

Pediatric Behavioral Health Residency

An Internship in Health Service Psychology, Fully Accredited by the APA CoA

Handbook

2023 – 2024



Welcome

Welcome to the Cleveland Clinic Children's Pediatric Behavioral Health team! You are now an integral part of one of the largest and best medical facilities in the nation and world.

Adjusting to life as a resident can be challenging, and, at times, an institution of this size can feel overwhelming. We recognize this and have structured our Residency Training Handbook to try to 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 Residency Training Committee.

Gerard A. Banez, Ph.D.

Training Director, Pediatric Behavioral Health Residency Program

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Cleveland Clinic

Mission

Caring for life, researching for health, educating those who serve.

Vision

Our vision for Cleveland Clinic is to be the best place for care anywhere and the best place to work in healthcare.

Care Priorities

Patients: *Care for the patient as if they are your own family.*

Cleveland Clinic is here for one reason: to take care of patients. We are known for exceptional care delivered by multidisciplinary teams. We challenge ourselves to get better each year. Our goals are to touch more lives, relieve suffering and provide every patient the best care and experience.

Caregivers: *Treat fellow caregivers as if they were your own family.*

There are nearly 60,000 Cleveland Clinic caregivers around the world. We are the largest employer in Northeast Ohio and the second largest in the state. We promote teamwork, inclusion and integrity. We strive to make Cleveland Clinic the best place to work and grow.

Community: *We are committed to the communities we serve.*

Cleveland Clinic's community benefit goes beyond healthcare services. As an anchor institution, we promote the physical and economic health of our neighborhoods. We are building a future for health education and workforce development that will enhance the region for generations.

Organization: *Treat the organization as your home.*

Cleveland Clinic is a nonprofit organization. All revenues beyond expenses are reinvested in our mission. We care for the organization as if it were our home, by securing its financial health, using resources mindfully and bringing our services to as many people as need our care.

Values



Quality & Safety - We ensure the highest standards and excellent outcomes through effective interactions, decision-making, and actions.

Empathy - We imagine what another person is going through, work to alleviate suffering, and create joy whenever possible.

Inclusion - We intentionally create an environment of compassionate belonging where all are valued and respected.

Integrity - We adhere to high moral principles and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.

Teamwork - We work together to ensure the best possible care, safety, and well-being of our patients and fellow caregivers.

Innovation - We drive small and large changes to transform healthcare everywhere.

Commitment to Principles of Sustainability & Global Citizenship

As a leading healthcare organization committed to sustainability and transparency, we measure our progress in accordance with the UN Global Compact's Ten Principles, UN Sustainable Development Goals and the Global Reporting Initiative standards. Through this report, we communicate progress on the environmental, social and governance issues deemed most significant by our patients, caregivers, communities and global stakeholders. We look forward to continued collaboration and innovation with all of our valued stakeholders to promote public and environmental health.



The four squares represent each of the major areas of the Foundation: Clinic, Hospital, Research and Education. They are also representative of our four founders: Frank E. Bunts, MD, George W. Crile, MD, William E. Lower, MD, and John Phillips, MD.

The large single square signifies unity and the efforts of all those involved to care for the sick, investigate their problems and further educate those who serve.

Facts and Figures-

Patient visits:

In 2020, there were 8.7 million total outpatient visits, 273,000 hospital admissions and observations, and 217,000 surgical cases throughout Cleveland Clinic's health system.

Locations:

Cleveland Clinic is a 6,500-bed health system that includes a 173-acre main campus near downtown Cleveland, 22 hospitals, more than 220 outpatient facilities, including locations in northeast Ohio; southeast Florida; Las Vegas, Nevada; Toronto, Canada; Abu Dhabi, UAE; and London, England.

Employees:

Among Cleveland Clinic's 72,500 employees worldwide are more than 5,050 salaried physicians and researchers, and 17,800 registered nurses and advanced practice providers, representing 140 medical specialties and subspecialties.

Research and education:

Cleveland Clinic has 1,982 residents and fellows in training and 110 accredited training programs, with research funding totaling \$326 million.

Community:

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 2019, our community benefit contribution totaled \$1.3 billion.

About Cleveland Clinic Children's

[Cleveland Clinic Children's](#) earned national recognition from [U.S. News & World Report](#) in nine specialties, including two in the top 10, in the 2023-2024 edition of "Best Children's Hospitals":

- **Cancer (23).**
- **Cardiology and heart surgery (10).**
- **Diabetes and endocrinology (30).**
- **Gastroenterology and gastrointestinal surgery (19).**
- **Neonatology (18).**
- **Nephrology (28).**
- **Neurology and neurosurgery (24).**
- **Pulmonology and lung surgery (30).**
- **Urology (18).**

Cleveland Clinic Children's is dedicated to medical, surgical and rehabilitative care of infants, children and adolescents. The staff uses the latest technology and most recent research to achieve the best possible outcomes.

Children's has more than 300 pediatric specialists who are leaders in research for cardiac care, neurological conditions, digestive diseases and other conditions. More than 80 of our staff are annually named as "Best Doctors" by their peers. Cleveland Clinic Children's is consistently rated among the "Best Children's Hospitals" by *U.S. News & World Report*.

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 22 psychologists and 14 master's-level clinicians and psychometricians, housed over eleven locations across northeast Ohio. CPBH is currently led by Dr. Ethan Benore and Jennifer Manning serves as the Center's administrator.

The Center offers both specialty and generalist services and is actively involved in multiple interdisciplinary clinics and programs. These include:

- Pediatric Pain Rehabilitation Program
- Inpatient Pediatric Rehabilitation
- Inpatient Consultation-Liaison Service
- School-Based Health Program
- Be Well Clinic
- Pediatric Hematology-Oncology Program
- High A1C Clinic
- Integrated Primary Care
- Triage Clinic
- Functional Constipation – Shared Medical Appointment Group
- Additional services evaluating and treating complex pediatric conditions including gender identity concerns, sleep difficulties, Attention-Deficit/Hyperactivity Disorder, learning problems, and feeding disorders.

CPBH Training Locations

Cleveland Clinic Main Campus
9500 Euclid Avenue
Cleveland, Ohio 44195
M Building (inpatient building)
R Building (outpatient center)

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

Avon Pointe Medical Outpatient Center
36901 American Way
Avon, Ohio 44011

Hillcrest Hospital Medical Office Building II
6801 Mayfield Road
Mayfield Heights, OH 44124

Stephanie Tubbs Jones Health Center
13944 Euclid Avenue
East Cleveland, OH 44112

Strongsville Family Health and Surgery Center
16761 South Park Center
Strongsville, Ohio 44136

Residency Clinical Training Committee / Primary Supervisors

Gerard Banez, PhD *Training Director, PBH Residency Program*

Strongsville Family Health and Surgery Center

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Administrative Staff

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Pediatric Behavioral Health Residency

Overview

The *health service psychology internship program* is a twelve-month program in pediatric behavioral health 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 in interdisciplinary settings, utilizing multiple treatment and assessment modalities.

The program is housed within the [Center for Pediatric Behavioral Health](#) at Cleveland Clinic Children's, and training is spread 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 clinical child and pediatric populations, group treatment, and evaluation of common child emotional/behavior 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, specifically within the context of practicing clinical psychology in integrated healthcare settings with child and adolescent populations:

- A. Research
 - a. 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. Demonstrates the substantially independent ability to critically evaluate research from both psychologically and medically-oriented sources and disseminate to both psychological and medical audiences at the local, regional, or national level.
- B. Individual and Cultural Diversity
- a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
 - b. 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.
 - c. 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.
 - d. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
 - e. Be knowledgeable and aware of how cultural and individual diversity impacts pediatric medical healthcare delivery and demonstrate the ability to independently apply this knowledge.
- C. Professional values, attitudes, and behaviors
- a. 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
 - b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
 - e. 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.
- D. Ethical and legal standards
- a. Be knowledgeable of and act in accordance with each of the following:
 - i. the current version of the APA Ethical Principles of Psychologists and Code of Conduct

- ii. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels;
 - iii. relevant professional standards and guidelines.
 - b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - c. Conduct self in an ethical manner in all professional activities.
 - d. 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.
- E. Professional values, attitudes, and behaviors
 - a. 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
 - b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
 - c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
 - d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
 - e. 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.
- F. Communication and interpersonal skills
 - a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
 - b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
 - c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
 - d. 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.
- G. Assessment
 - a. 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.

- b. 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.
- c. 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.
- d. 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.

H. Intervention

- a. Establish and maintain effective relationships with the recipients of psychological services.
- b. Develop evidence-based intervention plans specific to the service delivery goals.
- c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
- e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
- g. 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.

I. Supervision

- a. Demonstrate knowledge of supervision models and practices
- b. 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.

J. Consultation and Interprofessional/interdisciplinary skills

- a. Demonstrate knowledge and respect for the roles and perspectives of other professions.
- b. 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.
- c. 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).

All interviews will be conducted virtually. 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 fully accredited by the American Psychological Association.

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 MyLearning courses prior to the start of your training. These courses are required to comply with federal laws on Occupational Safety & Health Administration (OSHA) Blood borne Pathogens and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Other required courses as assigned.
5. Complete all institutional as well as program specific mylearning online learning modules determined for your job classification. MyLearning 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 (I9) 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 November 15th, 2021, the American Psychological Association Commission of Accreditation (CoA) voted to award our residency program "Full Accreditation." Consistent with Accreditation Operating Procedures, programs moving from contingent to full accreditation are eligible for up to three years of full accreditation. Our next accreditation site visit will be scheduled in 2024.

Questions about the training may be emailed to the Training Director, Dr. Gerard Banez (banezg@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, clinical rotations are four-six months in length. Rotations are offered across various locations in northeast 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 choice of an elective rotation, along with a second option, with every effort being made to ensure residents will be scheduled in their first or second choice.

Acute Inpatient C/L Service: The inpatient CL team provides evaluation and treatment to patients admitted at Main Campus and Hillcrest Hospital, including critical care and general medical-surgical units. Typical consults include interventions related to organ failure and transplant, diabetes, treatments requiring PICU/NICU admissions, somatic symptom disorders, medical trauma, and non-adherence. In addition to treating patients, residents are expected to participate in interdisciplinary consultation with the patient's medical team.

Primary Supervisor: Dr. Emily Mudd

Location: Main Campus

Dr. Katherine Corvi

Hillcrest Hospital

Be Well Clinic: Be Well Clinic offers medical, psychological, and nutritional care in a multidisciplinary clinic for children and adolescents with overweight and obesity-related medical complications. Psychology staff work alongside the medical team and other disciplines to treat children in a comprehensive and coordinated manner.

Primary supervisor: Dr. Taylor Stephens

Location: Main Campus – R2

Pediatric Hematology-Oncology Program is housed within the department of pediatric hematology-oncology and provides consultation and individual treatment to a variety of patients with hematology-oncology needs. Evaluation and treatment is coordinated closely with each patient's medical team.

Primary supervisor: Dr. Kate Eshleman

Location: Main Campus - R2

Continuity Clinic: This year-long outpatient experience allows residents to follow patients for an extended period of time and see a breadth of presenting problems at a single location, with a full-year supervisory relationship.

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 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 late afternoon (3-4 groups throughout the year. There is opportunity to plan and participate in anxiety coping groups and social skills groups.)

Supervisor: Dr. Amy Lee

Location: Avon Pointe

At Strongsville, the resident should expect to be at Strongsville FHSC by 8:30am. 9-11am will be reserved for new patient evaluations. Supervision will take place at 11 am with Dr. Banez. The resident should generally plan to pack a lunch. Follow up patients will be scheduled on an

hourly basis in the afternoon. Over the course of the year, there may be opportunities to participate and co-lead groups, which will be scheduled late afternoon.

Supervisor: Dr. Gerard Banez

Location: Strongsville FHSC

At Main Campus, residents should generally expect their day to be from 8:00 a.m. to 5:30/6:00 p.m. For the first half of the year, the resident will be in continuity clinic in the morning, which will be divided between new patient evaluations and follow up slots, with the balance dependent on patient care needs and resident interest/ availability. Individual supervision will occur over the noon hour on Tuesdays for the first six months of the rotation, and at 1:00 p.m. on Wednesdays for the second six months of the rotation. Residents may plan to pack a lunch, or purchase lunch on campus. The second half of the year the continuity clinic will expand all day, maintaining balance between new patient evaluations and follow up slots, depending on the elements described above. Additional activities will including completing documentation and other activities that may arise (i.e., multidisciplinary team meetings, patient care meetings, etc.)

Supervisor: Dr. Kate Eshleman

Location: Main Campus R building

Functional Constipation Shared Medical Appointment is a multidisciplinary group integrating pediatric behavioral health, gastroenterology, and child life in the treatment of pediatric encopresis and toileting aversion. The initial group is four consecutive weekly sessions, with follow-up treatment appointments incorporated into this time block as well.

Primary Supervisor: Dr. Katherine Corvi

Location: Virtual Visits

Hillcrest Hospital

Inpatient Pediatric Rehabilitation: This consultation-liaison service treats patients on the two inpatient rehabilitation units and the outpatient dialysis unit at the Children's Hospital for Rehabilitation. Patients are typically admitted for prolonged periods following acute accidents or illness and require extensive medical treatment; physical, occupational, and speech therapies, and psychological care. The psychology service assists the medical and therapy teams to ensure the most beneficial outcomes. Residents are expected to see at least 1-2 cases during their rotation.

Primary Supervisor: Dr. Pam Senders

Location: CCCHR

Integrated Primary Care Clinics: This year-long outpatient experience is divided across two locations, Stephanie Tubbs Jones Health Center (STJHC) in East Cleveland and Hillcrest Hospital. Residents serve as a member of an interdisciplinary team to promote wellness and address behavioral health concerns. Patients represent diverse cultural, racial, and socioeconomic backgrounds. Common presenting concerns include internalizing and externalizing problems, developmental questions, adjustment to medical condition(s), pill swallowing difficulties, and sleep disturbance. Experiences will include same-day consultations (warm hand offs), as well as brief episodes of problem-focused psychotherapy.

At Hillcrest, the resident will be on site from 8:00 AM to 5:00 PM. Supervision will be scheduled at a mutually convenient time and is also available as needed throughout the day.

Supervisor: Dr. Sam Bellinger

Location: Hillcrest Hospital

At STJHC, the resident will be on site from 8:00 AM to 5:00 PM. We will have direct/live supervision throughout the day as well as more traditional supervision before each clinical session (i.e., 8:00 AM to 8:30 AM, 12:30 PM to 1:00 PM).

Supervisor: Dr. Catrina Litzenburg Location: STJHC

Multidisciplinary High A1C Clinic: The resident will be involved in providing psychological care as part of a multidisciplinary clinic for children that have poorly controlled Type I and Type II diabetes mellitus. Other providers include an endocrinology provider, dietitian, and social worker. There is open communication and warm handoffs among team members. This clinic afternoon typically begins around 1:00 p.m. and finishes around 4:00 P.M. The remainder of the afternoon will involve documentation and attending to other patient care needs, as appropriate.

Primary Supervisor: Taylor Stephens, PhD

Location: Main Campus - R2

Pediatric Pain Rehabilitation Program: This is an intensive interdisciplinary pain treatment 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. Ethan Benore

Location: CCCHR

Triage Clinic: This clinic is designed to evaluate, diagnose, and support children and adolescents with a wide variety of emotional/behavioral problems. Our team facilitates further evaluation and coordination with other Cleveland Clinic Children's providers. We provide comprehensive recommendations for patients and families, and we assist with connections to useful community resources.

Primary supervisor: Dr. Hilary Alexander

Location: CCCHR

Training in Clinical Supervision. Supervision training will be offered in the form of a focused didactic on clinical supervision and six (6) resident-led case conferences, overseen by RTC staff. These conferences will provide opportunities to practice different supervision models and get instructional feedback from staff. Umbrella supervision opportunities may be possible and can be arranged for interested residents when available.

Research Training. Each resident will present their dissertation research at the June CPBH quarterly staff meeting and lead a journal club presentation for RTC staff and fellow residents. They will also attend a clinical research didactic series. Independent research is not required but can be scheduled as an add-on or elective experience. Prior to adding research, however, completion of dissertation is encouraged. If additional research is elected, this research is also an option for the June presentation.

Elective Rotation. Residents are provided a half-day per week for four-six months to tailor their curriculum based on their clinical training goals. The elective rotation may include a) additional time spent in a required rotation in which they would like to have more in-depth training, b) a different training option offered as part of the residency outside of their area of emphasis, c) a different training

option offered outside a currently established rotation (eg, Autism Clinic, Developmental Pediatrics Assessment, GI Clinic, School-Based Health Program), or d) additional training outside of direct patient care including social justice advocacy, program development, or a more significant research project. Residents may also choose some combination of the above, as this rotation is designed to be flexible and without expectation. Clinical training electives will primarily be observational given the brevity of the rotation. Residents are requested to provide the Training Director with their requests of this rotation prior to the elective period so that appropriate arrangements can be made. Every effort will be made to ensure residents are able to complete their top choice(s), although this cannot be guaranteed.

Overview of Rotations by Area of Emphasis.

	Integrated Primary Care	Pediatric Pain	Pediatric Psychology
Multidisciplinary Clinics/Programs			
-Pediatric Pain Rehabilitation Program		✓	✓
-BeWell Obesity Clinic			✓
-High A1C (Diabetes Mellitus) Clinic			✓
-Functional Constipation SMA	✓	✓	✓
Consultation/Liaison			
-Integrated Primary Care	✓		
-Acute Inpatient C/L Service	✓	✓	✓
-Inpatient Rehabilitation C/L Service		✓	✓
Pediatric Behavioral Medicine			
-Hematology-Oncology Program	✓	✓	✓
Group Treatment			
-Functional Constipation SMA	✓	✓	✓
Assessment and Evaluation			
-Evaluation of Medical/Psychological Problems	✓	✓	✓
-Triage Clinic	✓	✓	✓
Outpatient Treatment (Continuity Clinic)	✓	✓	✓
Supervision	✓	✓	✓
Research	✓	✓	✓
Elective Rotation	✓	✓	✓

Clinical Rotation Schedules

Pediatric Pain Track

July 11 – March 8

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Pain/Rehab (Children's Rehab)	Pain/Rehab (Children's Rehab)	Continuity Clinic (Strongsville)	Didactics	Pain/Rehab (Jul-Nov) Triage Clinic (Nov-Mar)
PM	Pain/Rehab (Children's Rehab)	Pain/Rehab (Children's Rehab)	Continuity Clinic (Strongsville)	Pain/Rehab (Children's Rehab)	Pain/Rehab (Children's Rehab)

March 11 – July 10

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	C-L (Main)	Hematology- Oncology (Main)	Continuity Clinic (Strongsville)	Didactics	Functional Constipation Group (Hillcrest)
PM	C-L (Main)	Hematology- Oncology (Main)	Continuity Clinic (Strongsville)	Elective	C-L (Hillcrest)

Pediatric Psychology Track

July 11 – March 8

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	C-L/Be Well (Main/Jul-Nov) C-L (Main/Nov-Mar)	Hematology- Oncology & Continuity Clinic (Main)	Continuity Clinic (Main)	Didactics	Functional Constipation Group (Hillcrest)
PM	C-L/Be Well(Main/Jul- Nov) C-L (Main/Nov-Mar)	Hematology- Oncology (Main)	High A1C Clinic (Main)	C-L (Main) (Jul-Nov) Elective (Nov-Mar)	C-L (Hillcrest)

March 11 – July 10

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Pain/Rehab (Children’s Rehab)	Continuity Clinic (Main)	Continuity Clinic (Main)	Didactics	Triage Clinic
PM	Pain/Rehab (Children’s Rehab)	Pain/Rehab (Children’s Rehab)	Pain/Rehab (Children’s Rehab)	Pain/Rehab (Children’s Rehab)	Pain/Rehab (Children’s Rehab)

Integrated Primary Care Track

July 11 – January 5

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	IPC (Hillcrest)	Continuity Clinic (Avon Pointe)	IPC (STJ)	Didactics	Triage Clinic (Children’s Rehab)
PM	IPC (STJ)	Continuity Clinic (Avon Pointe)	IPC (STJ)	Elective	Umbrella Supervision (Children’s Rehab)

January 8 – July 10

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	C-L (Main)	Continuity Clinic (Avon Pointe)	IPC (Hillcrest)	Didactics	Functional Constipation SMA (Hillcrest)
PM	C-L (Main)	Continuity Clinic (Avon Pointe)	IPC (Hillcrest))	TBD	C-L (Hillcrest)

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 at 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 expected 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 providing co-treatment with 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. At the Children's Hospital for Rehabilitation, residents are expected to maintain a total inpatient caseload of 2-3 patients combined between the Pediatric Pain Rehabilitation Program and Inpatient Rehabilitation Service. Residents will work jointly with Drs. Benore 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 last 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 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.

Tele-supervision. In the event that the supervisor and/or supervisee is unavailable for the regularly scheduled face-to-face supervision, tele supervision may be utilized on an intermittent basis in order to maintain appropriate and continuous patient care. In such circumstances, tele supervision will be mutually agreed-upon between the supervisors and resident and will occur over a secure phone line or secure virtual connection (eg, Teams) 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 tele-supervision. 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. Residents will be expected to attend all seminars and arrive prepared, having read all assigned readings and completed all preseminar assignments. The specific schedule will be sent electronically to residents as speakers are confirmed. Residents are expected to consult their Outlook Calendars for specifics on these meetings and “accept” all meeting requests sent by the Training Director.

Health Equity & Social Justice : The Health Equity & Social Justice emphasis is designed to prepare clinical trainees to act on the systemic inequities that contribute to behavioral health disparities. The emphasis is designed as a programmatic and longitudinal curriculum involving knowledge acquisition through didactics and practical skill development through trainings and experiential learning. The components work together to provide trainees with a comprehensive understanding of the historical and contemporary drivers of inequity and the structural factors that maintain a complex ecosystem of inequities. The emphasis consists of the following:

- A programmatic series of didactics and seminars;
- Experiential learning opportunities related to equity (e.g., live tour & discussion of historical markers of race relations in Cleveland, exploring power and privilege activities, social positioning activity, walk a mile activities)
- Practical experience related to emphasis content;
 - Service learning and community outreach and engagement opportunities with marginalized populations;
 - Advocacy activity- Writing policy brief, legislative day, involvement with state entity’s mental health activities
- Training in public policy and advocacy;
- Scholarly work opportunities in behavioral health equity;
- Engagement with an online living space for social change

Completion of the emphasis will further develop and refine trainees’ skills in structural competency including structural analysis of healthcare (including behavioral healthcare) disparities, and is designed to better equip and position trainees to engage in efforts that address structural inequity moving forward.

Assessment: The assessment didactic will cover a range of topics (e.g., interviews, questionnaires, checklists, monitoring measures) appropriate for pediatric psychologists in an academic medical center or outpatient pediatric setting. A primary focus will be real-world assessment using empirically-supported strategies, for both diagnostic and treatment-related purposes.

Research: The focus of this emphasis is on research in an academic medical center setting. Each session will include a presentation on a specific research topic and provide opportunities for active work on the tool presented and sharing of research progress. Topics covered will include tips and tools to conduct research, research mentoring, design and methods, research process in a career, analysis & statistics, and the publication process.

Supervision: The supervision didactic will consist of learning models of supervision, ethics and supervision processes within a hospital based practice. With this knowledge in hand, there will then be practical sessions for understanding and using the skills discussed. This will be done in a series of case conferences sessions throughout the year where all the residents will work together in different roles (supervisor, supervisee, and observer) to conceptualize a resident selected case, to practice process-oriented and strategy-oriented supervision and support one another with challenging cases. This is a dynamic didactic that will work to enhance knowledge, self-awareness and skills.

Professional Development 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.

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.
- Pediatric Grand Rounds are held weekly on Tuesday morning from 8-9 am. *Screened live and recorded.*
- Wellness Virtual Grand Rounds are scheduled on the 2nd Tuesday of the month, 12:00 – 1:00 pm (<https://cle.clinic/wellnessgrandrounds>)

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. Mentors will be assigned at the beginning of the training year.

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.

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 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 \$47,476
- Accrued PTO days to amount in a total of 6 Recognized Holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) and an additional 20 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 am – 5pm, Monday through Friday, unless otherwise designated in their rotation/clinical schedule. There will be various training activities that begin prior to 8:00 am or end after 5 pm 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 time, 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 as well as the residency coordinator. 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 20 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 20 days total during the duration of the program. Any unused PTO will be paid out at the end of the resident's employment.

The Medhub system is used to formally request all PTO/absence requests, which will then be sent to the department coordinator 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 medhub 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 (e.g. illness) 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 100 hours of didactic instruction.
3. Completion of research requirement as described above, including presentation of dissertation research at June CPBH quarterly staff meeting , journal club presentation for RTC staff and fellow residents, and attending clinical research didactic series.
4. 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 for each clinical domain in the final evaluation period.

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.

Maintenance of Records. The program documents and permanently maintains records of residents' training experiences (i.e. Time2Track reports along with any verifying data), evaluations (both quarterly

and cumulative), and certificates of internship completion for evidence of the resident's progress through the program as well for future reference for credentialing purposes. These records are held electronically in secure folders by the Training Director and transferred to future and/or interim Training Directors when applicable.

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