, discriminatory remarks; harassment on the basis of race, sex, disability, religion and other protected characteristics; malicious posts meant to intentionally harm someone's reputation; posts that could contribute to a hostile work environment or violate the Professional Conduct Policy; and threats of violence or other similar inappropriate and/or unlawful conduct. Standards for professional conduct in communication apply to our internal platforms (e.g., the intranet) when expressing views. Employees should use good judgment and discretion in developing comments or postings.

In the interest of guarding the privacy of our patients, employees must not publish any content including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient. Unless the applicable requirements in the Policy on Patient Recordings are fulfilled and approved, postings that attempt to describe any specific patient and/or patient care situation, or that contains any patient identifier, or in combination may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited. Violations of Cleveland Clinic policies that occur online or in social media may subject the violator to disciplinary action, up to and including termination.

View 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. Please review the Mobile Device Guidelines.

iPhone for Clinical Trainees: Trainees are issued an Apple iPhone to make patient care activities safer and more efficient. Clinical Trainees will have 24/7 access to Cleveland Clinic email and can take advantage of various clinical applications including IRIS and Haiku. IRIS and Haiku offer secure access to patient data that reside 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 Clinical Trainee iPhones

1. The plan gives:
    a. 3GB monthly pooled data, with unlimited minutes and text messages
    b. Free long-distance for calls within the U.S.
2. The plan doesn't include international data and calls.

3. If the iPhone gets lost, broken or stolen, the Clinical Trainee is financially responsible for replacing it. The current replacement cost is $99 (subject to change). Inform the Program Coordinator and then call the HELP Desk (Ext. 44357).
4. Do not upgrade to the newest IOS until IT approves the upgrade.
5. Clinical Trainees 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 a work phone is being used. 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 discussing patient information.

Personal use: Using the Cleveland Clinic-issued iPhone for personal use is permitted. However, Clinical Trainees cannot port their personal mobile number to their Cleveland Clinic iPhone. Once a Clinical Trainee leaves, they will have limited functionality, retrieval and storage of personal data from the iCloud. Cleveland Clinic treats all information transmitted or stored in its computers and systems, including email and voice mail messages, as Cleveland Clinic business information. Instant messaging, social media use in a business capacity and any other business chat data related to Cleveland Clinic are considered company information. All files and other information stored on Cleveland Clinic computers and systems, even if considered personal by an employee, are business information and remain the property of Cleveland Clinic. Cleveland Clinic may review or use such business information as it deems appropriate.

Email: Employees must use their Cleveland Clinic 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 Cleveland Clinic Intellectual Property (IP). Always check with the department's IT representative or Compliance Office if unsure. Employees are prohibited from auto-forwarding Cleveland Clinic email to a personal email account.

Photography: 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 the Cybersecurity Department.

View the complete General Information Security Policy

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 activity.

View the complete Acceptable Use of Information Assets Policy

Lactation Break Policy

Recognizing the well documented health advantages of human milk and breastfeeding for infants and mothers, this policy provides clear expectations for a supportive environment to enable breastfeeding employees to express their milk during work hours.

All employees who are breastfeeding a child, and who need to express milk during their scheduled work time, may express milk during normal breaks and meal times, and will also be provided other reasonable break time(s) to express milk.

A private, sanitary space, or designated lactation room, shall be available where the employee who is expressing milk is shielded from view and free from intrusion by other employees and the public if desired Lactation rooms and private space are provided throughout the enterprise for employees to express milk during scheduled work time. If employees prefer, they may also express milk in their own private offices, or in other private locations agreed upon in consultation with the employee's supervisor. Space must be completely private to ensure no one can see inside the space and no one is able or permitted to enter the space while it is being used to express milk. The space provided cannot be a restroom.

House Staff Resource Center Lactation Room (Main Campus Market) – space was reallocated to create a dedicated lactation room exclusively for residents and fellows. This space has a door activation swiping system, desk with computer, chair and clean and safe refrigeration for the storage of breast milk. To gain access Trainees complete the H15 Lactation Room access request form so that the GME office can verify they are eligible and provide access.

View the complete Lactation Break Policy

Disability and Pregnancy Accommodation in Employment

This policy confirms the commitment of Cleveland Clinic to comply with all federal and state laws regarding the employment of qualified individuals with disabilities and to establish criteria for the consideration of requests for reasonable accommodation by employees and applicants for employment. It is the policy of Cleveland Clinic to comply with the Americans with Disabilities Act as amended ("ADA"), Section 504 of the Rehabilitation Act of 1973, the Pregnant Workers Fairness Act and all federal and state 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.

Cleveland Clinic will seek to employ and advance in employment individuals with disabilities, and will treat qualified individuals without discrimination on the basis of any physical or mental disability. 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 or others in the workplace including employees and/or patients.

View the complete Disability and Pregnancy Accommodation in Employment Policy

Decisions regarding reasonable accommodations may be appealed pursuant to the Disability and Pregnancy Accommodation in Employment Appeals Procedure

Disability and Pregnancy Accommodation in Education

This policy confirms Cleveland Clinic's commitment to provide access to educational opportunities for qualified students and applicants with disabilities and establishes criteria for the consideration of requests for reasonable accommodation by such students and applicants. This policy reflects Cleveland Clinic's compliance with the Americans with Disabilities Act of 1990, as amended, Title IX of the Education Amendments of 1972, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and all other relevant federal and state laws and Regulations.

Cleveland Clinic does not discriminate against qualified individuals with disabilities in regard to their application to, or participation in, educational programs or activities. Cleveland Clinic will make, upon the request of a qualified individual with a disability and under the conditions described herein, a reasonable accommodation to permit such individual to participate in an educational program or activity. Cleveland Clinic will also make reasonable accommodations to permit a student who is pregnant or has a related condition to participate in an educational program or activity.

View the complete Disability and Pregnancy Accommodation in Education Policy

Decisions regarding reasonable accommodations may be appealed pursuant to the Disability and Pregnancy Accommodation in Education Appeals Procedure

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 discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, gender expression, 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 similarly prohibits retaliation against those who oppose such conduct or otherwise engage in activity that is protected under applicable law.

This policy applies to all employees/physicians/vendors/third parties/contractors or contracted employees/students/volunteers affiliated with or under contract with Cleveland Clinic. Conduct prohibited by these policies is unacceptable in the workplace or in any work-related setting outside the workplace, such as during business trips or business meetings. It also prohibits conduct outside the work place or work hours that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment, including through the use of electronic communications or social media, regardless of whether the devices used are issued by Cleveland Clinic. Those individuals who engage in acts prohibited by this policy, regardless of status, position or title, will be subject to appropriate action, including but not limited to corrective action up to and including discharge.

View the complete Non-Discrimination, Harassment or Retaliation Policy

Sexual Misconduct in Education

This policy expresses Cleveland Clinic's commitment to equal opportunity in its educational programs and activities and establishes a procedure for addressing reports of sex discrimination, sexual harassment, sexual violence and retaliation in those programs and activities. This policy reflects Cleveland Clinic's compliance with Title IX of the Education Amendments of 1972, as amended, and all other relevant laws and regulations.

In accordance with Title IX of the Education Amendments of 1972, as amended, the Violence Against Women Reauthorization Act of 2013 (VAWA) and other applicable statutes and regulations, Cleveland Clinic prohibits all forms of discrimination on the basis of sex, gender, sexual orientation, gender expression and gender identity in its educational programs and activities. Prohibited conduct under this policy includes sex discrimination, sexual harassment, sexual violence and retaliation, as those terms are defined herein.

This policy applies to all individuals participating in Cleveland Clinic educational programs and activities, including, without limitation, employees, Professional Staff, medical and other Clinical Trainees, researchers, interns, students enrolled in Cleveland Clinic and affiliate programs, and third parties (such as patients, vendors and visitors). This policy applies to conduct on Cleveland Clinic property and to locations, events, or circumstances where Cleveland Clinic exercises substantial control over the person alleged to have engaged in the conduct and the context in which it occurred.

View the complete Sexual Misconduct in Education 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 misuse of alcohol and drugs, as discussed in this policy.

View the complete Substance Abuse Policy

Physician Impairment: For the purposes of this policy, impairment includes "inability to practice medicine in a competent, consistent and ethical manner for reasons of illness, excessive stress or substance misuse." 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. Alcohol is the most frequent offending substance, although all categories of drugs and drug combinations have been reported in association with physician 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, Cleveland Clinic assists its professional staff in identifying and receiving treatment for conditions which may lead to impairment, while assuring the highest degree of safety and care for the patients. Cleveland Clinic complies fully with state and federal laws regarding reporting, monitoring and compliance for all members of the professional staff. Staff members undergoing evaluation and therapy for problems leading to impairment will, like all patients, receive dignified, confidential and competent management of their impairment

problems.

To ensure the safety of patients and employees, and to provide the highest quality of medical care, the Cleveland Clinic is committed to providing a drug-free environment. Cleveland Clinic will not tolerate the unlawful or unauthorized use, manufacture, possession, sale or transfer of illegal or controlled substances, or the abuse of unauthorized use of alcohol, on or off clinic property. Cleveland Clinic Substance Abuse Policy *applies to non-staff employees and to professional staff*, with certain modifications for physicians because of the greater responsibility in the care of patients. Cleveland Clinic is also bound by the Federal Drug-Free Workplace Act of 1988. All employees, including physicians, must abide by all terms of the Substance Abuse Policy as a condition of their employment. In addition, all employees must report to their supervisor or to the Office of Professional Staff Affairs within five days any conviction under a criminal drug statute for violations occurring in the workplace. Cleveland Clinic recognizes that the misuse of drugs or alcohol may indicate an illness with drug-induced effects on thinking, attitude and behavior. Cleveland Clinic encourages all employees to seek help voluntarily, and provides education, prevention, treatment re-entry and monitoring to assist employees while insuring a drug-free environment. However, there may be situations warranting a mandatory referral to the Professional Staff Assistance Program (PSAP) through Caring for Caregivers. Help for the staff person and their family will include appropriate medical, psychological and chemical dependency care in conformance with the Substance Abuse Policy and mandatory referral process described below.

To facilitate this process, the Board of Governors (BOG) authorized the following:

- The Physician Health Committee: Cleveland Clinic will establish and maintain a standing committee of the Office of Professional Staff Affairs for the purpose of dealing with all matters related to physician impairment. This committee will be designated as the Physician Health Committee, and will serve as a clearinghouse for complaints, referral, evaluation, treatment, re-entry, monitoring and compliance. All matters regarding possible or suspected physician impairment may be referred to the Physician Health Committee for review, comment and recommendations. This committee will be a knowledgeable, experienced resource for the handling of such matters. The committee will serve as an ongoing resource for education, evaluation and treatment recommendations; for information about legal requirements of reporting, licensing and other matters; and as a resource for quality control of physician services. The chair of the committee will be appointed by the Chief of Staff, with input from members of the Physician Health Committee. The committee will convene regularly for the purposes of reviewing and monitoring all cases before it, and for remaining up to date on all aspects of physician impairment. All matters before the Physician Health Committee will be kept strictly confidential and will be dealt with on a need-to know basis.
- Procedure for Hiring Staff: Before any applicant can be proposed to the Medical Executive Committee (MEC) for appointment to the staff, the department chair will be responsible for assuring that the individual is physically and mentally able to practice medicine safely. Prior to presentation to the MEC candidates must have completed the Professional Staff Questionnaire, which attests to their physical and mental ability to safely practice medicine. All appointments to the professional staff are contingent upon the completion of the standardized clinic medical history and physical examination by Occupational Health. The medical history questionnaire will inquire into the existence of any present problem with, or current treatment related to alcohol or drug misuse, behavioral or physical impairment. Failure to accurately complete the medical history and physical examination will result in revocation of the appointment. Further, falsification is a major policy infraction and is

grounds for termination. As a part of the pre-employment examination, a urine screening test for controlled substances will be performed. Specimens will be collected under the guidelines for preemployment urine testing of all Cleveland Clinic employees. All appointments to the staff must have, within 30 days of their initial appointment, a written confirmation from Occupational Health indicating the appointee is free from any substance-related impairment and that the urine toxicology screen contains no unauthorized controlled substances. A current, prior or resolved issue with alcohol or drug misuse, behavioral or physical impairment will not prevent employment at Cleveland Clinic, but a comprehensive evaluation may be required as part of the pre-employment process as determined by the Physician Health Committee. A review of any prior treatment records, urinalysis records, aftercare monitoring and recovery program participation will be a part of this process. The evaluation results will be considered by the Physician Health Committee, which will then provide an opinion on the suitability of the candidate along with recommendations, if any, for additional treatment or monitoring. These recommendations will be made to the recruiting department chair and to the Chief of Staff. A summary of the recommendations will be made available to the MEC. All results will be forwarded to the Medical Director of Graduate Medical Education.

- Policies and Procedures for Existing Staff: As employees of the Cleveland Clinic, all staff must comply with Cleveland Clinic's Substance Abuse and Professional Conduct Policies. 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.

Substance Abuse/Chemical Dependency

Physicians are at an elevated risk of developing substance abuse or chemical dependency issues. Caring for Caregivers (CFC) is available to any Clinical Trainee/Research Trainee in need. Clinical Trainees/Research Trainees identified as having a problem with chemical dependency will be connected with treatment commensurate with clinical necessity criteria and professional licensure board requirements.

The Program Director will make a referral to CFC in consultation with CFC when there is known or suspected substance abuse/dependency and/or any other issues of impairment (e.g., behavioral, physical, etc.) that might impact the Trainee's ability to obtain a medical license and/or safely perform their duties. To coordinate necessary consultation for a prospective referral, contact Caring for Caregivers at 216-445-6970 or 800-989-8820.

The Physician Health Committee (PHC), established in 1992, is composed of a multi-disciplinary group of professionals with expertise related to impairment. Individuals with impairment or suspected impairment will be reviewed by CFC with the PHC for additional oversight of evaluation, management and follow-up, including return to training status.

For further information, please visit the Caring for Caregivers intranet site.

Corporate Compliance

Program Overview

The Cleveland Clinic Corporate Compliance program is designed to prevent, promptly detect, and correct violations of applicable laws, rules, regulations, policies, and standards. Additionally, the compliance program is built to meet internal operational goals, decrease errors, improve quality of patient care, and to uphold the Cleveland Clinic value of integrity by doing the right thing for our patients, our caregivers, and the organization.

Our compliance standards apply to Cleveland Clinic caregivers, practitioners, volunteers, students, contractors, vendors, board members and officers, and others conducting business for, or on behalf of Cleveland Clinic.

While the Corporate Compliance Office spearheads the compliance program for the enterprise, compliance is a job for everyone.

Corporate Compliance Office

Our compliance program covers many activities, geographies, and individuals. As such, we have structured or office to meet our program needs by having work groups in each of the following areas:

- Compliance Education and Communications
- General compliance in the Ohio and Florida markets.
- International Compliance
- Privacy and Data Protection
- Research Compliance
- Revenue Cycle Compliance

Code of Conduct

Our Code of Conduct helps us stay true to our principles, as we each have a part in creating the kind of workplace we trust. It leads us to conduct ourselves with integrity and to follow the laws, regulations and policies that apply to our organization.

Think of it as our North Star for compliance and ethics, guiding us to do the right thing and make ethical decisions.

Click here to access the Code of Conduct.

Privacy and Security of Protected Health Information

Protected Health Information (PHI) must be protected at all times, whether accessed in clinical areas, offices, remote work environments, or public spaces. Protecting PHI is a shared responsibility and a critical part of maintaining patient trust, providing excellent care, and remaining compliant.

Protected Health Information (PHI)

PHI refers to any identifiable information related to an individual's health status, healthcare treatment, or payment for healthcare services provided. PHI is considered confidential and protected under the federal Health Insurance Portability and Accountability Act (HIPAA).

Examples of PHI include but are not limited to a patient’s name, date of birth, medical record number, Social Security Number, lab results, credit card number, full face photographs or

comparable images, or any other unique identifying number, code, or characteristic that can be linked to an individual.

Accessing PHI
Caregivers can access PHI only if they have a valid HIPAA authorization or a legitimate treatment, payment, or healthcare operations (TPO) business purpose to do so.

- Treatment includes, but is not limited to, taking care of patients' medical needs.
- Payment includes, but is not limited to, billing for healthcare services provided.
- Healthcare Operations includes, but is not limited to, quality reviews and care coordination.

Note: Any impermissible access, use, or disclosure of PHI may be considered a major infraction of Cleveland Clinic policy.

Monitoring
Cleveland Clinic uses a monitoring system that works in conjunction with Epic and Workday. The system captures information about all of the user's actions within Epic. The monitoring system is designed to detect users who access the records of co-workers, neighbors, family members, high profile patients (celebrities, politicians, professional athletes, etc.), self-access, and other suspicious access patterns.

If a user is flagged by the system, Corporate Compliance will investigate the matter and determine whether access was appropriate. If the access is deemed to be impermissible, the corrective action process will be initiated. Along with corrective action, the user may also be subject to civil monetary penalties and/or criminal prosecution by the Department of Health and Human Services and/or other enforcement authorities.

Remember, without a valid HIPAA authorization or a legitimate business purpose (TPO), you are not allowed to access, use, or disclose patient information.

Safeguarding Patient Information
Cleveland Clinic has robust policies, procedures, systems, and controls in place to safeguard information. Caregivers are expected to support our efforts to safeguard information.

Password Security

- Do not share passwords or login information with anyone. You are responsible for access and work done under your login credentials.
- Lock your computer screen before you leave your workstation.

Texting

- Caregivers must never use native texting applications – Including those on personal cell phones, Cleveland Clinic-issued iPhones or devices enrolled in the Bring Your Own Device Program – to send:
  - Protected Health Information (PHI).
  - Patient care details.
  - Confidential Cleveland Clinic information or information assets.

  Note: This restriction also applies to mobile messaging apps, including iMessage, WhatsApp, Signal or similar platforms. Even when intentions are good or situations feel urgent, these tools are not secure and place both caregivers and the organization at risk. **Click here** for more information on secure messaging options.

Email

- Do not send confidential information to your personal email or an unverified/unapproved third-party email.
- Do not use automatic forwarding to send emails from your ccf.org email account to a non-ccf.org account.
- Do not send confidential information by email unless you have verified the recipient.
- Ensure that you select the proper email address when auto-filled email addresses are being used.
- Encrypt emails when sending confidential information to external recipients by adding "Confidential" in the subject line.

Social Media

- Do not post any PHI to social networking sites, i.e. Facebook, X, or Instagram. Refer to the Social Media Policy in PPM for any questions.
- Even if you think you're being vague, combining certain details can unintentionally reveal a patient's identity. Posts that describe any specific patient or care situation, or that contain any patient identifier — alone or in combination with other information — may result in identification of a particular patient.

Handling Printed PHI

- When handing a patient printed PHI, ensure that you perform a visual check of each page of the document to ensure that each page belongs to the correct patient. Prior to handing over the document, re-verify the patient's name and date of birth with the patient.

Other Safeguards

- PHI must never be downloaded to a portable media device (e.g. flash or thumb drive) unless the device is encrypted in accordance with the Information Technology Division (ITD) Security policies and approved by your department administrator. 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 PHI must be provided by the Cleveland Clinic. Encrypted flash drives may be requested through the Department or Institute Administrators.
- Do not take or use photographs of patients without their written consent. Note: Consent is not the same as a HIPAA Authorization. Consent is needed to take the photo/video/audio recording; whereas Authorization is needed to use or disclose the PHI in the photo/video/audio recording for purposes that are not otherwise permitted or required by HIPAA (e.g., other than treatment, payment, health care operations or as permitted or required by the applicable privacy regulations). If you plan on using a photo in a publication, or to share in a case study situation you will need to obtain the patient's written Authorization in addition to the consent. See the Cleveland Clinic Policy on Patient Recordings (Photo, Video, and Audio).

Research Compliance

The Research Compliance team within Corporate Compliance helps make sure research is done ethically, safely, and according to applicable rules. The Research Compliance Teams role is to protect research participants, support researchers, and ensure the organization follows laws, regulations, and institutional policies.

The Research Compliance team is tasked with delivering information, training, and support to researchers across the enterprise, ensuring adherence to laws, regulations, and policies governing research in an efficient and effective manner. The team collaborates closely with the Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), the Law Department, Cleveland Clinic Research, Research Finance, and other stakeholders to execute compliance program activities and drive their implementation.

If an employee plans to conduct research involving human participants, animals, or laboratory activities, we encourage early contact with the Research Compliance team so that regulatory, ethical, and institutional requirements can be identified and addressed at the outset of the research process.

Recognizing and Reporting Compliance Issues

Examples of Compliance Matters

Caregivers and those affiliated with Cleveland Clinic have a responsibility to report any suspected or actual violations of our Code of Conduct or other policy or procedure irregularities. Compliance issues generally involve conduct that violates applicable laws, rules, regulations, policies, and standards, including Cleveland Clinic's Code of Conduct.

Examples of types of matters to report to Corporate Compliance include but are not limited to the following:

- Improper billing practices.
- Threats to information security or data privacy.
- Retaliation.
- Falsification of a record or claim.
- Abuse, misuse, or theft of Cleveland Clinic resources.
- Accepting or giving bribes or items of value in exchange for referrals or favors.
- Conducting research without IRB approval.
- Potential Stark and Anti-Kick Back Violations
- Violations of patient privacy including, misdirected protected health information, unauthorized disclosure of protected health information, and impermissible access to protected health information.

Connecting with Corporate Compliance

Cleveland Clinic promotes a culture of asking questions when clarification is needed and reporting a concern when you believe something inappropriate took place. Please know that the Cleveland Clinic has zero tolerance for retaliation when a concern is reported in good faith. There are several ways to contact Corporate Compliance with questions or to report a concern:

- Email: corporatecompliance@ccf.org
- Phone: (216) 444-1709
- Anonymous Reporting Option: (800) 826-9294

For further information on our Corporate Compliance Program, access to additional compliance resources, and department contact information, please visit our Connect Today page by clicking here.

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.

Research Compliance Research Misconduct Standard Operating Procedure

Whereas it is the desire of Cleveland Clinic to uphold the highest principles of scientific integrity and to protect against scientific fraud and misconduct, the intent of the following is to define procedures for conducting institutional reviews of alleged misconduct in research ("Research Misconduct"). Cleveland Clinic expects members of the research community to report suspected Research Misconduct. This Standard Operating Procedure is drafted with the intent to comply with the federal regulations issued by the U.S. Department of Health and Human Services (HHS) regarding Research Misconduct as well as other federal regulations related to Research Misconduct. Inherent in this Standard Operating Procedure is Cleveland Clinic's recognition that all individuals should be afforded the protection of due process and the avoidance of conflict of interest. It is recognized that allegations concerning Research Misconduct vary from the unsubstantiated 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 importance.

View the complete Research Compliance Research Misconduct Standard Operating Procedure

Conflicts of Commitment

To assure professional and commercial integrity in all matters, our Organization maintains a program that identifies and addresses conflicts of commitment for the Target Group members of the Professional Staff, Clinical Trainees and Employees.

Our Organization recognizes that Target Group members of the Professional Staff ("Staff"), Clinical Trainees and Employees periodically serve in external roles and in other activities that may or may not require the use of their professional competence. Service in external activities can be beneficial to Target Group Staff, Clinical Trainees and Employees professionally, our Organization, its patients, and the public. These activities are generally permissible (subject to compliance with institutional policy) provided that the individual's commitment to professional responsibilities at our Organization remains primary (or as defined in the conditions of employment) at all times. An overabundance of such external activities may conflict with a Target Group Staff member's, Resident's, Fellow's or Employee's responsibilities at our Organization.

View the complete Conflicts of Commitment Policy

Conflict of Interest in Business Affairs in General Policy

Members of the Target Group workforce have broad access to confidential information regarding our Organization's clinical, business, research, education and other activities, including proprietary information, intellectual property, and strategic plans. No Target Group Professional Staff member ("Staff"), Resident, Fellow, Employee or Cleveland Clinic – main campus Official shall use a position with our Organization (including its wholly-owned affiliates), or confidential information acquired as a result of his or her position with our Organization, to permit a Conflict of Interest to arise between the Organization's interests and his or her personal interests.

A Conflict Of Interest may exist when a Target Group Staff member, Resident, Fellow, Employee 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 our Organization. To help advance our Organization's mission, Target Group Staff members must respect the confidentiality of our Organization's information, act in the best interests of the Organization, and disclose to the IM&COI Program all of their existing and potential personal interests that may result in a Conflict Of Interest. In addition, certain Target Group Employees must also comply with these requirements. These Target Group Employees include managers, Clinical Trainees, advanced practice providers, pharmacy, law, innovations, ventures, compliance, strategy, supply chain management, construction management, researchers and others as identified from time to time by Human Resources and the Innovation Management and Conflict of Interest Program of the Office of Professional Staff Affairs.

- Members of the Target Group Professional Staff and identified Employee groups must disclose all potential and existing relevant personal interests (including Significant Financial Interests in research) that may result in a Conflict of Interest. The disclosure must be made through the online Conflict of Interest Disclosure system at least annually and within 30 days in response to a material change in Financial Interests.
- Cleveland Clinic – main campus Officials, whether Members of the Professional Staff or not, must disclose Financial Interests to the IM&COI Program as described above and also must disclose any Significant Financial Interests in research. (In addition to these requirements, Cleveland Clinic – main campus Officials who are elected Officers must separately comply with the conflict of interest requirements of the Board of Directors.)

Interests reported in prior years must be re-disclosed annually if still applicable. The IM&COI Program will review all disclosed interests – whether they involve clinical care, education, research, or other activities - and notify the affected discloser if the circumstances warrant further review, recusal, oversight, a Conflict Management Plan, Public Health Service-Reportable Conflict Management Plan, or other action.

No Royalty Payments or other Commercialization Revenues for use at CCE of Products Commercialized by our Organization or developed by our Organization's Employees: See Policy III Conflicts of Interest in Research for restrictions on the receipt of royalty revenues from products used, sold or purchased by our Organization. There is no restriction on the receipt of royalty payments by our Organization or its Healthcare Providers for the purchase and use of products at locations other than our Organization.

Donating to Charities Part or All of Honoraria or Consulting Compensation, Royalties and Other Revenues from Commercialization Received from Non-Cleveland Clinic Entities: See Policy III Conflicts of Interest in Research and Policy VI Conflicts of Interest in the Practice of Medicine for information on donating compensation to charity.

Our Organization maintains the highest degree of integrity and fiscal responsibility and compliance with the obligations of tax-exempt Organizations, physician self-referral laws, and applicable fraud and abuse laws. This policy is enacted, in part, to comply with these laws. Questions about the information to be disclosed may be addressed to the Director of the IM&COI Program. Personal or institutional interests that may involve potential legal or

compliance issues are to be referred to the Cleveland Clinic Law Department.

View the complete Conflict of Interest in Business Affairs in General Policy

Conflicts of Interest in Clinical Practice

This policy applies to Target Group Professional Staff, advanced practice providers, pharmacists and Clinical Trainees who provide healthcare to our Organization's patients (Healthcare Providers) [See also the Policy III - Conflicts of Interest in Research]. A Healthcare Provider may deliver outside lectures or 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 policies referenced herein and the provisions in the Policy Implementation section below. 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. Target Group 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. 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 clinical practice. Any required actions will not limit the clinical activities that Target Group Healthcare Providers believe to be in the best interests of his/her patients; rather, the IM&COI Program will make efforts to manage the relationship or Financial Interest in the Non-CC Entity.

Policy Implementation covers:

- Receipt of Gifts by Healthcare Providers from Non-Cleveland Clinic Entities
- Distribution of Non-Cleveland Clinic Entity-Derived Materials Containing Information Directed at Patients as Part of Clinical Practice or Patient Education
- Having Financial Interests in a Non-Cleveland Clinic 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-Cleveland Clinic Entities
- No Royalty Payments or other Commercialization Revenues for use at our Organization of Products Commercialized by our Organization or developed by our Organization's 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 our Organization by Pharmaceutical, Diagnostic and Medical Device Non-Cleveland Clinic Entity Representatives
- Ghostwriting

View the complete Conflicts of Interest in Clinical Practice Policy

Conflicts of Interest in Education Policy

The intent of the provisions in the Policy Implementation section below are ensure that Target Group Staff, Employees and Trainees adhere to the highest ethical standards when they participate in educational endeavors. This policy applies to Target Group Staff, Employees and Trainees who are responsible for educating, and to Trainees and other learners who work and/or learn at our Organization as part of their career development.

Policy Implementation covers:

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

View the complete Conflict of Interest in Education Policy

Conflicts of Interest in Research Policy

To assure professional and commercial integrity in all matters, our Organization maintains a program that identifies and addresses conflicts of interest in research. This policy applies to Investigators, which means any Target Group member of the Professional Staff, employed physician, other 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 our Organization's locations which have adopted this policy, which may include outside collaborators with, or outside consultants to our Target Group's 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.

Policy Implementation covers:

- Additional Requirements for Human Subjects Research
- Disclosure
- 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 our Organization of Products Commercialized by our Organization or developed by its Employees
- Donating to Charities Part or All of Honoraria or Consulting Compensation, Royalties and Other Revenues from Commercialization Received from Non-Cleveland Clinic Entities

- Disclosure of Other Support and Outside Research

View the complete Conflicts of Interest in Research Policy

Outside Research Policy

Cleveland Clinic is required to comply with various federal, state, and local disclosure requirements, including, but not limited to, those set forth by National Science Foundation, National Institutes of Health and the Public Health Service. Cleveland Clinical also has an interest in ensuring its Personnel are in compliance with Cleveland Clinic's own policies and any outside research activities conducted by Personnel do not to compromise any of Cleveland Clinic's research endeavors or intellectual property rights, including current or future funding. As such, this policy sets forth the requirements for obtaining prior approval for research activities outside of a Personnel's role with Cleveland Clinic.

View the complete Outside Research Policy

Adult Patient Blood Management Guidelines

Purpose: The guidelines aim to provide an evidence-based approach to manage patient blood volumes, transfusion requirements, iron and hematinics deficiency, and anemia to reduce the need for blood transfusions, optimize the use of blood products, and improve patient outcomes.

Scope: These guidelines apply to:

- Patients at risk for blood transfusion, including all blood components, and those requiring transfusion recommendations.
- Individuals with anemia, which should be recognized as a symptom of an underlying condition rather than a stand-alone disease.
- Patients undergoing diagnostic evaluation for anemia or preparing for surgery with an expected peri-operative blood loss exceeding 500 mL.
- Those with red cell antibodies making it challenging to find compatible Red Blood Cell (RBC) units, and patient who opt out of blood transfusion (refer to BNAO guidelines)
- It is noted that the medication interventions outlined are not designed for patients with known or suspected hematological disorders, and RBC transfusion guidelines may not be suitable for patients with conditions such as hemoglobin sickle cell (HbSS2).

View the complete Adult Patient Blood Management Guidelines

View the complete Patient Blood Management (PBM) Guidelines for When Blood Is Not an Option (BNAO) (including Jehovah's Witnesses).

Patient Safety

At Cleveland Clinic, Patient Safety is a core value of the organization to ensure the highest standards and excellent outcomes are achieved. Patient Safety is the responsibility of every provider and caregiver. 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 continuously improving patient safety and reducing risk. The Cleveland Clinic Patient Safety Plan and Program are supported by leadership and executed through the integration and coordination of patient safety initiatives across the Enterprise.

The Patient Safety Plan provides the foundation for a systematic and coordinated approach to integrating patient safety priorities into the design and redesign of all relevant organizational processes, functions and services to create an accountable Culture of Safety and High Reliability. The Patient Safety Program builds a framework for the delivery of safe care, cultivates a culture of safety for both patients and caregivers, and improves outcomes through the reduction of variability in care processes, increased reporting of safety events and overall reduction of preventable adverse events.

View the complete Patient Safety Plan

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

1. Achieve Strategic Goals
    - Transform Care
    - Engage Caregivers
    - Embrace Digital
    - Optimize Resources
    - Expand Reach
    - Improve and/or implement the FY 2025 Inpatient Prospective Payment System: CMS Patient Safety Structural Measures (see addendum C for more details)
2. Engage in Critical Safety & Quality Principles
    - Design standardized data-driven systems and processes that safeguard against preventable harm.
    - Assess patient care delivery to enhance workflow and process redesign.
    - Promote implementation of standard order sets, care paths, and use of the electronic medical record to enhance patient safety.
    - Conduct risk assessments and perform robust cause analysis.
    - Actively participate in the Cleveland Clinic Alliance for Patient and Caregiver Safety Patient Safety Organization (PSO) by engaging in a formal process that allows the health system to conduct patient safety, quality and risk activities within a protected space for the purpose of improving patient care services. The PSO will expand the learning community around safety and make the Cleveland Clinic more highly reliable. Cleveland Clinic is committed to learning from the data and analytics from the PSO. Refer to the Policy and Procedure Manual for policies related to Cleveland Clinic Alliance for Patient and Caregiver Safety PSO for further details.
3. Support a Culture of Safety
    - Support and promote a culture of safety for all caregivers.
    - Engage leadership to set and model expectations for patient safety and communicate the safety message to all stakeholders.
    - Conduct a safety culture survey assessment on a regular basis – at least once every two years
    - Expect the reporting of events and promote a learning environment, including escalation through methods such as the tiered huddle process.
    - Provide feedback and loop-closure to caregivers who report safety concerns and events.
    - Provide reward and recognition for quality and patient safety efforts throughout the health system.
    - Promote a Just Culture environment through encouraging teamwork, ensuring fair assessment of actions, encouraging reporting, and promoting a speak-up culture.
4. Education and Training

- Promote all physicians' and caregivers' awareness of safety principles through the creation and implementation of policies, procedures, manuals and programs for orientation, training and remediation with the intent to improve safe practices.
- Sustain a patient safety education program for all Cleveland Clinic caregivers, including HRO universal skills for all leaders and caregivers.
- Offer educational opportunities focused on patient safety through established system-wide educational venues.

5. Patient Safety Measurement and Reporting
    - Data used in the assessment of organizational performance in providing safe, quality care, treatment and services to patients are collected from many sources. These sources include, but are not limited to: information systems, financial data, patient experience data, robust cause analysis, internal databases, medical records and external accreditation and regulatory survey findings. Data are also collected from occurrence screening, safety and clinical risk management program reviews.
    - Data relating to patient safety and quality improvement initiatives will be collected, analyzed using standardized tools. The previously mentioned initiatives are reported to the governing bodies as outlined in the Performance Improvement Plan.
    - Data collected will be used to assess performance, patterns, trends and variations in providing safe, quality care, treatment and services to patients.
    - This program includes, but is not limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will identify and reduce medical errors.
    - Each hospital tracks medical errors and adverse patient events, analyzes their causes, and implements preventive actions and mechanisms that include feedback and learning throughout the hospital.
    - Implementation and sustainment strategies are monitored through ongoing activities such as data collection, facility inspections, and safety walk rounds.

Culture of Safety

The Cleveland Clinic promotes a strong culture of safety and continuous quality improvement that engages all caregivers across the Enterprise. Leaders should promote caregiver reporting and share lessons learned from safety events. Enterprise Safety, Quality & Patient Experience supports several committees, projects and initiatives that provider opportunities for Trainees to become involved. Please refer to the GME SQPE SharePoint for more information.

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

- A duty to speak up about safety concerns, which includes reporting safety events without a fear of blame or punishment
- Learning from safety events and confidence that speaking up and reporting will lead to improvement
- Accountability and Just Culture: clear expectations and consistent accountability for expected safety behaviors, while recognizing that people make mistakes and are not responsible for systems failures
- Interprofessional Teamwork
- High Reliability: performing consistently, as intended, every time
- Activated Patient and family engagement: enlisting the patient and/or family as part of the healthcare team

Safety Event Reporting (SERS)

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.

View 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. It is not expected that CCHS caregivers determine whether an event is a sentinel event, a near miss, or other type of event. When in doubt, an event should be reported. To ensure communication and investigation, any documentation which occurs as a result of this policy is strictly confidential, and shall be afforded the protection of all privileges available by law, including but not limited to quality assurance, performance improvement, peer review, attorney-client, and attorney-work product privileges and those set forth in O.R.C. 2317.02, 2305.24, 2305.25 - 2305.253 and 2305.28. If a Needlestick or Bloodborne Pathogen Exposure occurs the caregiver must call the 24/7 Occupational Health Hotline at 216.445.8246 and they will speak directly with a nursing caregiver.

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'. An error or elements of preventability do not have to be present for an event to be reportable in SERS.
- Near Miss: Circumstances or events that have the capacity to cause error and did NOT reach the patient.
- Patient Safety Evaluation System (PSES): The collection, management, and/or analysis of information for the purposes of quality and safety improvements and for reporting to or by a

PSO. The PSES is the protected space by whereby a provider and/or a PSO conducts patient safety activities and generates PSWP

- Patient Safety Organization (PSO): A private or public entity or component thereof that is listed by the Secretary pursuant to section 924(d) of the PSQIA. Section 924(d) describes the certification and listing requirements for a PSO. The Cleveland Clinic partners with the Cleveland Clinic Alliance for Patient and Caregiver Safety PSO to comply with this rule, and the primary purpose of the PSO is to receive, analyze, and feedback data in the form of patient safety work produced to improve the safety and quality of care.
- Patient Safety Work Product (PSWP): Any data, reports, records, memoranda, analyses (such as root cause analyses), or written or oral statements (or copies of any such material) (i) Which could improve patient safety, healthcare quality, or healthcare outcomes; and (A) Which are assembled or developed by a provider for reporting to a PSO and are reported to a PSO, which includes information that is documented within a PSES for reporting to a PSO, and such documentation includes the date the information entered the PSES; or (B) Are developed by a PSO for the conduct of patient safety activities; or (ii) Which identify or constitute the deliberations or analysis of, or identify the fact of reporting pursuant to, a patient safety evaluation system (Patient Safety and Quality Improvement Act of 2005, Public Law 109-41,119 STAT. 425, July, 29. 2005)
- Cause Analysis: Cause Analysis is a process for identifying the basic causal factors that underlies variation in performance, including the occurrence or risk of occurrence for a safety event. Typical elements of cause analysis include Apparent Cause Analysis (ACA), Root Cause Analysis (RCA) and Common Cause Analysis (CCA). Cause analysis focuses primarily on systems or processes, not 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, 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 events that will be considered sentinel regardless of harm. See the Joint Commission Sentinel Event Policy for more details. Please refer to the SERS SharePoint page for additional information.

Restraint and/or Seclusion Use Procedure for Violent/Self-Destructive Behavior (VSD)

To support the Restraint and/or Seclusion Use Policy, this procedure specifies the roles, responsibilities and accountability of those involved in the assessment, documentation, ordering, monitoring, and care of patients in restraint or seclusion for Violent/Self Destructive behavior.

This procedure does not apply for use of restraints for management of the following:

- Prisoners restrained with a Law Enforcement Restraint.
- Restrictive devices during anesthesia induction, surgery or immediate recovery period. These devices are applied as a standard practice to ensure patient safety.

View the complete Restraint and/or Seclusion Use Procedure for Violent/Self-Destructive Behavior (VSD)

Restraint Use Procedure for Non-Violent/Non-Self-Destructive Behavior (NVNSD)

To support the Restraint and/or Seclusion Use Policy, this procedure specifies the roles,

responsibilities and accountability of those involved in the assessment, documentation, ordering, monitoring, and care of patients in restraint for Non-Violent/Non Self-Destructive behavior.

This procedure does not apply for use of restraints for management of the following:

- Medical immobilization for medical, dental, diagnostic, or surgical procedure and the related immediate post procedure processes.
- Prisoners restrained with a Law Enforcement Restraint.
- Restrictive devices during anesthesia induction, surgery or immediate recovery period. These devices are applied as a standard practice to ensure patient safety.

View the complete Restraint Use Procedure for Non-Violent/Non-Self-Destructive Behavior (NVNSD)

Restraint and/or Seclusion Use Policy

All patients have the right to be free from unnecessary restraint or seclusion of any form. The decision to use restraints or seclusion is not driven by diagnosis but by a comprehensive individual patient assessment. Restraints and/or seclusion are used temporarily to prevent the risk of therapy disruption, and/or to ensure the immediate physical safety of the patient, a staff member, or others.

View the complete Restraint and/or Seclusion Use Policy

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 Policy and Procedure Manager (PPM). When you reach the PPM site (only accessible when on the Cleveland Clinic network), click on the + sign next to Privacy & Security on the left side of the screen. Then select the HIPAA Privacy folder and review the policies listed.

OSHA

Cleveland Clinic is committed to eliminating (wherever possible) or minimizing occupational exposures of workers to bloodborne pathogens and other potentially infectious materials.

Federal law mandates that all Clinical Trainees/Research Trainees receive annual training regarding the Bloodborne Pathogen Standards. This is accomplished with an on-line course in MyLearning.

View the complete Occupational Safety and Health (OSHA) Bloodborne Pathogen Exposure Control Plan (ECP)

Infection Prevention

Clinical Trainees/Research Trainees at the Cleveland Clinic will follow all infection prevention policies and procedures available on the intranet in the Policy and Procedure Manager (PPM) and the Infection Prevention website. 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.

View the complete Hand Hygiene Policy

Healthcare workers will wash hands with soap and water:

- When hands are dirty or visibly soiled
- After removing gloves if there has been any contact with blood or other potentially infectious material
- After using the restroom
- Before eating
- When caring for patients with suspected or confirmed *Clostridioides difficile, Hepatitis A,* or *Norovirus* infections
- After suspected or proven exposure to *Bacillus anthracis*

Hand hygiene using soap and water (hand washing):

- Wet hands with water
- Apply enough soap to generate a lather
- Rub hands together, covering all surfaces of the hands and fingers, for at least 15 seconds
- Rinse hands with water
- Dry hands thoroughly with a single use towel
- Use towel to turn off faucet

Alcohol-based hand rub (ABHR) is preferred over soap and water for hand hygiene when hands are not visibly soiled. Hand hygiene with ABHR or soap and water will be performed:

- Before and after direct contact with patients and their immediate environment if hands are not visibly soiled and there has been no contact with blood or other potentially infectious material
- Before inserting indwelling catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical scrub
- When going from a dirty procedure to a clean procedure on the same patient
- Before donning and after removing gloves if there has been no contact with blood or other potentially infectious material (the use of gloves does not eliminate the need to perform hand hygiene)

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.

Influenza Vaccination

The Influenza Immunization Policy covers all Cleveland Clinic employees. The vaccination program is coordinated through Occupational Health and commences at the beginning of the influenza season. Immunizations will be offered throughout the influenza season. Occupational Health will provide at no cost influenza vaccinations to Cleveland Clinic employees. All Cleveland Clinic employees must participate in the annual Cleveland Clinic Flu Vaccine Program by receiving the annual influenza vaccine unless they have received approval for a medical or religious exemption. Cleveland Clinic employees who are vaccinated through a source other than Cleveland Clinic Occupational Health (e.g. private physician office, public clinics, or pharmacy) must provide documentation from the source as proof of immunization to Occupational Health. A final date to comply with the annual Cleveland Clinic Flu Vaccine Program will be determined annually.

Review the Influenza Immunization Policy and Standing Order: Employee Influenza Vaccination Program

Any employees who are not in compliance with the required participation in the mandatory program by the identified date, will be subject to a step of corrective action up to a final written warning.

Medication and Allergy Reconciliation Policy

Purpose: To ensure the safe prescribing and administration of medications to patients across the health system by defining the circumstances under which allergy and medication reconciliation are required.

Any discrepancies noted throughout the medication reconciliation process are resolved. The allergy list includes allergies, intolerances, and reactions to medications and environmental exposures including, but not limited to, latex and food. Medication lists include the name of 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. The provider is expected to make a reasonable effort to obtain a complete and accurate medication list for each patient. In an emergency or when the resulting delay would harm the patient, immediate care takes precedence. At the point when the patient is stabilized, medication information should be gathered.

View the complete Medication and Allergy Reconciliation Policy

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

- Allergy information is compiled and documented with the involvement of the patient (or patient representative) upon entry into any Cleveland Clinic Health System location
- Medication list is compiled and documented with the involvement of the patient (or patient representative) upon entry into any Cleveland Clinic Health System location
- Information regarding allergies and medications is not required in circumstances that do not involve medication management or administration of medication

- A healthcare provider with prescriptive authority or pharmacist will reconcile either the comprehensive or focused list of medications and allergies
- A healthcare provider with prescriptive authority or pharmacist will reconcile the comprehensive list of allergies and medications during transition points within the healthcare delivery system
- The patient (or patient representative) will receive information regarding his or her allergies and medications
- The patient (or patient representative) will be educated when discharged from the inpatient setting, or at the end of the outpatient encounter, on the importance of managing medication information such as providing the allergy and medication list to their primary provider

Universal Protocol - Safety Checklist Policy

The Universal Protocol (UP)/Safety Checklist process applies to all surgical and nonsurgical invasive procedures in all inpatient and outpatient settings, to include bedside procedures. Universal Protocol/Safety Checklist does not apply in an emergency situation when the risk of performing the Universal Protocol/Safety Checklist outweighs the benefit.

This policy addresses: Sign-in or Pre-procedure verification/huddle; Marking of the procedure site; Time-out; Implant Verification; Pause prior to Sign-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 - Safety Checklist Policy, e-mail: safety@ccf.org; or view the Quality and Patient Safety website.

Verbal Orders Policy

Verbal orders should only be used to meet the care needs of the patient when it is impossible or impractical for the ordering practitioner to write the order or enter it into the EMR (electronic medical record) without delaying treatment (e.g. in perioperative and periprocedural areas). This policy outlines the information to be communicated when verbal orders are given by a Licensed

Independent Practitioner (LIP) to the appropriate accepting personnel. Verbal orders are verified by a read back process.

1. Verbal orders are discouraged at Cleveland Clinic. Verbal orders must be used infrequently and must not be common practice.
2. Verbal orders for chemotherapy or biological agents shall not be given or accepted except to discontinue treatment.
3. Documentation of Verbal Orders includes the date, time and names of the individuals who gave, received and recorded the orders.
4. All verbal orders must be 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 APRN (Advance Practice Registered 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 or her scope of practice and the patient is under his or her care.
6. The verbal order must be recorded and "read-back" to the ordering provider as outlined in Write Down/ Read-Back: Verbal Orders and Critical Test Results/Values Policy.
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 provider caring for the patient, or if necessary, the prescribers immediate supervisor.
8. Verbal orders for medication must include the patient, medication, dose, route of administration, and frequency.
9. Employees authorized to accept verbal orders include the following (refer to the matrix on page 3 of the policy for a complete listing of employees authorized to accept orders).

View the complete Verbal Orders Policy

Confidentiality Policy

In addition to the obligation to maintain confidentiality of Protected Health Information ("PHI") (see HIPAA Permitted Uses and Disclosures Policy and other HIPAA policies), employees of Cleveland Clinic and other individuals may have access to other confidential information concerning Cleveland Clinic budgets, strategic business plans, patients, or employees. This information may be in the form of verbal, written, and/or computerized data.

The protection of this confidential information is a critical responsibility of each employee or individual. Employees and other individuals are required to adhere to Privacy and Information Security policies and the Cleveland Clinic Confidentiality Agreement (attachment A in the policy). As such, the unauthorized acquisition, release, disclosure and/or discussion of any confidential information related to Cleveland Clinic business, patients, current and past employees, job applicants and computerized data is strictly prohibited by this policy and all employees and other individuals, regardless of position or title will be subject to corrective action up to and including discharge, or other appropriate action.

View the complete HR Confidentiality 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.

As a Cleveland Clinic employee, please uphold this policy by notifying your supervisor if you observe any of the following situation or "Red Flags":

- Alerts, notification or warnings from a credit agency
- Suspicious-looking documents (i.e. altered)
- Suspicious activity on an account (i.e. change of address)
- Notice from patient, victim of identity theft or fraud, law enforcement, etc.
- Medical treatment inconsistent with physical exam

View 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 under the direction of the staff doctor in charge, unless the patient objects.

- Requests for copies of patient information must be directed to Health Information Management and require authorization from the patient.
    - Links are available on the intranet and public web page via this link https://my.clevelandclinic.org/patients/information/medical-records for a paper or electronic authorization.
    - Records can also be requested electronically from within MyChart for:
        - Release to MyChart
        - Release to the patient or another individual
- Patients can also be directed to their MyChart account to view their information and use the above options to request any additional information needed.
- 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

The purpose of the Informed Consent Policy is to provide physicians and other caregivers guidance in the process of obtaining Informed Consent for patients within the Cleveland Clinic health system ("CCHS").

Patients with Decision-Making Capacity (or their Authorized Representatives) has the right to provide Informed Consent for those treatments that are defined as Health Care Treatments in this Policy.
Health Care Treatment: a procedure, test, or other treatment involving one or more of the following:

- Surgery in an operating room or an invasive procedure
- Procedures under anesthesia, moderate or conscious sedation, or deep sedation
- High-risk interventions or tests, whether diagnostic or therapeutic, i.e., those treatments involving risks that the patient reasonably would consider to be important in deciding whether or not to refuse the treatment
- Percutaneous procedures traversing into an organ
- Intravascular insertion of a catheter or other device (excluding peripheral IVs and lab draws)
- General anesthesia, moderate or conscious sedation, or deep sedation that is administered separate and apart from the procedures and interventions listed above
- Administration of blood or blood products (e.g., a transfusion) that is unrelated to a procedure or interventions listed above

Responsible Practitioner is the practitioner who is performing or supervising a Health Care Treatment.

Exclusions: This policy does not apply to (1) Informed Consent for clinical research or other interventions that fall within the scope of the Institutional Review Board or (2) General Consent for Routine Care.

View the complete Consent Templates

Human Subject Research

All research involving human subjects requires Institutional Review Board (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.

The Cleveland Clinic is ***engaged* in human research** when its employees obtain: (1) data about subjects through interaction for research purposes; (2) data about subjects through intervention for research purposes; (3) individually identifiable private information about subjects for research or purposes; or (4) informed consent of subjects to take part in the research. Common types of human research involve retrospective chart reviews, surveys, questionnaires, innovative surgical procedures, drug and device trials, and research registries. Depending upon the type of research, it will either be reviewed by the convened IRB, under expedited review by a member of the IRB, or by a member of the IRB (or designee) to make a determination that it is exempt human subject research. Only the IRB can make a determination that research is exempt under the categories specified in IRB policy. You should contact your institute research opeations leader (who can then contact the IRB office) assistance if you have questions about whether an

activity is considered human research requiring IRB approval. Some research may involve the recruitment of employees (staff, Clinical Trainees, 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 your institute research operations leader, the IRB, the Medical Director of Graduate Medical Education or the Chair of Education Foundation.

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 on-line CITI course (Collaborative IRB Training Initiative) at www.citiprogram.org and the HIPAA in Human Subject Research module in MyLearning. Completion of the Investigator Human Subject Research Education Course is also required for all Staff, Clinical Trainees and Scientists participating as PI or Co-Investigators in human research. The course is offered on-demand in MyLearning. An on-line review course is required every 3 years after completing the live training.

Information on the IRB submission process, sample protocol templates, and data sources can be found on the New Investigator webpage. All Cleveland Clinic internally funded investigator-initiated human subject research studies are advised to use REDCap, but for those studies involving fellows and residents as study personnel it is a requirement to use REDCap as the research database (REDCap Requirement for Human Subject Research Studies Involving Residents & Fellows as Study Personnel Policy).

Although Clinical Trainees and Research Trainees 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 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, physician practice sites, wholly-owned regional hospitals, and other components as listed on our Federal wide Assurance agreement. In order to ensure that there is enough time to complete a research project, it is extremely important to begin the development of the protocol and submission with your mentor as soon as possible. Volumes impact turnaround time at the IRB.

The most efficient way to address questions is to start with inquiring within the institute(s)' research infrastructure. They can then advise if an inquiry should be made to the IRB via email at IRBHelp@ccf.org.

All proposals requesting funding from private foundations, health associations, corporations, or federal, state, and local governments require input and sign-off from the institute research operations leader to ensure compliance with institutional policies governing the conduct of sponsored research (regulatory, legal and financial).

ClinicalTrials.gov Registration and Reporting:
ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world that is designed, in part, to promote transparency of clinical research to trial participants and the public. The responsible party (sponsor/sponsor investigator) is required to register, update, and report results for applicable clinical trials at specific time periods consistent with the regulation and outlined in Institutional policy. If the Responsible Party is leaving Cleveland Clinic, he or she must update the

ClinicalTrial.gov record prior to their departure. If the study remains open, and/or results are not yet submitted, a new Owner must be identified and accept the study.

Noncompliance can result in the labeling of the study as non-compliant on ClinicalTrials.gov, loss of grant funding if federally funded, and civil monetary penalties over $10,000/day.

Contact your Institute's ClinicalTrials.gov Administrator with questions or for assistance.

Safety & Security

Cleveland Clinic prioritizes the safety and health of employees, patients, and visitors by adhering to comprehensive safety programs that exceed local, state, and federal standards. Clinical Trainees or research fellows working late can request an escort to their parking location by contacting the Cleveland Clinic Police Department (CCPD) at 216-444-2250 or using the Cleveland Clinic StaySafe app (available for download on the App Store and Google Play) to request site-specific emergency and non-emergency services. Additionally, "blue light emergency intercoms" are available across campuses for immediate assistance with reporting crimes, suspicious persons, lost or stolen property, and car troubles such as dead batteries or locked keys.

View the complete list of Hotlines & Emergency Numbers for all locations

Hazardous Chemical Identification and Communication Policy

Cleveland Clinic caregivers shall be informed about the hazardous chemicals used in the workplace. This shall be accomplished by means of comprehensive hazard communication programs, which include chemical lists, container labeling (and other forms of warning), safety data sheets (SDS), and employee information and training. For the safety of our caregivers, the Cleveland Clinic maintains compliance with the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard (29CFR 1910.1200).

View the complete Hazardous Chemical Identification and Communication Policy

Occupational Health Bloodborne Pathogen Post Exposure Procedure

CDC guidelines: https://www.osha.gov/bloodborne-pathogens

WHAT IS A BLOODBORNE PATHOGEN EXPOSURE (BBPE)?

A puncture, needle stick, or splash to a mucous membrane or non-intact skin contaminated with blood or other potentially infectious material from a source infected with Human Immunodeficiency virus (HIV), Hepatitis B virus (HBV) or Hepatitis C virus (HCV).

Other potentially infectious material includes:

- cerebrospinal fluid
- synovial fluid
- peritoneal fluid
- pleural fluid
- pericardial fluid
- semen
- vaginal secretions
- amniotic fluid
- saliva in dental procedures
- body fluids visibly contaminated with blood
- unfixed tissue or organ from a human (living or dead)
- blood, organs, or other tissue from experimental animals infected with HIV, HBV, or HCV
- HIV, HBV, or HCV containing cell or tissue

cultures, organ cultures, culture	medium or other solutions

Feces, nasal secretions, saliva, sputum, sweat, tears, urine, vomitus, and breast milk are not considered to be potentially infectious material unless they contain visible blood.

WHAT TO DO IF YOU HAVE AN EXPOSURE

- **Immediate First Aid:**
  - If puncture or needle stick, clean site thoroughly with soap and water.
  - If splash to eye(s) or mouth, thoroughly rinse with tap water, normal saline, or use eye wash station.
- **REPORT THE EXPOSURE - CALL 216.445.8246 or 877-223-1120**
  - **Occupational Health Nurse will** review the exposure to determine need for source patient testing. If necessary, lab orders will be placed in EPIC to determine HIV, HBV & HCV status.
    - Consent for HIV testing is included in the Patient Acknowledgement and Consent Form.
    - If the patient is alert, the exposed employee (or the patient's nurse if it is an unlicensed exposed employee) is recommended to discuss post exposure testing with the patient.
    - There is no charge to the patient for these tests.
    - Employee will be notified as Source Patient lab results become available; the Source Patient will not be notified unless results are positive and the diagnosis was not previously established.
  - **Occupational Health Nurse will** review the employee's Hepatitis B Immunity and Tetanus status, provide counseling, order baseline testing and follow-up care, in accordance with Centers for Disease Control and Prevention (CDC) recommendations.
    - There is no charge to the employee for any vaccines, lab tests, referrals, and/or prophylaxis medications that may be recommended.
    - All lab results will be reported to the employee as they become available.
    - The BBPE will be documented in the employee's ReadySet medical record (no SERS report required).
    - Written notification will be provided to the employee within 15 days upon completion of the full evaluation of the exposure.

Employee and source patient lab results are confidential. Unauthorized review of test results is considered a breach of patient confidentiality and grounds for corrective action, up to and including termination.

Enterprise Appendix

Substance Abuse – Signs & Symptoms in the Workplace

Signs of substance abuse with potential impact to the workplace include, but are not limited to:

- Increased mistakes and errors in judgment
- Extended breaks and absences from the work area
- Repeated last-minute call-offs
- Red or glassy eyes
- Odor of alcohol on the breath
- Slurred speech
- Unsteady gait
- Drowsiness
- Mood swings
- Difficulty getting along with others
- Problems with memory or concentration
- Frequent runny nose
- Signs of withdrawal (sweating, tremors, nausea, vomiting)

In addition, medical professionals who abuse substances are also at risk for illegal diversion. Drug diversion involves taking medications that are prescribed for a patient or intended for patients. Signs of diversion include prescribing more than clinically indicated and defensiveness when questioned about medications and associated documentation issues.

Procedure – Addressing Suspicion of Acute/Imminent Impairment with For Cause Testing

Policy and procedures apply to On-Duty Staff, Clinical Trainees, Trainees, Nurses and Employees. Of note: because of safety issues, the individual suspected of impairment should never be left alone. If the individual refuses to cooperate with the evaluation process, he or she should be informed this will result in disciplinary action up to and including termination.

See the grid below for an outline of procedures. More information can be found in the Testing and Intervention Procedures for Suspected Substance Abuse, Diversion, or Other Concerns for Impairment which can be found in the organization's Policy and Procedure Manager (PPM) on the intranet.

Observer	Supervisor, Staff/Senior Resident on Service/NOM	Caring for Caregivers
Identify 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.	Contact GME or Program Director. **If there are signs of acute/imminent impairment, contact the Occupational Health** Hotline 216-445-8246 to initiate "For Cause" testing (Note: Inform collector if this is an Anesthesia provider.)	Provide consultation and guidance as needed during testing process. Provide evaluation, case management, and follow up. Notify Physician Health Committee for additional oversight.

Observer	Supervisor, Staff/Senior Resident on Service/NOM	Caring for Caregivers
	Collection occurs in pre-determined locations identified by Occupational Health. You will be informed of location. No use of restroom in advance. If caregiver attempts to leave, call **Protective Services** at 216-444-2222 If immediate medical attention is needed, contact AMET or RRT for rapid response. Caregiver will be suspended pending investigation and may not return to work. Mandatory referral to Caring for Caregivers; if Caring for Caregivers is not on-site at time of testing, instruct caregiver to call 216-445-6970 for follow-up the next business day. Caregivers are not permitted to drive. With Occupational Health support, ensure the caregiver has transportation through family, friend, UberHealth, or cab to home, or transfer to ED/facility if indicated.	Provide updates to GME and Program Director as needed.

Anesthesiology Department: Notice of Substance Abuse Prevention Program

The Anesthesiology Department 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 Department and the Anesthesiology residency at South Pointe Hospital are required to participate in SAPP. As a condition of employment, all Clinical Trainees must agree to participate in the SAPP 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 Department Pre-Hire Consent Form and the Policy Statement during the Clinical Trainees 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 this form will be filed in the Clinical Trainees Occupational Health record. If you have any issues regarding the Policy or Consent, please speak with the Anesthesiology Department'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, reasonable suspicion 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 Clinical Trainees 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 implemented an Expanded Drug Testing Program (EDT) that requires participation of all caregivers. This was an expansion of the previous 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.

Behavioral Health Issues

The role of Caring for Caregivers is to provide an entry point for screening of wellness issues as well as counseling and referral services. Caring for Caregivers' confidential services can be accessed through self-referral and/or referral by supervisors (i.e. Program Directors). Access is available on campus and at various offices through various locations across the United States. Caring for Caregivers personnel are independently licensed mental health and/or chemical dependency professionals with expertise in interpersonal stress management, substance abuse screening, mental health, work relationships, personal relationships, performance issues, and other areas of daily living.

Following the initial assessment by the clinician, referrals may 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, etc.

It is important that residency/fellowship directors and chief/supervising Clinical Trainees have knowledge and awareness of Caring for Caregivers services, promote these services, and make timely referrals in consultation with the program. To schedule a leader consultation with Caring for Caregivers, or to schedule a personal appointment, call 216-445-6970 or 800-989-8820.

Caring for Caregivers offers 24/7 telephonic support for urgent situations including matters pertaining to safety through its on-call pager 216-444-4000 pager 23411. Enter a 10 digit call back number followed by # sign. Or enter a brief message through the alpha paging with a 10-digit call back number for return call.

To ensure a consistent enterprise approach to urgent matters, leaders should be pointed to the Caring for Caregivers on-call pager team. There are rapid access referrals to psychiatry and other sources.

Jeremy Lipman, M.D., MHPE, FACS, FASCRS
James E. Sampliner, MD Endowed Chair in Surgical Education
DIO and Associate Dean for Graduate Medical Education
Education Foundation/JJ24
Office: 216-444-5690
Fax: 216-636-0110

June 15th 2026

Jane Smith Doe Sr., MD
123 My Road
Ann Arbor, MI 48130

Dear Dr. Doe:

I am pleased to inform you that the Cleveland Clinic has approved your appointment as a Fellow at Graduate Level III in the Cardiology Training Program for the year beginning 7/1/2026 through 6/30/2027.

All appointments are for one year and may be renewed at the discretion of the institution upon continued evidence of satisfactory performance. Further, all appointments are subject to the policies and procedures set forth in the attachment and detailed in the Graduate Physicians Manual.

Your final appointment is contingent upon meeting the requirements in the attached addenda. New appointments are also contingent upon successful completion of required prerequisite training.

As an accepted Fellow of this institution, you will receive from the Cleveland Clinic an annual salary of $41,234.56 for PGY III, plus fringe benefits as outlined in the Graduate Physicians Manual.

An electronic version of the Graduate Physicians Manual is available through your GME Registration packet in MedHub. The Graduate Physicians Manual outlines policies and procedures applicable to Trainees. By providing your electronic signature you are attesting that you have read and agree to abide by the policies and information.

Kindly acknowledge in writing your acceptance of this appointment at your earliest convenience.

Sincerely,

Jeremy Lipman, MD, MHPE, FACS, FASCRS

9500 Euclid Avenue, Cleveland, Ohio 44195
Cleveland Clinic Education Foundation

Jeremy Lipman, MD, MHPE, FACS, FASCRS
Education Foundation/JJ24
Office: 216-444-5690
Fax: 216-636-0110

June 15th 2026

Date _____

Jeremy Lipman, MD, MHPE, FACS, FASCRS
James E. Sampliner, MD Endowed Chair in Surgical Education
DIO and Director of Graduate Medical Education

Dear Dr. Lipman:

I am pleased to accept the appointment as a Fellow at Graduate Level III in the Cardiology Program for the year beginning 7/1/2026, through 6/30/2027.

Sincerely,

Dr. Jane Doe Sr.
Cleveland Clinic

9500 Euclid Avenue, Cleveland, Ohio 44195
Cleveland Clinic Education Foundation

Sample Non-Standard Training Program Trainee Contract

Jeremy Lipman, M.D., MHPE, FACS, FASCRS
James E. Sampliner, MD Endowed Chair in Surgical Education
DIO and Associate Dean for Graduate Medical Education
Education Foundation/JJ24
Office: 216-444-5690
Fax: 216-636-0110

June 15th 2026

Jane Smith Doe Sr., MD
123 My Road
Ann Arbor, MI 48130

Dear Dr. Doe:

I am pleased to inform you that the Cleveland Clinic has approved your appointment as a Clinical Fellow (NST Trainee) at Graduate Level III in the Cardiology Program for the year beginning 7/1/2026 through 6/30/2027. This is **not** an ACGME accredited residency/fellowship program.

All appointments are for one year and may be renewed at the discretion of the institution upon continued evidence of satisfactory performance. Further, all appointments are subject to the policies and procedures set forth in the attachment and detailed in the Graduate Physicians Manual.

Your final appointment is contingent upon meeting the requirements in the attached addenda. New appointments are also contingent upon successful completion of required prerequisite training.

As an accepted Clinical Fellow (NST Trainee) of this institution, you will receive from the Cleveland Clinic an annual salary of $41,234.56 plus fringe benefits as outlined in the Graduate Physicians Manual.

An electronic version of the Graduate Physicians Manual is available through your GME Registration packet in MedHub. The Graduate Physicians Manual outlines policies and procedures applicable to Trainees. By providing your electronic signature you are attesting that you have read and agree to abide by the policies and information.

Kindly acknowledge in writing your acceptance of this appointment at your earliest convenience.

Sincerely,

Jeremy Lipman, MD, MHPE, FACS, FASCRS

9500 Euclid Avenue, Cleveland, Ohio 44195
Cleveland Clinic Education Foundation

Jeremy Lipman, M.D., MHPE, FACS, FASCRS
James E. Sampliner, MD Endowed Chair in Surgical Education
DIO and Associate Dean for Graduate Medical Education
Education Foundation/JJ24
Office: 216-444-5690
Fax: 216-636-0110

June 15th 2026

Date _____

Jeremy Lipman, MD, MHPE, FACS, FASCRS

Dear Dr. Lipman:

I am pleased to accept the appointment as a Clinical Fellow (NST Trainee) at Graduate Level III in the Cardiology Program for the year beginning 7/1/2026, through 6/30/2027.

Sincerely,

Dr. Jane Doe Sr.
Cleveland Clinic

ADDENDUM I ***(included in both ACGME and Non-Standard Training Program Trainee Contracts)***
CONDITIONS OF EMPLOYMENT/REQUIREMENTS --- CLINICAL

In order to begin training/working at the Cleveland Clinic, Cleveland Clinic Akron General, or Cleveland Clinic Florida – Weston, you must first attend orientation in Graduate Medical Education (GME). Salary and/or benefits will be held until you have formally processed in with GME and have successfully completed all conditions of employment and met the requirements listed below.

1. Submit your permanent or training Medical License/Certificate issued by the appropriate state board for Cleveland Clinic training. *This requirement does not apply to Postdoctoral Psychology Fellows, Psychology Residents, or Special Fellows.*

NOTE TO CLINICAL FELLOWS (NST TRAINEE): Many clinical departments require Clinical Fellows to obtain permanent licensure. Please consult with your Cleveland Clinic Program leadership regarding any additional requirements necessary to begin the program. *J1 visa holders are exempt from this requirement.*

2. Before your orientation date, you must complete a health screening with Cleveland Clinic Occupational Health and receive clearance. This includes a questionnaire, vital signs check, and a urine drug test. The Substance Abuse Policy strictly prohibits caregivers from reporting to work or performing job duties while impaired or under the influence of drugs, alcohol, or other controlled substances-including, but not limited to, marijuana. This prohibition also extends to the use of or impairment from medical marijuana and THC products, regardless of their legal status under state or local laws. A positive test result for illicit drugs or non-prescribed controlled substances makes you ineligible for employment. Random toxicology screenings may occur after hire.

3. Cleveland Clinic conducts a criminal background check for all prospective employees. The Department of Protective Services performs this screening via database search. Employment offers are contingent upon satisfactory results from the background check.

4. Finish all mandatory online MyLearning modules designated for your job category within the specified deadline.

5. Clinical Trainees must obtain a National Provider Identifier (NPI) from the National Plan and Provider Enumeration System (NPPES); proof must be uploaded to MedHub. Apply at https://nppes.cms.hhs.gov as an individual. A social security number is required (see #8 for details). *This does not apply to Postdoctoral Psychology Fellows, Psychology Residents, or Special Fellows.*

6. Submit the required documentation along with the Employment Eligibility Verification Form (I-9) in accordance with U.S. Department of Homeland Security regulations. Original documents must be presented during the GME orientation.

7. In compliance with Accreditation Council on Graduate Medical Education (ACGME), graduates from medical schools outside of the United States or Puerto Rico must submit either a copy of a current, valid standard ECFMG Certificate or documentation confirming their

eligibility to obtain one. *This requirement does not pertain to Postdoctoral Psychology Fellows, Psychology Residents, or Special Fellows.*

IMPORTANT NOTE: If you graduated from a Canadian medical school prior to July 1, 2025, you are not considered an IMG and are not eligible for ECFMG Certification.

8.You must have a social security number (SSN) for payroll and to enroll in Cleveland Clinic benefits. A signed copy of your social security card is required. If you do not already have an SSN or card, you can learn how to apply at http://www.ssa.gov/ssnumber or by calling 800-772-1213.

NOTE TO VISA HOLDERS: H-1B visa holders may apply 10 days after arriving in the US, while J-1 visa holders should wait until after their orientation to apply.

9.Trainees based in Ohio are required to enroll in ORP (Medicaid) and PECOS (Medicare) to facilitate prescribing authorization. Trainees in Florida and Nevada must complete enrollment in PECOS (Medicare). Please ensure you have obtained both a SSN and NPI prior to initiating your application. Additional information and enrollment materials are available at:

ORP: https://portal.ohmits.com/public/Providers/Enrollment/tabid/44/Default.aspx
PECOS: https://pecos.cms.hhs.gov/

10. Additional supporting documentation necessary to finalize your permanent education record should be uploaded to the MedHub Residency Management System.

Main Campus Market Appendix

House Staff Association (HSA)

The Cleveland Clinic House Staff Association (HSA) is a peer-elected representative body of Cleveland Clinic Clinical Trainees. In May of each year, the HSA holds elections, open to all residents and fellows, for the following 22 leadership positions: President, Vice-President, Treasurer, Secretary, American Medical Association (AMA) Delegate, Committee for Trainee Well-Being (3 positions), Community Engagement Committee (2 positions), Education Committee (2 positions), Quality and Patient Safety Committee (2 positions), Social Committee (2 positions), Engagement Committee (2 positions), Environmental Health Committee(2), and Regional Hospital Representative (3 positions). All Cleveland Clinic residents/fellows are invited to submit their self-nomination for HSA positions and the current HSA elected officers review and vote on applications received. HSA's mission is to promote house staff personal well-being, professional experience and education. It accomplishes this mission statement through serving as a liaison to our Graduate Medical Education Committee (GMEC) to help inform policy that improves the Clinical Trainee work environment, as well as patient care. HSA sponsors opportunities for professional development, wellness, educational seminars, engagement, community service, quality and patient safety, AMA involvement, and social events throughout the year. The HSA also promotes Clinical Trainee involvement on various institution committees. HSA's meetings are open to all house staff and additional information including meeting time, current officers, and more can be found on the 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 Clinical Trainees. The HSSA provides a monthly newsletter, *The Stethoscoop*, detailing its activities. Some of their events include a Welcome Party at the Cleveland Botanical Gardens, playgroups, book club and volunteer opportunities. HSSA website.

TT-Building On-Call Room User Agreement

TT-Building On-call rooms and amenities within them are managed by the Education Foundation Shared Services team. The team is available to manage requests Monday – Friday from 8:30 a.m. to 5 p.m. Support can be requested through the TT On-Call Rooms Ticketing System. Additional Questions can be emailed to oncallrooms@ccf.org.

Purpose: To provide safe, secure areas in which residents, fellows, staff, nursing and others assigned to overnight call at the hospital can sleep to alleviate fatigue thus increasing their own well-being and enhancing patient care.

Procedure/Policy:

1. To gain access to a TT Building On-Call room, an Access Request ticket must be submitted. Requests will be reviewed by the On-Call Room team for approval, which can take between 5 to 7 business days.
2. Assigned room keys are located within a secure key box on the room's corresponding floor. Steps to access assigned keys can be found on the On-Call Rooms website. Any access issues, including but not limited to, lost keys, technical issues, etc., should be reported through the TT On-Call Rooms Ticketing System immediately.
3. Additional shared on-call spaces are available on TT5 and TT6 for assigned users to access in the event their assigned space is unavailable. Steps to access shared spaces can be found on the On-Call Rooms website.

4. Use of an On-Call Room by a person other than the assigned individual is forbidden. Rooms may only be utilized within a person's scheduled on-call shift. Misuse of rooms may lead to termination of On-Call Room privileges.
5. Misuse of assigned keys, including sharing ID badges, may lead to termination of On-Call Room privileges. Copies of keys are not permitted, and if used, the On-Call Room lock will be re-keyed and all fees will be charged back to the program. Rooms must be locked and secured at all times.
6. Education Shared Services and the Cleveland Clinic retain the right to conduct routine and random on-call inspections inside the rooms at any time and without prior warning or approval.
7. Education Shared Services will conduct mandatory audits throughout the course of the year, including but not limited to, user access and program contacts. All audits must be completed by the program within the given deadline.
8. Education Shared Services and the Cleveland Clinic are not responsible for personal property that is lost or stolen. Personal property brought into the On-Call Room must be properly stored and removed after call.
9. It is each user's responsibility to keep the On-Call Room neat and clean at all times. Education Shared Services retains the right to charge the program for any damage or repairs resulting from misuse of the space.
10. Upon assignment and during use, users are responsible for reporting any damage or needed repairs via the MyServiceNow Ticketing System.
11. Flammable materials, dangerous chemicals, explosives or weapons of any kind are strictly prohibited inside of the On-Call Room. Illegal or controlled substances such as drugs and alcohol are strictly prohibited inside the On-Call Room. Possession of prohibited items in On-Call Rooms may be cause for termination of On-Call Room privileges.

By having access to the On-Call Rooms the user agrees to abide by above On-Call Room policy/procedure.

GME Locker and Lock Agreement

To provide a facility where GME Trainees can secure their belongings. Lockers and locks will be provided to Trainees as determined by the GME office based on program needs.

Procedure/Policy:

1. Lockers, locks and keys are issued by GME and considered property of the Cleveland Clinic.
2. Use of a locker by a person other than who it is assigned is forbidden. Misuse of a locker may lead to the termination of locker privileges. Personal locks are not permitted, and if used, will be removed from the locker and replaced by a GME lock.
3. Do not share your key code with anyone else, the code changes on a daily basis.
4. GME and the Cleveland Clinic retains the right to conduct routine and random locker inspections at any time and without prior warning or approval. Misuse of these facilities may be cause for corrective action.
5. GME and the Cleveland Clinic are not responsible for personal property that is lost or stolen. All Trainees are encouraged to leave valuables at home. Secure their lock and refrain from giving their key or lock code to other individuals.
6. All personal property must be stored completely within the locker or shelf. All items left outside of a locker or shelf, whether secured or not, will be removed and disposed of accordingly.
7. Flammable materials, dangerous chemicals, explosives or weapons of any kind are strictly prohibited inside of the lockers and locker rooms.
8. It is each Trainee's responsibility to keep his/her locker neat and clean at all times. Perishable items (food and beverages) and illegal or controlled substances such as drugs and alcohol are strictly prohibited inside of the lockers and locker rooms.
9. If your key is lost/stolen or unable to open your locker using your key code, please contact the GME office at 216-444-5690 or meded@ccf.org to obtain a new key to access to your locker. The key replacement fee is $40. Replacements will be provided during GME hours 8:30am-5:00pm.
10. Upon assignment and during use, Trainees are responsible for reporting any damage or needed repairs to the GME office by contacting 216-444-5690 or meded@ccf.org. Trainees will assume the cost of any unreported damages.

Signature below indicates the Trainee agrees to abide by above Lockers and Lock policy.

Print Name:_____ Date: _____

Signature: _____ Employee ID: _____

Program: _____

Locker Location: _____ Locker #: _____

Ohio South Submarket Appendix

Cleveland Clinic Akron General House Staff Association (HSA)

The Cleveland Clinic Akron General House Staff Association (CCAG HSA) is a peer-elected representative body of Cleveland Clinic Akron General Clinical Trainees. In February of each year nominations from each residency program are made to serve as a HSA member. Using these nominations, the HSA holds elections, open to all residents and fellows, for the following 6 leadership positions: President, Vice-President; Wellness, Quality and Social Events (2), and Secretary. HSA's mission is to promote house staff's personal well-being, professional experience and education. This mission is accomplished through serving as a liaison to our Primary Clinical Learning Environment Committee (PCLEC) and Graduate Medical Education Committee (GMEC) to help inform policy that improves the Clinical Trainee work environment, as well as patient care. HSA sponsors opportunities for professional development, wellness, educational seminars, community service, quality and patient safety, and social events throughout the year. The HSA also promotes Clinical Trainee involvement on various institution committees.

Florida Market Appendix

Cleveland Clinic Florida House Staff Association (HSA)

The Cleveland Clinic Florida House Staff Association (FHSA) consists of peer-elected officers and chairs who represent the house staff community across Florida Graduate Medical Education (GME) residency, fellowship, and research fellowship programs. Through their efforts, the Florida House Staff officers support the mission of educating those who serve by advocating for house staff and contributing to the continual advancement of training program standards. The Florida House Staff Association officers and chairs play a critical role in ensuring that Trainees' perspectives are thoughtfully considered during institutional decision-making processes that impact education, patient care, and the overall learning environment. In May of each year, the Florida HSA will hold elections, open to all residents, fellows, and research fellows for the following positions: President; Vice President; Secretary; Chair, Well-Being; Chair, Quality Improvement & Patient Safety; and Chair, Research Fellowships. To learn more about the Florida HSA, visit: Florida GME