

**Pediatric Behavioral Health Residency
Handbook
2019 – 2020**



Welcome

to the Cleveland Clinic pediatric behavioral health team! You are about to become an integral part of one of the largest and best medical facilities in the country.

Adjusting to life as a resident is challenging at best, and an institution of this size can make it seem overwhelming. We recognize the confusion you face and have structured the Residency Training Handbook to try and help.

When you have questions, ask your peers and refer to this manual. If you have additional questions, please feel free to call or stop by and talk to members of the Clinical Training Committee.

Katherine Lamparyk, Psy.D.
Training Director, Pediatric Behavioral Health Residency Program

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Cleveland Clinic

Mission

*To provide better care of the sick, investigation into their problems,
and further education of those who serve.*

Vision. We strive to be the world's leader in **patient experience, clinical outcomes, research and education.**

To achieve that, we will:

- Attract the best doctors, research scientists, and support staff in the world
- Provide the education and research necessary for world-class specialized medical care
- Develop, apply and share the best in new technology
- Treat every patient as we would like to be treated
- Work to lower costs
- Make every decision with Cleveland Clinic quality in mind

Safety is paramount. Quality is key. We want every patient to have the best outcome and best experience, and every caregiver to have a great place to work and grow.

Our mantra is: *Patients First.*

Values. Cleveland Clinic has six fundamental values:

- *Quality:* We hold the highest standards for quality and safety and strive to achieve them by continually measuring and improving our outcomes.
- *Innovation:* We welcome change, encourage invention, and always seek better, more efficient ways to improve patient care and create a healthier world.
- *Teamwork:* We collaborate and share knowledge — among ourselves and with the world — to provide the best possible care for every patient.
- *Service:* We put “Patients First,” placing their health and well-being above every other consideration.
- *Integrity:* We hold high moral standards and do our work with honesty, confidentiality, trust, respect, and transparency.
- *Compassion:* We treat patients and families and our fellow caregivers as we would like to be treated. We care for the whole patient: body, mind, and spirit.

Facts and Figures.

- **Patient visits:** In 2017, we had 7.6 million total visits; 229,132 admissions; and 207,354 surgical cases.
- **Employees:** We have 52,082 employee caregivers, of which 3,676 are physicians and scientists and 11,889 are nurses. With 27 institutes providing care in 140 subspecialties, patients come to us from all 50 states and 135 countries around the world.
- **Locations:** We are home to a 170-acre main campus (with 59 buildings), 10 regional hospitals and 19 full service family health centers throughout Northeast Ohio; and we have locations in Florida, Nevada, Toronto and Abu Dhabi.

- Research and education: We have 1,965 residents and fellows in training and 107 accredited training programs; our total grant and contract revenue is \$188 million and our total federal revenue is \$118 million.
- Cleveland Clinic serves the community by providing uncompensated health care to those in need, engaging in a broad range of medical, research, education and training programs, and supporting community health initiatives. In 2017, our community benefit contribution totaled \$809 million.
- On average, our Critical Care Transport team makes more than 6,000 transports a year and has transported people from around the nation and from 27 countries.
- Cleveland Clinic has been a leader in developing an electronic medical record (EMR). MyChart is a secure, online health management tool that connects Cleveland Clinic patients to portions of their personalized health information.

Cleveland Clinic Children’s. Cleveland Clinic Children’s provides comprehensive medical, surgical and rehabilitative care for infants, children and adolescents. Our more than 300 pediatric physicians accommodate more than 800,000 outpatient visits and 18,000 inpatient admissions per year at the children’s hospital and outpatient facilities on our main campus, at the Cleveland Clinic Children’s Hospital for Rehabilitation and outpatient facilities on our Shaker campus, and at community hospitals, family health centers and other locations across Northeast Ohio.

Cleveland Clinic Children’s is consistently ranked among the “Best Children’s Hospitals” by U.S. News & World Report and is nationally ranked in 9 out of 10 specialties.

Center for Pediatric Behavioral Health

The Center for Pediatric Behavioral Health is housed within the Pediatric Institute of the Cleveland Clinic. The CPBH consists of approximately 21 psychologists and several extender clinicians, housed over eight locations across northeast Ohio. CPBH is currently led by Interim Head, Dr. Ethan Benore, and administrated by Megan Strok.

The Center is based on a specialist model and supports several core programs including:

- CARF Accredited Pediatric Pain Rehabilitation Program
- ADHD Center for Evaluation and Treatment
- Cleveland Clinic Center for Autism and Lerner School for Autism
- Pediatric Feeding Disorders Program
- Pediatric Behavioral GI Program
- Anxiety Clinic
- Inpatient Consultation Liaison Service
- Many additional clinics evaluating and treating complex pediatric conditions including trichotillomania, selective mutism, mood disorders, developmental and learning difficulties, and gender identity concerns.

Locations

Cleveland Clinic Main Campus
9500 Euclid Avenue
Cleveland, Ohio 44195
M Building (inpatient), P Building (outpatient behavioral medicine), A Building (Crile): 11th and 12th Floors (A111, A120 for subspecialty clinics)

Cleveland Clinic Children's Hospital for Rehabilitation (CCCHR)
(Cleveland Clinic, Shaker Campus)
2801 Martin Luther King Jr. Drive
Cleveland, Ohio 44104

Independence Family Health Center (FHC)
5001 Rockside Road, Crown Center II
Independence, Ohio 44131

Solon Family Health Center (FHC)
29800 Bainbridge Road
Solon, Ohio 44139

Willoughby Hills Behavioral Health
2785 SOM Center Road
Willoughby Hills, Ohio 44094

Strongsville Family Health Center (FHC)
16761 South Park Center
Strongsville, Ohio 44136

Twinsburg Family Health Center (FHC)
8701 Darrow Road
Twinsburg, Ohio 44087

Avon Pointe Family Health Center (FHC)
36901 American Way
Avon, Ohio 44011

Hillcrest Hospital Medical Office Building (MOB)
6780 Mayfield Road
Mayfield Heights, OH 44124

Residency Clinical Training Committee / Primary Supervisors

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Kristen Eastman, PsyD
Catherine Gaw, PsyD

Eileen Kennedy, PhD
Beth Anne Martin, PhD
Alison Moses, PhD
Leslie Speer, PhD

Administrative Staff

Megan Strok
CPBH Department Manager, Residency Coordinator

Pediatric Behavioral Health Residency

Overview

The twelve-month residency program in pediatric behavioral health is designed to prepare advanced doctoral students for the practice of clinical psychology in integrated healthcare settings with child and adolescent populations. Particular attention is paid to training the resident to work with a variety of child clinical and pediatric populations and utilizing multiple treatment and assessment modalities. The program is housed within the [Center for Pediatric Behavioral Health](#) within Cleveland Clinic Children's, although the physical location of training is spread out across multiple locations including Cleveland Clinic Children's main campus, Cleveland Clinic Children's Hospital for Rehabilitation, and several regional Cleveland Clinic Family Health Centers serving families in convenient outpatient facilities.

Specific rotations include training in multidisciplinary clinics/programs, outpatient treatment for behavioral medicine and child clinical populations, group treatment, and evaluation of common childhood disorders.

Competencies

The internship program in Pediatric Behavioral Health is designed to prepare advanced doctoral students for the practice of clinical psychology in integrated healthcare settings with child and adolescent populations. The program is designed build upon trainee's competencies in each of the following professional-wide competencies identified in the APA SoA:

A. Research

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

B. Ethical and legal standards

- Be knowledgeable of and act in accordance with each of the following:
 - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

C. Individual and Cultural Diversity

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
 - Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- D. Professional values, attitudes, and behaviors
- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
 - Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- E. Communication and interpersonal skills
- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- F. Assessment
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
 - Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- G. Intervention
- Establish and maintain effective relationships with the recipients of psychological services.
 - Develop evidence-based intervention plans specific to the service delivery goals.

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

H. Supervision

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

I. Consultation and Interprofessional/interdisciplinary skills

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, Interprofessional groups, or systems related to health and behavior.

In addition to the profession wide competencies described above, the Pediatric Behavioral Health Residency program specifically aims to prepare trainees specifically for the practice of clinical psychology in integrated healthcare settings with child and adolescent populations. Below is the program-specific competency that reflects this aim:

- A. Pediatric Behavioral Health: Apply the profession-wide competencies within the context of pediatric integrated healthcare settings and with child and adolescent populations, including:
- Demonstrates the substantially independent ability to critically evaluate and research or other scholarly activities from both psychologically and medically-oriented sources and disseminate to both psychological and medical audiences at the local, regional, or national level.
 - Be knowledgeable of and recognize the interplay between the APA Ethical Principles and laws governing health service psychology with the ethics and legal standards of medical healthcare, recognizing conflicts as they arise and apply ethical decision making in order to resolve dilemmas.
 - Be knowledgeable and aware of how cultural and individual diversity impacts pediatric medical healthcare delivery and demonstrate the ability to independently apply this knowledge.
 - Behave in ways that reflect the values and attitudes of psychology within the pediatric medical healthcare setting and engage in self-reflection in how these professional values, attitudes, and behaviors are similar and at times in conflict with the values, attitudes and behaviors of the other medical professionals of which one interacts regularly.

- Demonstrate effective interpersonal skills and develop and maintain effective relationships with a wide range of individuals, include children and adolescents, parents, medically-complex patients, and colleagues from various medical disciplines and backgrounds.
- Select and apply assessment methods, interpret assessment results, and communicate assessment results to pediatric patients, parents, and medical and non-medical colleagues, for a variety of child and adolescent problems, including both traditional mental health and behavioral health / medical challenges.
- Develop and apply evidence-based psychological intervention for a variety of child and adolescent problems, including both traditional mental health and behavioral health / medical challenges, modifying and adapting approaches as necessary when clear evidence-base is lacking.
- Demonstrate knowledge and respect for the roles and perspectives of other professions in child and adolescent healthcare service delivery and apply this knowledge in direct consultation with other pediatric healthcare professionals.

Eligibility and Selection

Recruitment. Recruitment efforts shall be directed toward and appointments offered only to those candidates who meet the eligibility requirements for appointment to residency training. Applicants with qualifications are eligible to be considered for training at Cleveland Clinic:

- Current enrolment in an APA accredited degree-granting clinical, counseling, or school psychology doctoral program.
- Completion of all on-campus requirements by the time the residency is scheduled to begin.
- Awarded a Master's Degree in psychology or related profession during their training.
- Successfully completed supervised practicum experiences and graduate coursework in child and adolescent clinical psychology, including individual intelligence assessment, learning and development, psychotherapeutic interventions, and research/statistical analysis.
- Verified as ready to apply for internship by the Director of Training of his or her graduate program, as listed in Part II of the APPIC application form.

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

The Program will participate in the NMS pre-doctoral psychology match. Applications should be submitted through the AAPI Online process administered by Association of Psychology Postdoctoral and Internship Centers (APPIC). Details are available at the APPIC website (www.appic.org).

Interviews are conducted in person when possible and by telephone or Skype when an in person interview is not feasible. All applications are screened by members of the Residency Training

Committee. Committee members conduct interviews and provide ratings and feedback to the Residency Training Director and other Committee members. Final ranking decisions are made by consensus during a Committee review of interviewees. The Training Director submits the APPIC rankings to the National Matching Service.

Once residents are matched to the site, a letter of agreement is sent to selected residents within 48 hours. This letter includes information about start and end dates, residency salary, contact information for the Training Director, and other relevant information about the residency. The residency abides by all Association of Psychology Postdoctoral and Internship Centers APPIC guidelines and requirements and is actively pursuing accreditation. At the writing of this handbook, the self-study is currently under review by the APA Commission of Accreditation.

Conditions of Employment

1. Complete a health screening performed by Cleveland Clinic Occupational Health before your start date; which includes completion of a health questionnaire, vital signs and urine test for substance abuse. As Cleveland Clinic is committed to providing a drug-free work environment, please be advised that positive results for any illicit drugs or non-prescribed controlled substances will constitute ineligibility for employment.
2. To take further steps in preserving and improving the health of all its employees and patients, Cleveland Clinic has implemented **a nonsmoking hiring policy** requiring all job applicants and individuals receiving appointments to take a cotinine test during their pre-placement physical exam. This is a pre-employment test only. The cotinine test will detect the presence of nicotine in all forms of tobacco. *Appointments that have been offered to prospective residents and fellows who test positive will be rescinded.* Those individuals testing positive who then test negative after 90 days, may be reconsidered for appointment at the discretion of the program director should the residency position remain vacant.
3. Cleveland Clinic requires a **criminal background check** for all employees. The Department of Protective Services will conduct the background check through a database search. Employment is conditional pending the return of the background check.
4. Complete online Center for Online Medical Education and Training (COMET) courses prior to the start of your training. These courses are required to comply with federal laws on Occupational Safety & Health Administration (OSHA) Bloodborne Pathogens and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Other required courses as assigned.
5. Complete all institutional as well as program specific COMET online learning modules determined for your job classification. COMET modules must be completed in the time frame established (30 and/or 90 days from start date).
6. Provide the requested documents to accompany the Employment Eligibility Verification Form (I-9) as required by the U.S. Department of Homeland Security. Original documents must be presented prior to orientation.
7. Each resident must produce or obtain a **social security number** (SSN) for payroll purposes and enrollment in the Cleveland Clinic health care plan. A copy of the actual social security card is required. If you do not have a social security number/card, information on how and where to apply can be obtained from <http://www.ssa.gov/reach.htm> or by calling 800-772-1213. Internationals: If on a J1 Visa, please wait 7 days after your orientation before applying.
8. Other supporting documents required to complete your permanent education file (as requested with the formal appointment letter.)

Accreditation Status

Effective April 7th, 2019 the American Psychological Association Commission of Accreditation voted to grant the program “Accredited, On Contingency” status. This status is granted to programs that are new and do not yet have sufficient longitudinal outcome data, with the condition that outcome data is submitted by January 1, 2021. Upon receive of this data, the CoA will review the data to determine if it is sufficient to grant full accreditation status. In the meanwhile, the program is considered to be accredited.

Questions about the training may be emailed to the Training Director, Dr. Katherine Lamparyk (LamparkK@ccf.org); however questions specifically related to the program’s accreditation status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002 Phone: (202) 336-5979 Email: apaaccred@apa.org

Program Curriculum

Clinical Rotations. Unless otherwise noted, residents will participate in all clinical rotations. Rotations are spread across locations in northeastern Ohio. Please refer the locations section of the Handbook for details on specific locations and contact information. Prior to the start of the Program, residents will be asked to provide their request for which rotations they would prefer to participate in during the first versus second six months and if they have a preference for the continuity clinic in which they would like to participate. We will try to accommodate specific requests but cannot guarantee that requests will be granted. The final determination of rotation order and Continuity Clinic assignment is at the discretion of the Clinical Training Committee.

Behavioral GI Program is housed within the pediatric gastroenterology department and provides consultation and individual treatment to a variety of patients served with GI needs. Primary presenting problems include functional abdominal pain conditions, functional constipation and toileting concerns, swallowing and vomiting challenges, and chronic GI conditions such as inflammatory bowel disease. Evaluation and treatment is coordinate closely with the patient’s medical team.

Primary supervisor: Dr. Lamparyk

Location: Main Campus - R2

Child Clinical Continuity Clinic: This year-long outpatient experience will be allow residents to follow patients for an extended period of time and see a breadth of presenting problems through one of the Cleveland Clinic Family Health Centers. (Residents will be supervised by either one, not both primary supervisors).

At the Strongsville Family Health Center, the resident begins the day by 8:30am, and opportunity for additional direct supervision or check in for the day is available in the mornings before patient appointments. The typical day for patient care is 9am to 5pm and includes new patient evaluations and follow up therapy appointments. Supervision is planned from 12pm-1pm, and packed lunch is recommended. Additional activities within the day may include multi-disciplinary meetings and case

coordination (such as with psychiatry, primary care physicians, social work), and parenting groups are periodically an added component during the year.

Supervisor: Dr. Hahn

Location: Strongsville FHC

At Avon Pointe, the resident should expect to be at Avon Pointe by 8:30am. 9-11am will be reserved for pediatric consults and new patient evaluations. Supervision will take place during a lunch break between 11:30am-1pm with time for individual and group supervision with Beka Bryson, LISW and Dr. Lee. (Resident should generally plan to pack a lunch). Follow up patients will be scheduled on an hourly basis in the afternoon. Groups will be scheduled between 5-6:30pm (3-4 groups throughout the year. There is opportunity to plan and participate in anxiety coping groups and social skills groups.)

Supervisor: Dr. Lee

Location: Avon Pointe

Headache Clinic: Behavioral treatment for headache teaches children cognitive and behavioral strategies (i.e., “changing the way you think and act”) that can successfully reduce the pain and distress associated with headaches. While the focus is on the child or teen, parents also learn about strategies to effectively monitor and support their child’s self-management of headaches and succeed in regular activities. These strategies are meant to complement the medical recommendations provided by the referring doctor.

Primary supervisor: Dr. Benore

Location: CCCHR

Inpatient Rehabilitation C/L Service: This service provides consultation and liaison services to patients served in the two inpatient rehabilitation units at Shaker Campus, as well as the outpatient Dialysis Unit. Patients are typically admitted for a prolonged periods following acute accidents or illness and requiring extensive medical, occupation, physical, speech, and behavioral therapies. The psychology service assists the medical and therapy teams to ensure maximal outcomes. Residents are expected to see at least 1-2 cases during their rotation.

Primary Supervisor: Dr. Senders

Location: CCCHR

Be Well Multidisciplinary Medical Clinic: BeWell Clinic involves medicine, psychology, and nutrition as a multidisciplinary clinic for children and adolescents with overweight and obesity related medical complications. Psychology staff work alongside the medical team and other supporting disciplines to treat children in a coordinated and comprehensive manor.

Primary supervisor: Dr. Eshleman

Location: Main Campus – R2

Specialty Assessment and Consultation Service: This rotation offers extensive diagnostic evaluation, psychological testing/assessment, and treatment planning for children with complex developmental, genetic, medical, behavioral, learning, and/or psychological disorders; specialty focus on those with complex autism spectrum disorders, issues of differential diagnosis, multi-system involvement, genetic and/or metabolic disorders, disorders of sex differentiation or gender identity. Services include consultation with families and professionals regarding decision-making regarding treatment options or for second opinion assessments regarding diagnosis. Follow-up treatment of patients may also be available based on residents’ interests.

Primary supervisor: Dr. Jenson

Location: Willoughby Hills Behavioral Health Center

Pediatric Pain Rehabilitation Program: This is a unique and innovative program designed for children and adolescents with chronic pain that interferes with normal activities (e.g., attending school or interacting with peers). Our program focuses on helping children manage their chronic pain and restoring daily activity. It consists of inpatient and day hospital components and blends pediatric subspecialty care, behavioral health, and rehabilitation therapies in an individualized but coordinated manner.

Primary supervisor: Dr. Banez

Location: CCCHR

Group Rotations. Residents will choose to participate in a minimum of two additional groups, not regularly a part of the clinics/programs above, typically one in the fall and one in the spring. Residents may elect to participate in additional groups if interested and their schedule allows. Groups typically run in the early evenings and therefore, when groups are in sessions, residents will be required to be on duty one evening per week.

ADHD Behavioral Skills Group offers focused behavioral teaching of age-appropriate social skills for children with ADHD who have difficulties with social interactions. Children and parent groups meet simultaneously for 6-7 90 minute sessions.

Primary Supervisor: Dr. Manos/Hilary Alexander

Location: CCCHR

Anxiety Group is offered in 4 week modules for children and teens, with an emphasis on coping skills for managing anxiety. Groups are offered at least quarterly with age-matched peers. The group serves as both early intervention for anxiety disorders and skill reinforcement for children with previous experience with therapy for anxiety. There is a parent-training component with reading and shared homework as well. *This group is required participation for the resident completing the Continuity Clinic with Dr. Lee and optional for the other resident.*

Primary Supervisor: Dr. Lee

Location: Avon Pointe

Behavior Management Group is a parent-training group for preschoolers at-risk for developing conduct and other behavioral problems. This group treatment model is an ideal example of the movement towards preventative care and population care.

Primary Supervisor: Dr. Moses

Location: Strongsville Family Health Center

Toileting Clinic Shared Medical Appointment is a multi-disciplinary group treatment model of therapy incorporating behavioral health, pediatric gastroenterology, and Child Life into the treatment of pediatric encopresis and toileting aversion. The initial group is four consecutive weeks with follow-up group treatment appointments incorporated into this time well. *Residents will complete one full round in this group during their main campus rotation as an introduction to the treatment of pediatric encopresis, with the option of completing additional groups in a leadership role.*

Primary Supervisor: Dr. Lamparyk

Location: Main Campus - R2

Get-Along-Gang is a social skills group for children with high-functioning autism spectrum disorder. The group is designed to teach social cognition skills with the opportunity to practice and coach these skills in a peer setting.

Primary Supervisor: Dr. Gaw

Location: Willoughby Hills Behavioral Health Center

Training in Clinical Supervision. During the second half of the Continuity Clinic rotation, residents will have the opportunity to provide supervision to psychiatry fellows, with umbrella supervision provided by the Continuity Clinic supervisor. Residents will sit in on 1-2 treatment sessions per week and provide

feedback and supervision on observed clinical skills, case conceptualization, and treatment planning. Umbrella supervision of this experience will be incorporated into the regularly scheduled supervision time with the Continuity Clinic Supervisor.

Clinical Rotation Schedule

Chloe Freeman

July 8, 2019 – January 3, 2020: Shaker Rotation

Monday	Tuesday	Wednesday	Thursday	Friday
<i>Shaker</i>	<i>Shaker</i>	<i>Continuity Clinic @ Strongsville FHC</i>	<i>Shaker</i>	<i>Shaker</i>
7:45 – 8:45am CPBH Meetings	8 – 9 am Pediatric Grand Rounds (as applicable/ recorded)	8:30 – 9am Morning Check-in	8:30 – 10:30 am Residency Didactics	9 – 10am Supervision w/PS
8 – 12pm Headache (HA) Clinic		9 – 12pm Continuity Clinic	10:45 – 11:45 am Group Supervision (begins 10/18)	
12 – 1pm Pain Meeting		12 – 1pm Individual Supervision w/WH	12 – 1pm Psync Grand Rounds	
	1 – 2 pm Rehab Rounds	1 – 5pm Continuity Clinic	1 – 2pm Pain Family/Team Mtng	1 – 2 pm Cognitive Group
2 – 3pm Supervision w/ EB	2 – 3pm Mind-Body- Skills Group /HA follow-up		3 – 5pm HA follow-up	3 – 4pm Mind-Body- Skills Group
3 – 4pm Supervision w/ GB	3 – 4pm Parent Group /HA follow-up			
4 – 5pm Pain Rehab Team mtng	4 – 5pm HA follow-up			

**Undesignated times and unfilled HA follow-up slots are designated for seeing inpatient consults in the Pediatric Pain Rehabilitation Program and Rehab C/L Service

January 6, 2020 – July 3, 2020: Main Campus/Willoughby Hills Rotation

Monday	Tuesday	Wednesday	Thursday	Friday
<i>Main Campus</i>	<i>Willoughby</i>	<i>Continuity Clinic @ Strongsville FHC</i>	<i>Main Campus</i>	<i>Main Campus</i>
7:45 – 8:45am CPBH Meeting (4 th wk)	8 – 9 am Pediatric Grand Rounds	8:30 – 9am Morning Check-in	8:30 – 10:30 am Residency Didactics	8 – 11 am GI Clinic/TCSMA
9 am – 12pm BeWell Clinic	9:30am New Patient Evaluation	9 – 12pm Continuity Clinic	10:45 – 11:45 am Group Supervision (begins 10/3)	11:30 am – 12 pm Toileting Group Supervision
12:15 – 1pm BeWell Team Mtng Supervision		12 – 1pm Individual Supervision w/WH	12 – 1pm Psync Grand Rounds	1 – 2 pm Individual Supervision w/KL
1pm – 5pm BeWell Clinic	1 – 2pm Individual Supervision w/VJ	1 – 5pm Continuity Clinic	1 – 5 pm GI Clinic	2 – 5 pm GI Clinic
	2 – 5pm Follow-up Clinic			
5 – 6pm Supervision w/KE or Fellow				

Alina Vaisleib

July 8, 2019 – January 3, 2020: Main Campus/Willoughby Hills Rotation

Monday	Tuesday	Wednesday	Thursday	Friday
<i>Main Campus</i>	<i>Willoughby</i>	<i>Continuity Clinic @ Avon Pointe FHC</i>	<i>Main Campus</i>	<i>Main Campus</i>
7:45 – 8:45am CPBH Meeting (4 th wk)	8 – 9 am Pediatric Grand Rounds	8:30 – 9am Morning Check-in/Prep	8:30 – 10:30 am Residency Didactics	8 – 11 am GI Clinic/TCSMA
9 am – 12pm BeWell Clinic	9:30am New Patient Evaluation	9 – 11am Evaluations and Pediatrics Consults	10:45 – 11:45 am Group Supervision (begins 10/3)	11:30 am – 12 pm Toileting Group Supervision
12:15 – 1pm BeWell Team Mtng Supervision		11:30 – 1pm Individual and Group Supervision w/AL	12 – 1pm Psyc Grand Rounds	1 – 2 pm Individual Supervision w/KL
1pm – 5pm BeWell Clinic	1 – 2pm Individual Supervision w/VJ	1 – 5pm Continuity Clinic	1 – 5 pm GI Clinic	2 – 5 pm GI Clinic
	2 – 5pm Follow-up Clinic			
5 – 6pm Supervision w/KE or Fellow		5 – 6:30 Anxiety and Social Skill Groups		

January 6, 2020 – July 3, 2020: Shaker Rotation

Monday	Tuesday	Wednesday	Thursday	Friday
<i>Shaker</i>	<i>Shaker</i>	<i>Continuity Clinic @ Avon Pointe FHC</i>	<i>Shaker</i>	<i>Shaker</i>
7:45 – 8:45am CPBH Meetings	8 – 9 am Pediatric Grand Rounds (as applicable/ recorded)	8:30 – 9am Morning Check-in/Prep	8:30 – 10:30 am Residency Didactics	9 – 10am Supervision w/PS
8 – 12pm Headache (HA) Clinic		9 – 11am Evaluations and Pediatrics Consults	10:45 – 11:45 am Group Supervision (begins 10/18)	
12 – 1pm Pain Meeting		11:30 – 1pm Individual and Group Supervision w/AL	12 – 1pm Psyc Grand Rounds	
	1 – 2 pm Rehab Rounds	1 – 5pm Continuity Clinic	1 – 2pm Pain Family/Team Mtng	1 – 2 pm Cognitive Group
2 – 3pm Supervision w/ EB	2 – 3pm Mind-Body- Skills Group /HA follow-up		3 – 5pm HA follow-up	
3 – 4pm Supervision w/ GB	3 – 4pm Parent Group /HA follow-up			3 – 4pm Mind-Body- Skills Group
4 – 5pm Pain Rehab Team mtng	4 – 5pm HA follow-up			

**Undesignated times and unfilled HA follow-up slots are designated for seeing inpatient consults in the Pediatric Pain Rehabilitation Program and Rehab C/L Service

Clinical Expectations

A large aspect of training in the residency is through direct clinical contact. Residents can expect to provide as many as 15 to 20 hours per week of direct clinical contact (including assessment, consultation, and intervention) when at full clinical capacity; however, that number may vary based on referral patterns, cancellations and no-show rates, and occasional emergencies. Residents are responsible, along with their supervisors, to make efforts to obtain sufficient clinical experiences to meet training objectives (i.e. sufficient clinical hours to prepare for professional practice upon completion of the Program).

The minimum number of clinical hours, as broken down by both direct face-to-face/billable hours as well as number of clinical reports, is set a *minimum* required threshold for residents to successfully complete the Program. Most residents will exceed these minimal expectations and all residents are expected and strongly encouraged to exceed these minimum thresholds when possible to promote their overall professional development and competence. These minimums are derived based on trainees' developmental needs, the institution's service demands, performance expectations at comparable internships, and expectations of the APA Committee on Accreditation.

Supervisors are expected to determine reasonable and appropriate caseload requirements to meet training objectives while ensuring adequate clinical coverage within their clinical service. Problems related to caseload (i.e., excessive or insufficient caseloads) should be addressed directly with supervisors. Persistent problems related to caseloads may also be discussed with the Residency Director and/or the Training Committee.

Direct Clinical Hours. Psychotherapy and consultation are important and fundamental aspects of the residency experience. Residents are required to complete a minimum of 650 direct clinical contact hours over the course of the Program. Direct clinical hours are defined as "billable" hours or the specific amount of time that you spend providing a billable service to patients. This includes psychological evaluation, psychological assessment and interpretation, group and individual interventions, and consultation with other professionals. Not all resident clinical contact hours may be actually billed by the resident, such as times that they are observing clinical care provided by a supervisor or co-leading a group, as examples.

Residents will spend additional time in patient care activities that do *not* count towards this minimum expectation, including patient phone calls, report writing and clinical documentation, coordination of care activities, and clinical supervision. Residents are encouraged to consult with their rotation supervisors about which activities are considered direct clinical care (i.e. "billable") and, if conflict arises, may also consult with the Training Committee.

Inpatient Caseload. During the Shaker Rotation, residents are expected to maintain an inpatient caseload 2-3 patients combined between the Pediatric Pain Rehabilitation Program and the Inpatient Rehabilitation and Dialysis C/L Service. Residents should work jointly with supervisors Drs. Banez and Senders to ensure that their inpatient caseload is maintained in this range, without exceeding or

dropping below. It is possible and acceptable for residents to fall below this minimum during the first and final weeks of this rotation.

Monitoring Hours / Reports. Residents will be responsible to maintaining records of their direct clinical hours and written reports, utilizing Time2Track online software. Accounts will be provided if residents do not already have existing accounts and these accounts will need to be linked to the Cleveland Clinic Behavioral Health Residency Program. Time2Track allows trainees to document a variety of very specific information encompassing each of their training activities. Residents are required to document these hours under the level “pre-doctoral internship”.

Accurate and honest documentation of clinical training activities is important for residents' own personal records and is often required by many states to be documented for licensure. It is also a necessary component of the residency Program. Residents are required to submit their hours to the Training Director at the mid-point and then again at the completion of each rotation, thus four times total throughout the Program, to ensure that they are remaining on track to complete the program successfully. While accurate documentation of hours is the responsibility of the resident, these records will be intermittently cross-validated with the enterprise's billing system to ensure fidelity.

Residents who are not on track to meet the minimally required clinical contact hours or evaluation reports will be subject to the Corrective Action Policy described below, typically beginning with verbal counseling. Residents will meet with the training director to review the potential reasons for being behind in expected clinical contact hours (e.g. individual show/no-show/cancellation rate, attempts of residents to be proactive in seeking out alternative clinical experiences, resident absences, potential resident competency issues, etc.) and develop a plan to increase the clinical contact hour experience, which may initially include increased co-treating with staff supervisors or additional group therapy experiences. If the problem is not corrected with verbal counseling, the program will continue to follow the Corrective Action Policy with subsequent actions taken as necessary. Please refer to this section of the Handbook for details.

Supervision

Residents will receive a minimum of four hours per week of supervision, including a minimum of three hours per week of individual face-to-face supervision with licensed psychologists. Specific supervision times for each rotation, including denotations of individual vs group supervision, are described in the Clinical Rotation Schedule above. Each primary supervisor of each major rotation is expected to maintain scheduled supervision times with the resident, as described in the above schedule. In situations where the regularly scheduled supervision time is not possible, due to intermittent scheduling conflicts, illness, vacation, etc., every effort should be made to reschedule the supervision. If the scheduled supervision is changed due to ongoing scheduling conflicts, the training director should be notified. Any difficulties to maintain regularly scheduled supervision times, either by the supervisor or resident, should be brought to the attention of the training director and/or training committee.

Telesupervision. In the event that the supervisor and/or supervisee is unavailable for the regularly scheduled face-to-face supervision, telesupervision may be utilized on an intermittent basis in order to maintain appropriate and continuous patient care. In such circumstances, telesupervision will be mutually agreed-upon between the supervisor and resident and will occur over a secure phone line or secure Skype connection and in a manner that strictly maintains privacy and confidentiality of both the resident and patient. In any case that the supervisor is not present on-site of the treating resident for any amount of time, an on-site supervisor must also be designated for crisis management and in the case of technological malfunctions that preclude telesupervision. The off-site supervisor may maintain full professional responsibility for the clinical care provided by the resident during this time in accordance with Ohio psychology rules and regulations, or may alternatively designate an on-supervisor to hold responsibility during the supervisor's absence, but this must be clearly communicated to the resident.

Seminars and Scholarly Training Activities

Residents are required to attend all training activities specific to the Program and any other training as required by the Training Director or the specific rotation supervisors. Residents and supervisors are jointly responsible for scheduling all other activities (e.g. patient contact, supervision) so as to not interfere with attendance of required training activities. Some training activities, such as certain grand rounds, are optional and will need to be discussed with the rotation supervisor in order to accommodate attendance if particularly interested and relevant.

The regularly scheduled seminars will be held on Thursday mornings, from 9 – 11am in Conference Room C at CCCHR, unless otherwise noted. Residents will be expected to attend all seminars and arrive prepared, having read all assigned readings and completed all pre-seminar assignments. The specific schedule will be sent electronically to residents as speakers are confirmed, with no less than one month notice. Residents are expected to consult their Outlook Calendars for specifics on these meetings and “accept” all meeting requests sent by the Training Director.

Interprofessional Education (Psychiatry Seminar): This seminar series will be held in the P Building, Psychiatry suite in conjunction with Psychiatry Fellows and hosted by the Child and Adolescent Psychiatry Department. The series will focus on assessment and general overview of medical treatment of common childhood psychiatric conditions. Readings will assign to residents in advance with other assignments (e.g. case presentations) possible. This series will be held on a monthly basis, on the 2nd Thursday of each month.

Evidence Based Practice: The series focuses on psychological assessment and treatment of common childhood mental health conditions. Hosted by Pediatric Behavioral Health staff, this series is held jointly with psychiatry fellows and pediatric residents rotating through the pediatric psychiatry rotation on the 4th Thursday of each month, with additional topics added on other weeks for only the psychology residents.

Self-Reflective Practice covers a range of ethical, legal, professional, regulatory, career, and residency-related issues. This conference is intended to contribute to residents' professional development and increased awareness of issues related to professional practice in an interprofessional medical setting. This is an opportunity for residents to discuss process issues and other areas of interest to them.

Special Topics includes additional didactic topics relevant to practice of pediatric psychology, including specific practice areas, therapeutic techniques, and professional development topics. Topics are presented by experts and may include visiting professors.

Journal Club will be hosted by each of the primary supervisors through the year and presented by the residents. Residents will be assigned timely or classic journal articles by the hosting psychologist and will be expected to present the article and critically examine the research and clinical implications.

Resident Research Presentations are expected to occur twice during the program. The first presentation will be scheduled near the mid-point of the program and is expected to be a presentation of a previously completed research project from the resident, often their dissertation project. The second presentation will be scheduled near the end of the program and is expected to be a presentation of *a novel* project that the resident has completed during the program. This research presentation should represent a final "product" of the residency program and may include prospective or retrospective data collection, qualitative or quantitative research design, or comprehensive literature review. Presentations will be evaluated and feedback given by a designated supervising psychologist and incorporated into the resident's cumulative review.

Case Conference/Peer Supervision will be hosted by each of the primary supervisors through the year. This series will provide residents with the opportunity to practice peer supervision skills and share cases with each other and different supervisors than are their primary supervisor for the case. For each Case Conference, residents are expected to present on 1-2 ongoing clinical cases (i.e. have two cases prepared to present as time allows, with an expectation of each resident being able to discuss at least once case). Residents should come prepared with a) brief summary of the patient's presenting problem and relevant background information, b) diagnostic formulation and treatment summary, and c) challenging aspect(s) of the case related to patient diversity or psychosocial variables, ethical dilemmas, or other complicating factors. Residents should also come prepared to provide peer supervision to their colleague, with feedback being provided by the moderating supervisor.

The purpose of this conference is two-fold. By discussing challenging cases, the resident is able to obtain additional perspectives on various clinical challenges while allowing both residents the opportunity to learn and grow from the case. In the case that the "challenging aspect" of the case has already been resolved (with either a positive or negative outcome), residents should expect to discuss alternative resolutions. Additionally, residents will gain the opportunity to practice supervisory skill and receive feedback on this from their supervisor. A worksheet to guide this discussion is expected to be completed by the resident and distributed to the group prior to the meeting and then the completed worksheet sent to the Training Director following the conference to be incorporated into their cumulative review.

Cleveland Clinic Learning Academy will host several didactic seminars relevant to working in an academic medical setting. Topics will be chosen based on relevancy to the resident training and schedule of the trainings so as to result in a minimum of altered schedule of clinical training. Likely topics will include healthcare communication, foundations for diversity and cultural competence in a medical setting,

cultural difference at end of life, and examining cultural characteristics of healthcare. The time of these trainings will be variable, but will be included on the Seminar Schedule with at a minimum of one-month notice to adjust clinical activities as needed.

Various Grand Rounds and additional training opportunities are held throughout Cleveland Clinic on a regular basis. Residents are encouraged to attend as many talks that are relevant to their training and interest level. Most Grand Rounds are now screened live via the Cleveland Clinic intranet and thus more easily able to accommodate into residents' clinical schedules. Grand Rounds will be designed as optional vs mandatory by the Training Director.

- Psychiatry Grand Rounds are held weekly on Thursdays from 12 – 1pm. *Must be present, in-person only.*
- Pediatric Grand Rounds are held weekly on Tuesday mornings. *Screened live and recorded.*
- Wellness Grand Rounds are held bi-weekly September through May during the noon hour.
- Education Grand Rounds are held monthly on Monday mornings from 7 – 8am. *Screened live and recorded.*

Didactic Training Attendance Reporting. Attendance in each of the above didactic training opportunities will be monitored via an online evaluation form. These evaluations serve as evidence of attendance in the didactic and failure to complete the evaluations in a timely manner will result in the resident not obtaining credit for completion of this activity, which is a required component of the residency.

Mentorship

Residents are provided with a faculty mentor as an opportunity to have a professional mentorship relationship with a non-evaluative member of the training committee. Residents are required to meet with the mentor at least quarterly in order to establish and maintain a relationship, but encouraged to meet as regularly as the resident finds beneficial. Meetings will typically occur outside of the office setting in a mutually-agreed upon location. The mentor can be a resource for navigating career or professional decisions, work-life challenges, or interpersonal professional conflicts, among other topics. Topics discussed in the mentoring relationship will remain confidential so long as they are not determined to impact clinical care. In such cases, a decision to disclose the information to the training committee may be made after discussion with the resident and nothing would be disclosed without the prior knowledge of the resident. For this year, the resident mentor is *Kathryn Jones*, who joined Cleveland Clinic in 2017 after a fellowship in integrated primary care through Geisinger Medical Center.

Evaluation Methods and Policies

Formative Evaluations of Clinical Competency. Individual primary supervisors are required to complete evaluations rating the skills of the residents they supervised at mid-point and end of each rotation. Supervisors are required to review the evaluations with the residents in person near the half-way mark and prior to the end of each rotation. After review with the resident, evaluations are to be submitted to the Training Director and will become a part of the residents' file.

Supervision and Research Evaluations. Residents will receive feedback on peer-supervision skills and research/scholarly presentations as part of the Program requirements. Written feedback will be provided by the clinical training faculty supervising each activity to the resident. It is the resident's

responsibility to send this evaluation to the Training Director after review, and it will then be included in the resident's file.

Summative Evaluations. The Training Director will meet with residents to provide a summary of objective assessments of clinical competencies and experience. This will include review of research and peer-supervision feedback forms, individual supervisor competency evaluation, self-evaluations, and Time2Track data on obtained experiences. Summative evaluations by the Training Director will be provided six months into the residency program and again prior the end of the residency program. Documentation will be completed and shared with the resident indicating performance appropriate to the graduate level with progressive responsibility. Residents also have the ability to review their individual evaluations and/or an aggregate view by contacting the Clinical Training Director at any other point during the program. The training director will also provide a summative evaluation for each resident at the completion of the program. This final evaluation will be accessible for review by the resident and will document the resident's performance during the final period of training and verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. Summary of the summative evaluations will be sent to the resident's graduate program director.

Evaluation of Teaching Faculty. Residents are required to complete a feedback form of their supervising teaching faculty at the mid-point and end of each rotation. After discussing with their supervisor, interns submit these to the Clinical Training Director. The Training Committee will review evaluations and changes and adjustments will be made based on these evaluation.

Included in each teaching evaluation are required Likert Scale questions relating to various teaching skills including: clinical teaching abilities, clinical knowledge, communication skills, feedback skills, supervisory skills, and professionalism and commitment to the training program. Residents have the option to supplement their answers with comments about a faculty's strengths and suggestions for improvement with open comment boxes throughout the evaluation.

Evaluation of Training Programs. At the completion of the Program, residents are required to evaluate the strengths and weaknesses of the residency by completing the Cumulative Feedback Form. Residents have an opportunity to answer questions about an array of factors that contribute to their overall impression of their respective programs. The questions are either Likert Scale or Yes/No answer choices with required and optional comment boxes throughout the form.

Information gathered from program evaluations is helpful in measuring the effectiveness of the training program and is considered in future planning. The results will also be used as part of the APA accreditation process. The Clinical Training Committee will meet and review these evaluations yearly and will utilize the feedback to improve the program.

Salary and Benefits

In addition to accessing premier training at one of the top ranked hospitals in the US, the following benefits are offered to psychology residents:

- Annual Salary is \$29,120
- Accrued PTO days to amount in a total of 7 Recognized Holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) and an additional 17 days to include vacation and sick days

- Additional time for professional development that mutually benefits the resident and Cleveland Clinic Children's may be approved with departmental permission
- Medical, dental, and vision insurance can be selected with modest employee contribution.
- Access to Cleveland Clinic Alumni Library, including extensive online databases
- Access to on-campus Fitness Center with indoor pool, weight and cardio equipment, and variety of classes for members of employee health plan.

Specific details of the residency benefits packaged will be provided by the department of Human Resources.

Attendance Policy and Absence Procedure

Attendance Policy. Residents are expected to be on-site at a Cleveland Clinic rotation during the hours of 8:00 – 5pm, Monday through Friday, unless otherwise designated in their rotation/clinical schedule. There will be various training activities that begin prior to 8:00am or end after 5pm and these will be communicated with the resident in advance. Most psychology groups take place during the early evenings and therefore, during the time residents are participating in a group, they will be expected to be on-site for one evening per week. An occasional emergency or unanticipated event may require the resident to stay later than expected and previously communicated, but this should not be the norm. Pagers will be provided to residents and they are expected to respond to all pages promptly during these hours, but are not expected to respond to pages or communications outside of these hours or when on an approved absence.

Absence Policy and Procedure. Residents are expected to communicate any absence in which they are not on-site during the above expected hours to both the Clinical Training Director *and* the specific rotation supervisor overseeing those hours. Depending on the rotation/location, residents may be allowed to arrive late or leave early if patients are not specifically scheduled, but this still needs to be communicated the above persons.

Any time that the resident will be absent for greater than or equal to a half-day, a formal PTO (paid time off)/absence request is required. Every attempt should be made for PTO requests to be submitted with at least 30 days advance notice in order to minimize patient impact, and requests may not be granted if not made within this 30 day timeframe.

Paid Time Off is accrued during the employment of the resident at the rate of 7.08 hours per pay period. This will ultimately amount to a total of approximately 17 days for vacation, sick, and professional time in addition to the 6 standard Cleveland Clinic recognized holidays. If time off is requested exceeding the amount of time that has been accrued, it may be granted as un-paid time off at the discretion of the Clinical Training Director, not to exceed a total of 17 days total during the duration of the program. Any unused PTO will be paid out at the end of the resident's employment.

The Absence Request Management System (ARMS) is used to formally request all PTO/absence requests, which will then be sent to the department administrator for approval. Additional approval may be required by the Clinical Training Director in some circumstances (e.g. less than 30 days advance notice, not enough accrued PTO, etc.). In addition to the ARMS submission, residents are also required to notify the Clinical Training Director of any advance absences (including those <0.5 day in duration) via an Outlook Calendar request. Absences that occur without advance notice can be communicated to the Clinical Training Director via email, voicemail, or pager.

Remote Access. Residents will have access to Cleveland Clinic Four Corners site, which will allow limited off-site access to protected internal data, including EPIC and Outlook access. This option will allow for some documentation and communications to occur when the resident is off-site, but should not take away from the time they are scheduled to be on-site. Refer to Cleveland Clinic Institutional Policy on how to safeguard patient data.

Completion and Termination

Residency Completion Criteria. To successfully complete the doctoral internship, residents are expected to fulfill the following requirements and demonstrate competence in each of the areas described in this manual.

1. A minimum of 2000 hours of program participation, including 650 hours of direct clinical work.
2. Active participation in a minimum of 110 hours of didactic instruction.
3. A minimum of 2 internal scholarly/research presentations, evaluated as “at expected level of competency for level of training” psychologist facilitator.
4. A minimum of 6 observed peer-supervision experiences, evaluated as “at expected level of competency for level of training” by the moderating psychology supervisor.
5. Satisfactory evaluations by clinical supervisors in all clinical domains of competency assessed. By end of the program, residents should be receiving an average rating of 4.0 or above.

Certificates and Letters of Completion of Training. Official Certificates of Completion of Training are issued to residents who have successfully completed the Cleveland Clinic Residency Program in its entirety and met all completion criteria defined above. The Certificate of Completion of Training will include the legal name of the clinical resident, dates of training and the name of the program. A summary of completion letter will also be given to graduating residents and a copy of this letter will be sent to their respective graduate program training directors.

Residents who do not meet the above criteria will receive upon request, a letter, verifying completion of the actual training in which they participated at Cleveland Clinic.

Release of Resident Files. The following policy has been established for release of resident files, consistent with GMEC policies:

- Resident files may be reviewed by the resident, their program director, division/department chairman or the full-time department education coordinators (designated by the program director).
- Division chairman, department chairman, program director or designated individuals (secretary or education coordinator) will be required to sign upon receipt of files and again upon their return. Files should be returned within 2 weeks.
- Review of resident files by other staff will require a release signed by the resident. The resident files are permanent and become part of the original records.
- Upon graduation/termination from a Cleveland Clinic training program, the program director or his/her designee will dictate a summary letter of the resident’s training for the file. If the former resident signs a release, a copy of the summary letter only, (not the entire file) will be provided as requested.
- After an individual has completed training or departed the Cleveland Clinic for other reasons, they are no longer considered employees and no longer have access to their file.

SELECTED INSTITUTIONAL POLICIES

The full Cleveland Clinic Policy Manual is found at <http://ppmssso.ccf.org/>. Below are selected policies and procedures deemed to be most applicable to Pediatric Behavioral Health Residents.

Drug Free Workplace

Substance Abuse

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

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

For further information, please refer to the Clinic's Substance Abuse Policy.

Smoke Free and Nonsmoking Hiring Policy. In an effort to provide a healthy environment for all employees, patients and visitors and to continue our dedication to health and wellness; Cleveland Clinic and the Cleveland Clinic Health System became a smoke free environment. Smoking bans on all Clinic and CCHS properties will be strictly enforced. To assist our employees, Cleveland Clinic offers special programs to help employees quit or reduce their tobacco use.

To take further steps in preserving and improving the health of all its employees and patients; Cleveland Clinic has a *nonsmoking hiring policy* requiring all job applicants and individuals receiving appointments to take a cotinine test (nicotine metabolite) during their pre-placement physical exam (health screening). This is a pre-employment test only. The cotinine test will detect the presence of nicotine in all forms of tobacco.

Appointments that have been offered to prospective residents and fellows who test positive will be rescinded. Those individuals who test positive, then test negative after 90 days, may be reconsidered for appointment at the discretion of the training program director should the residency/fellowship position remain vacant.

Personal Appearance. Cleveland Clinic recognizes the importance of the professional appearance of its staff in maintaining an atmosphere conducive to the delivery of quality health care services. To promote such an atmosphere, residents are expected to dress in a manner appropriate to the jobs that they perform and the professional level they represent.

Although it is not necessary to recount all of the components in the employee policy (Policy #536 in the Employee Policy Manual), the following tenets are set forth for residents:

- Residents must present themselves in appropriate attire to reflect their position. Male trainees, when caring for patients, should be dressed in a dress shirt and slacks. Male trainees are encouraged to wear ties unless they pose a safety hazard. Female trainees should be dressed in

appropriate business attire which would include suits, dresses, or appropriate top and slacks with appropriate footwear.

- Clothing should be neat, clean and in good condition. Residents should be dressed in a fashion that represents their professional level. Hair should be clean and well groomed (including facial hair).
- The employee ID badge must be worn above the waist in compliance with Clinic policy.
- Failure to adhere to standards of dress and grooming may result in corrective action.

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. For the complete policy, refer to IT Security Acceptable Use of Information Assets Policy from the intranet policy manual <http://portals.ccf.org/today/Policies/tabid/14282/Default.aspx>

Email

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

Photographing

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

Harassment, Fraud or Illegal Activity

Cleveland Clinic prohibits the use of its telephones, owned cellular phones and voicemail systems for purposes of harassment, fraud or other illegal activities.

Social Media Use

The purpose of this policy is to provide all Cleveland Clinic employees with rules and guidelines for participation in social media (also known as social networking). The intent of the Policy is not to restrict the flow of useful and appropriate information, but to safeguard the interest of Cleveland Clinic, its employees and its patients.

When communicating on Cleveland Clinic social media sites or 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 as a Cleveland Clinic employee. For example, social media activity is subject to Cleveland Clinic policies that strictly prohibit discrimination, harassment, threats and intimidation.

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. Postings that attempt to describe any specific patient and/or patient care

situation or that contain any patient identifier or in combination may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited.

For the complete policy, refer to the HRConnect portal

<https://erc.enwisen.com/asi/page.aspx?alias=navigator&header=on>

Patient Safety. Patient Safety is a Cleveland Clinic priority and the responsibility of every caregiver and affiliate. The Patient Safety Plan and Program are designed to support and promote the mission, vision and values of Cleveland Clinic with a systematic, coordinated approach to improving patient safety and reducing risk.

The Patient Safety Program builds a framework for the delivery of safe care, perpetuates a culture of safety and improves patient outcomes through reducing variability in care processes, increasing reporting of safety events and overall reduction of preventable adverse events.

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

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

The Patient Safety Program includes monitoring compliance with The Joint Commission National Patient Safety Goals (NPSG). Information regarding the NPSG can be found on the Quality and Patient Safety Institute website under Patient Safety & Clinical Risk / National Patient Safety Goals.

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

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

Speak Up

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

The Cleveland Clinic Quality & Patient Safety Institute supports several committees, projects and resources providing opportunities for residents to become involved in patient safety. To receive additional information on Cleveland Clinic Patient Safety, National Patient Safety Goals or the Cleveland

Clinic Quality and Patient Safety Institute, please refer to the Cleveland Clinic Quality and Patient Safety website located at <http://intranet.ccf.org/qpsi/>. Information is also available through COMET and CCLC on line learning.

Safety Event Reporting (SERS). Reporting a safety event when it occurs is 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.

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

Cleveland Clinic caregivers are encouraged to 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 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.

Definitions

- 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'.
- Error: A mistake or inaccuracy, as in action or speech. An incorrect belief or wrong judgment. The condition of deviating from accuracy or correctness, as in belief, action, or speech. (Collins English Dictionary).
- Near Miss: circumstances or events that have the capacity to cause error and did NOT reach the patient.
- Root Cause Analysis: A Root Cause Analysis (RCA) is a process for identifying the basic causal factors that underlie variation in performance, including the occurrence or risk of occurrence for a sentinel event. The RCA focuses primarily on systems or processes, not on individual performance.

- Sentinel Event: any unexpected occurrence involving a death or serious physical or psychological injury, or the risk thereof, including loss of limb or function. The phrase 'or risk thereof' includes any process variation for which recurrence would carry a significant chance of an adverse outcome. A Sentinel Event would be considered events where the patient has not regained their original level of functioning within two weeks from the time of the event.

Please refer to the SERS web site accessible on the Cleveland Clinic intranet page for additional information at <http://intranet.ccf.org/sers/>. The SERS policy can be found on the Cleveland Clinic Policytech site.

Infection Prevention. Residents at the Cleveland Clinic will follow all infection prevention policies and procedures (available on the intranet in the Policy and Procedure Manager and the Infection Prevention web sites). 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 Clinic employees.

Healthcare workers will wash hands with soap and water:

- When hands are dirty or visibly soiled with proteinaceous material, blood, or body fluids
- When caring for patients with *Clostridium difficile*
- After using the restroom and before eating
- Use sufficient volume of soap to cover all surfaces of the hands
- Rub hands together covering all surfaces for at least 15 seconds
- Dry hands with a paper towel; turn off faucet with a paper towel

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

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

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

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

Unauthorized acquisition, use and/or disclosure (whether written or verbal) of any information relating to Cleveland Clinic Health System business, patient medical information, current and past employees, job applicants and computerized data is a most serious matter and will be grounds for disciplinary action up to and including discharge. (Refer to Policy #121- Corrective Action of the Supervisory Policy & Procedure manual.) Individual employees may also be subject to criminal prosecution for these violations.

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

- To 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.

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

To maintain regulatory compliance, Cleveland Clinic policy requires that both the responsible practitioner and the patient sign an official informed consent document that includes language approved by our Law Department. In situations where the patient is unable to sign, it is important to ensure that the most appropriate representative sign the consent on the patient's behalf.

Employee Safety & Security. The personal safety and health of each employee, patient and visitor is a primary importance to Cleveland Clinic. It is our policy to maintain a safety program conforming to all applicable local, state and federal safety and health standards, fire codes and environmental regulations. Since these regulations only define minimum requirements, it is the position of Cleveland Clinic that every effort will be made to exceed them whenever practical.

If you are working late and feel the need to be escorted safely to your assigned parking location, contact the *Cleveland Clinic Police at 216-444-2250* for assistance. For your safety, "blue light emergency intercoms" blanket the Cleveland Clinic campus. The blue lights enable you to easily find them. Push the button once and you will be connected directly to the Cleveland Clinic Police Department and it will alert them to your location for an immediate response. Uses include reporting a crime, suspicious persons, property lost, found or stolen and car trouble such as a dead battery (there is free "jump start" assistance available) or keys locked in your car.

Corporate Compliance. Corporate Compliance refers to a system of rules, policies and standards, that an organization establishes to assure that its business activities are conducted in a lawful and ethical manner. In May 1996, the Board of Trustees of Cleveland Clinic adopted "The Cleveland Clinic Corporate Compliance Program," which is intended to prevent and detect any violations of federal, state or local laws by Clinic employees, affiliates and their members, independent contractors, trustees, directors and officers. Each affiliate of Cleveland Clinic is required either to apply the program to its operations or to

adopt its own program to ensure compliance with applicable laws. By acting in accordance with the Program, Cleveland Clinic is best able to fulfill its mission which is to provide better care of the sick, investigation of their problems and further education of those who serve.

The Corporate Compliance Program is administered by the Office of Corporate Compliance under the direction of Donald A. Sinko, Chief Integrity Officer for Cleveland Clinic and is comprised of the following elements:

- Identifies federal, state and local requirements that affect Cleveland Clinic Operations
- Develops policies and standards of conduct for employees and those who do business with Cleveland Clinic
- Provides communication, training and education
- Conducts monitoring and auditing to prevent and detect non-compliance
- Provides a mechanism for reporting compliance issues
- Responds to deficiencies and issues and assures that non-compliance is corrected

The standing committees who maintain oversight of the Program are:

- Cleveland Clinic Corporate Compliance Committee
- Cleveland Clinic Regional Hospital Corporate Compliance Committee
- Cleveland Clinic Florida Hospital Corporate Compliance Committee
- Research Compliance Committee
- Billing and Coding Committee

All employees are to carry out their duties in full compliance with the Program. In the event of a violation, the Program provides a procedure to report, investigate and correct any problems.

Compliance Expectations for all Cleveland Clinic Employees

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

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

Recognizing Compliance Issues

Compliance issues involve conduct that is illegal or unethical. This can involve violations of state or federal law or violation with Cleveland Clinic policies. Here are some examples:

- Reading another person's medical record without permission
- Disclosing patient information without permission
- Using another person's password to access confidential information
- Billing for services that were not performed or medically unnecessary
- Falsifying medical documentation
- Copying confidential patient information to an unencrypted USB drive
- Accepting cash, gifts or bribes from a vendor

Reporting Compliance Issues or Concerns

No one has the authority to prevent you from reporting a compliance issue. Reports can be submitted confidentially in person, in writing or verbally to:

- Your supervisor or department administrator
- The Office of Corporate Compliance at 216-444-1709
- The Law Department at 216-297-7000
- The Corporate Compliance Reporting Hotline 800-826-9294

Confidential reports may also be submitted electronically by accessing the Corporate Compliance intranet site at <http://intranet/compliance/> and clicking on the “Report a Concern” button. Regardless of which reporting mechanism you prefer, all reports will be investigated and your confidentiality will be maintained. No one who submits a report in good faith will be subjected to reprisal, discipline or discrimination for having made a report. For those who desire complete anonymity, it is important that names, dates, times, locations and any other issue-specific facts are provided so that the report may be fully investigated. The investigation and any findings will also remain confidential but the information will be used to identify deficiencies and to take corrective action when appropriate.

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

Enforcement

Cleveland Clinic has a policy of corrective action for those who violate the Corporate Compliance Program, as well as for those who fail to report wrong-doing.

Privacy and Security of Protected Health Information (PHI)

PHI is individually identifiable health information (including demographic information) that relates to an individual’s physical or mental health or the provision of, or payment for, health care. PHI is not limited to the electronic medical record and includes paper, photographs, audio, video, x-rays, and other types of media.

Federal privacy rules provide national standards to protect individuals’ medical records and other personal health information. All Cleveland Clinic employees are required to comply with these standards and must complete a designated training program upon hire. *The Health Insurance Portability & Accountability Act of 1996 (HIPAA)* *The Health Information Technology for Economic and Clinical Health Act (HITECH)*.

PHI may be accessed only by those individuals who, within the scope of the job responsibilities, have a legitimate need for such information for purposes of patient care, research, education, or administrative uses. Any other use or disclosure of PHI may be considered a major infraction of Clinic policy and may subject the employee to criminal penalties [Use of PHI refers to the access, sharing, applying or

analyzing of PHI within Cleveland Clinic. “Disclosure” refers to the release of PHI outside Cleveland Clinic.].

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

Breach Notification and Reporting Rules

Any unauthorized acquisition, access, use or disclosure of patient data may result in serious consequences for Cleveland Clinic as well as for the individual employee who may be responsible for the data loss. Breach notification and reporting rules were published by the U.S. Department of Health and Human Services (HHS) in 2009. These rules mandate notification to individuals, HHS and in some cases the media upon the discovery of a breach of unsecured PHI.

A breach of confidential Cleveland Clinic information due to lost or missing laptops and mobile media, or unsecured Internet e-Mail is one of the greatest compliance risks we face. You are required to comply with the Information Security Encryption Standard policy, which can be obtained from your supervisor or from the from the Intranet policy manual. Fully de-identifying patient data, physical destruction of media, and/or data encryption are the only ways to avoid public disclosure that is required by law upon loss or theft.

De-identified Information

De-identification of PHI mitigates privacy risks to individuals and thereby supports the secondary use of data for comparative effectiveness studies, policy assessment, life sciences research, and other endeavors. The HIPAA Privacy Rule allows PHI to be de-identified using the Safe Harbor method. In order to be considered “de-identified” under this method, both of the following criteria must be met:

- 18 types of identifiers* of the individual (patient) or of relatives, employers, or household members of the individual, are removed, *and*
- There is no actual knowledge that the remaining information could be used alone or in combination with other information to identify the individual.

**Identifiers:*

1. Names
2. All geographical subdivisions smaller than a State, including street address, city, county, v precinct, zip code, and their equivalent geo codes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Phone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number,

characteristic, or code (note this does not mean the unique code assigned by an investigator to code data

Additional Safeguards:

- Do not use your personal laptop or device to store sensitive CC information
- PHI may not be taken off-premises and must never be downloaded to a portable media device (e.g. flash or thumb drive) unless the device is encrypted in accordance with ITD Security policies. This includes but is not limited to: CD's, DVD's, 'thumb' or flash drives, memory sticks, and portable hard drives.
- All portable media used for the storage of any patient's or patients' personal health information (PHI) must be provided by Cleveland Clinic. Refrain from using CD's or DVD's for sensitive data. Encrypted flash drives may be requested through department or Institute Administrators.
- It is important to remember that simply deleting PHI files from mobile devices does not ensure that the information cannot be retrieved. Therefore, any media that has ever been used for PHI must be turned into the Cleveland Clinic for proper disposal. Your ITD support team can manage this properly.
- When sending sensitive information by email, be sure to use the word, 'Confidential' in the subject line to trigger secure message delivery.
- Employees are prohibited from automatically forwarding email to their personal email account (e.g. Gmail, Yahoo, etc.). At some point, your work email will likely include PHI. Once the message lands in your personal email account, copies may have been stored on multiple servers along the way. In short, the PHI could potentially be accessed by unauthorized parties which is a HIPAA violation.
- PHI must never be included when using Google calendars or "Drop Box". These sites are not secure and do not comply with the HIPAA rules.
- File Transfers (To/From the Internet) use only CC approved file transfer protocols that contain the required encryption technologies (your IT support team can manage this properly).
- Do not take or use photographs of patients without their written consent.
- Information regarding these and other safeguards are more fully explained in the Cleveland Clinic Health System Privacy Policies, which are always accessible via the intranet <http://portals.ccf.org/today/Policies/tabid/14282/Default.aspx>.

Research Compliance

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

Professional Conduct Code. The Pediatric Behavioral Health Residency Program abides by the Professional Conduct policy specified in detail in the Graduate Physicians Manual. Below are specific excerpts of this policy that are specifically relevant for the Psychology Resident.

The purpose of this Policy is to define disruptive and inappropriate behavior involving residents and fellows (referred to as residents in this section consistent with GME manual) and to delineate the response to be followed in all cases involving such behavior.

In almost all cases the institutions response to inappropriate behavior is initially directed towards remediation rather than punishment. It is recognized that it will be beneficial to patients to keep residents at work in the practice setting. Unprofessional behavior compromises the ability to provide the best quality care to patients so that behavior must change. It is expected that in almost all cases it will be possible, after intervention, for the resident and those around him or her, to work together to achieve the common goal of continuing to provide the best quality patient care.

Depending on severity and response to intervention, disruptive behavior by residents or refusal of trainees to cooperate with the procedures described in this Policy, may result in corrective action.

The stated mission of the Cleveland Clinic fosters the highest levels of professional conduct from its health care professionals in order to fulfill that mission. In doing so, Cleveland Clinic strongly desires and expects an environment free from disruptive, threatening and violent behavior and does not tolerate inappropriate, unprofessional or intimidating behavior within the workplace.

This Policy emphasizes the need for all individuals working at Cleveland Clinic to treat others with respect, courtesy, dignity and to conduct oneself in a professional manner. Patients, visitors, healthcare professionals and all employees must be treated with courtesy, respect and dignity. This policy is complementary to and consistent with, the Cleveland Clinic Code of Conduct and other communications addressing appropriate conduct, such as the COMET Module on Disruptive Behavior and Code of Conduct initiatives by Cleveland Clinic Institutes.

Behavior by residents that generates a complaint by another resident, an employee of the hospital, clinical or administrative staff or individuals in contact with the resident at the hospital including patients, will be responded to according to this policy and referred to the Clinical Training Director.

Behavior that suggests that the trainee may suffer from a physical, mental or emotional condition will be referred to the Physician Health Committee or otherwise evaluated with the intent to assist the resident. The Physician Health Committee can be particularly helpful in monitoring a troubled trainee, enabling the trainee to be helped while preserving the trainee's residency or fellowship training. The process of inquiry into and response to inappropriate behavior by residents is confidential.

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

There are 7 principles:

- Legal and Regulatory Compliance

- Business Ethics
- Conflicts of Interest
- Appropriate Use of Resources
- Confidentiality
- Professional Conduct
- Responsibility

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

Disability Accommodation Policy. This policy confirms the commitment of Cleveland Clinic to comply with all state and federal laws regarding the employment of qualified individuals with disabilities and also establishes guidelines and procedures for the consideration of requests for reasonable accommodation by employees and applicants with known physical or mental impairments. 102

It is the policy of Cleveland Clinic to comply with the Americans with Disabilities Act (“ADA”), the Americans with Disabilities Act Amendments Act (“ADAAA”) and all state and federal laws, rules and regulations concerning the employment of persons with disabilities. Cleveland Clinic will not discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge compensation, training or other terms and conditions of employment. Furthermore, Cleveland Clinic will make, upon the request of a qualified individual with a disability, a reasonable accommodation to permit such person to perform the essential functions of the job, so long as such accommodation does not result in undue hardship to the business operations of Cleveland Clinic or cause a direct threat to the health and safety of the requesting person or others in the workplace. For the complete policy, refer to the HRConnect portal.

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, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information or any other characteristic protected by federal, state or local law. Cleveland Clinic prohibits any such discrimination, harassment and/or retaliation. All employees, regardless of position or title, will be subject to severe corrective action, up to and including discharge, for engaging in acts prohibited by this policy. For the complete policy, refer to the HRConnect portal <https://erc.enwisen.com/asi/page.aspx?alias=navigator&header=on>

Referral and Assessment Procedure for Behavioral Health Issues. This procedure is intended to be a guide and a resource to the Program Director as well as for the resident. A description of the plan coverage and treatment are administered through the Behavioral Health Program. For additional information, please call 216-986-1050 or 1-888-246-6648.

Reasons for referrals include but not limited to:

- Self referral for mental health or wellness issues including substance abuse
- Disruptive physician behavior
- Chemical dependency, known or suspected
- Professionalism
- Performance issues
- Performance warnings

The role of the Caring for Caregivers Employee Assistance Program (EAP/CONCERN) and the Physician Health Committee (PHC) are also reviewed in this protocol.

Caring for Caregivers Employee Assistance Program (EAP/CFC)

Telephone: Appointments 216-445-6970 (24 hour pager - 23411)

Contacts: Kevin Peterca, LISW

Location: Main Campus (nine other locations)

The role of the EAP is to provide a first entry and screening of wellness issues as well as limited follow up/counseling. The referral can be self-referred or referred by concerned supervisors (i.e. program directors). Confidentiality is maintained in the EAP (no entry into medical record/EPIC or computer appointment tracking).

Immediate access is available on campus and at various offices throughout NE Ohio. The EAP personnel are licensed independent mental health and chemical dependency professionals with expertise in interpersonal stress management, substance abuse screening, mental illness, work relationships, personal relationships, performance issues, as well as life style management. 104

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

The goals of the PHC are:

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

A representative of the PHC will correspond with the trainee regarding PHC recommendations for return to duty and notify the program director when the trainee is cleared to return to work. The PHC is not a disciplinary entity but it deals with many performance issues which may directly affect patient care and the individual's licensure status. Referral of trainees with performance deterioration (prior to performance warning) is highly recommended as an early referral is also conducive to advocacy for the trainee as well as the program.

A PHC referral by the Program Director must be made for known or suspected substance abuse/dependency and any issues that might impact the trainee's ability to obtain a medical license.

A PHC referral by the Program Director may be considered for any:

- Serious performance issue
- Serious academic issue
- Serious professional issue

For further information on the Physician Health Program/Physician Health Committee, please visit the Caring for Caregivers website at:

<http://portals.ccf.org/caregivers/CaringforbrCaregiversHome/tabid/3037/Default.aspx>

Corrective Action Policy

Performance. There shall be regular ongoing evaluations of clinical resident performance during training. On each service within a training program, residents will be rated by the staff psychologists with whom they have been working and evaluations may also be completed by other medical personnel who are involved in the resident training. The Training Director or designee will provide the residents with summative feedback, regarding his/her overall performance in the program, after periods of no longer than 6 months of the beginning of training and earlier if needed. The Training Director or designee will provide this summative feedback at least twice a year.

Whenever a resident's competence (with respect to any element of his/her conduct, skills, duties or responsibilities) is determined by the program to be less than satisfactory or otherwise worthy of discussion, the Training Director or designee shall meet and discuss his/her performance with the resident. Minutes shall be kept of this discussion. Resident performance as referred to in this policy, shall include, in addition to general clinical skills and expected fund of medical and psychological knowledge at their level of training, the resident behavior and conduct as well as actions which are considered adverse or incompatible to the general philosophy of Cleveland Clinic, including but not limited to, sexual harassment, smoking, appearance, noncompliance with federal regulations and Cleveland Clinic policies.

In the event a resident performance warrants further action the program may:

- provide verbal or written counseling
- issue a performance warning
- not promote for successful graduate from the training
- dismiss the resident from the training program

The action to be taken would be determined by the nature and extent of the inadequacy of general performance or specific egregious violations.

The overall spirit of any counseling or performance warning is one of attempting to assist the trainee in improving in the areas of deficiency. It should be done in a positive fashion and with specific improvements, expectations and timelines that are clear to the trainee. The Pediatric Behavioral Health Residency Program will determine the appropriate course of action as a joint discussion between the Clinical Training Committee and the Training Director. All actions taken within the Corrective Action process may be appealed (See Procedure for Appeal Process) by the resident.

Counseling – Verbal and Written. Although a program has complete discretion regarding the appropriate handling or treatment of a resident performance, the following describes an example of how the counseling status may be applied:

A first step may involve “verbal counseling”. Verbal counseling may occur at any time or several times in a resident training and should be duly noted in the resident’s department file. Verbal counseling can be ongoing and no specific timeline is determine.

If performance continues without the desired improvement, the second step is “written counseling”. The written counseling will involve the delivery of a written memo or other notification to the resident that specifies the reasons for the written counseling and specific improvements, expectations and timeline thereof and be kept in the resident department file. Written counseling will be completed between the Training Director and members of the Training Committee and will be reviewed after 30 days by all creating members. Each review and noted improvements or lack thereof will be documented by the members of the Trainee Committee and kept in the resident department file.

Counseling is intended to be positive and constructive in nature and not negative or derogatory. Counseling, when appropriate whether verbal or written, is considered to be an integral component of the residency education and should never be construed as a limitation or restriction on the resident or involve a special requirement to be met by the resident. Counseling is not disciplinary, probationary or investigatory in nature.

Performance Warning. In the event of unsatisfactory performance (depending upon the nature and/or extent of the unsatisfactory performance) or if at the end of the timeline specified in the written counseling improvement plan, the resident performance has not improved to the extent and within the period of time considered acceptable by the program, the resident may be issued a performance warning. The program invokes performance warning status by written notification to the resident that advises that his/her performance is not satisfactory and that includes a clear statement that the resident is on performance warning. This notice to the resident shall include a detailed description of the unsatisfactory performance, the expectations for performance improvement and time parameters in which performance is to improve. As a result of a performance warning, resident clinical duties and other activities may be restricted or otherwise curtailed by the Training Director.

Performance warning status will be issued for a predetermined period of time (for example, one month) and then reassessed by the Training Committee. The program has the discretion to extend any period of performance warning status, such as in cases in cases when the resident is making progress towards improvement but has not reached satisfactory performance. A resident who has been placed on performance warning shall have this status and his/her progress towards performance improvement reviewed by the Training Director or designee on a regular basis of no less than every month. The Training Director or designee shall inform the resident in writing after each review and when the performance warning has been lifted and that the program is now satisfied with the improvement and current status of their performance.

The Training Director or designee will notify the resident’s graduate program in writing at the commencement of the of performance warning and update the graduate program following each review period or if there are any further changes in the corrective action plan.

Dismissal from Training and Administrative Leaves of Absence. If upon the expiration of the performance warning status or after at least the first periodic review by the Program Director or designee, the resident performance has not improved to the extent considered acceptable by the Program, the resident may be dismissed from the program.

In addition and notwithstanding, a resident may be dismissed from Cleveland Clinic “for cause” or otherwise dismissed from the program or placed on an administrative leave of absence without prior counseling and/or performance warning status for: 1) apparent serious violations of ethical, legal or medical practice standards of conduct 2) patient safety concerns or 3) investigation of adverse incidents/issues involving a resident.

In the event a resident is dismissed from the program under any circumstance or placed on administrative leave of absence, the residents Program Director and the Head of the Center of Pediatric Behavioral Health, shall advise the resident in writing of the dismissal or the administrative leave of absence and the general nature of the grounds therefore.

Appeal Policy

Right to Appeal. The resident may request an appeal by submitting a written request to the Clinical Training Director or Center Head within 2 weeks of the written notification of any corrective action decision.

Procedure for Resident Appeal Process. To initiate the appeal process, the involved resident must provide written notification to the Clinical Training Director or Center Head within two weeks of notification of corrective action. Any resident who initiates an appeal from a dismissal from the program, shall receive salary and benefits during the appeal. If the appeal is upheld, all documentation in the resident file regarding the corrective action will be removed.

Following written notification of an appeal, a thorough non-biased investigation shall be conducted by uninvolved parties. An Appeal Task Force will be formed, which shall consist of three members who have no direct conflict of interest by way of being part of the core training faculty in the Behavioral Health Residency Program.

Once the task force has been appointed, the involved resident and Training Director will provide documentation and general information relative to the action under appeal. The Training Director will be expected to submit documentation that justifies and explains the reason for the action that has been taken and is being appealed. The resident is asked to submit any information that he or she feels may help to explain the grounds for the appeal. Both the Training Director and the involved resident will be asked to provide a list of potential additional information sources at that time. That list may include fellow residents, various members of the faculty, Allied Health personnel or anyone else who may be in a position to have direct knowledge and eventually have an impact on the appeal process decision. The list must include a brief two or three sentence description of each individual recommended explaining why that person is identified and what their potential input would be to the overall process.

The Appeals Task Force will schedule a series of meetings that will comply with the availability of the members, program director and resident, to afford a prompt and fair resolution of the appeal. The program director and the resident will not be present before the task force at the same time. The

resident will be offered an opportunity to present information in his or her defense. After the initial sessions with the program director and the involved resident, the task force will review the list of potential additional information sources and consider receiving testimony from any other individuals. At the discretion of the task force, some of those on the original submitted list may not be called to give information if the reasons for their presence are either excessively redundant or seem inappropriate. At any point throughout this process the training director and/or the resident may be invited to appear before the task force again in order to respond to information that has arisen during the interview of subsequent individuals or to clarify issues.

When the Appeal Task Force feels that it has obtained all of the pertinent information available, it will take the matter under discussion until it is prepared to make a decision. A simple majority of the voting members of the task force present will be required to act on the appeal. That action may either be to sustain the appeal, which in effect negates the action taken by the training program or reject the appeal and thereby sustain the action taken by the program. As part of its decision the Appeal Task Force may also enter specific stipulations and requirements governing the further involvement of the resident. When the Appeal Task Force has come to a majority decision, the information will be relayed to the Clinical Training Director and the resident in writing within one week.

Grievance Process

Occasionally during training, residents experience problems and/or issues that are unable to be resolved within their immediate supervisory experience. The issues may involve a number of areas including but not limited to perceived harassment, unfair treatment, concerns regarding work environment, program noncompliance with APA requirements and/or procedural discrepancies or inequities.

Residents are encouraged to first discuss the problem with the affected parties, such as the specific supervisor or staff member for an informal resolution. If an informal resolution cannot be reached or if the resident does not feel comfortable talking with the affected party directly, residents are recommended to approach either the Training Director or Center Head for resolution of the problem.

If an oral discussion with the Training Director or Center Head does not sufficiently resolve the problem, residents should submit a formal complaint, in writing, to both the Training Director and Center Head. These two individuals will meet to review the complaint and further investigate if necessary. The resident will be notified, in writing, the outcome of this review and proposed resolution to the resident's complaint no greater than two weeks from receiving the written complaint.

Once the resources and channels within a program have been exhausted without satisfactory resolution to the resident, the resident may contact the Human Resources Department (Contact: Anne Knowles, 216.444.5761). The Human Resource Department will commence an investigation immediately upon notification and will notify the resident of a decision or further action to be taken in person. Decisions are typically made within one week; however, if a larger investigation is warranted, a longer period of time is required.

Residents can lodge a complaint about any aspect or element of the training program and at any point during their training and employment within the Cleveland Clinic. This policy is intended to provide residents with the opportunity to raise and resolve issues in their training program without fear of intimidation or retaliation.