Cleveland Clinic

Pediatric Behavioral Health Residency

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

Handbook

2026– 2027

Welcome

Welcome to the Cleveland Clinic Children's Division of Pediatric Psychology team! You are now an integral part of one of the largest and best medical facilities in the nation and the 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 help address it.

When you have questions, ask your peers and, if you must speak with members of the Residency Training Committee, refer to this manual.

Gerard A. Banez, Ph.D.
Training Director, Pediatric Behavioral Health Residency Program

Table of Contents

Cleveland Clinic

Mission

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

Vision

Our vision for the 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 were your own family.*

The Cleveland Clinic is here for one reason: to care for patients. We are recognized for delivering exceptional care through multidisciplinary teams. We challenge ourselves to get better each year. Our goals are to touch more lives, relieve suffering, and provide every patient with the best care and experience.

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

There are nearly 83,000 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 the 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 to come.

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 them.

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 upholding 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

Cleveland Clinic supports healthy environments for healthy communities. As healthcare providers, we have a responsibility to safeguard the health of our communities by addressing the environmental impact of our operations. As a recognized leader in our industry, we can lead by example by adopting the best environmental practices to deliver exceptional patient care. We measure our progress in accordance with the UN Global Compact's Ten Principles, UN Sustainable Development Goals, and the Global Reporting Initiative standards. In this report, we communicate progress on the environmental, social, and governance issues most significant to our patients, caregivers, communities, and global stakeholders. We look forward to continued collaboration and innovation with all our valued stakeholders to promote public and environmental health.

Cleveland Clinic

The four squares represent the Foundation's major areas: Clinic, Hospital, Research, and Education. They also represent 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 in caring for the sick, investigating their problems, and further educating 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 the 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 and 22 hospitals, as well as more than 220 outpatient facilities across northeast Ohio, southeast Florida, Las Vegas, Nevada, Toronto, Canada, Abu Dhabi, UAE, and London, England.

Employees:

Among the Cleveland Clinic's over 83,000 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 2024-2025 edition of "Best Children's Hospitals":

- **Cancer (31).**
- **Cardiology and heart surgery (9).**
- **Diabetes and endocrinology (26).**
- **Gastroenterology and gastrointestinal surgery (17).**
- **Neonatology (12).**
- **Nephrology (43).**
- **Neurology and neurosurgery (30).**

- **Pulmonology and lung surgery (39).**
- **Urology (30).**

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 named "Best Doctors" annually by their peers. Cleveland Clinic Children's is consistently rated among the "Best Children's Hospitals" by *U.S. News & World Report*.

Division of Pediatric Psychology

The Division of Pediatric Psychology is housed within the Children's Institute of the Cleveland Clinic. The Division of Pediatric Psychology currently consists of 30 psychologists and 30 master 's-level clinicians and psychometricians, housed over eleven locations across northeast Ohio. Dr. Ethan Benore currently leads our division, and Joe Knapp 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
- Functional Constipation – Shared Medical Appointment Group
- Pediatric Cardiology Neurodevelopmental Support Program
- 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

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

Independence Family Health Center
6000 West Creek Road
Independence, OH 44131

Residency Clinical Training Committee / Primary Supervisors

Gerard Banez, PhD, *Training Director, PBH Residency Program*
Strongsville Family Health and Surgery Center
216.878.2500

Hilary Alexander, PhD, LPCC-S
Cleveland Clinic Children's Hospital for Rehabilitation
216.445.7574

Samantha Bellinger, PsyD
Hillcrest Hospital Medical Office Building
216.312.9471

Ethan Benore, PhD
Head, Division of Pediatric Psychology
Cleveland Clinic Children's Hospital for Rehabilitation
216.448.6253

Katherine Corvi, PsyD
Hillcrest Hospital Medical Office Building
216.312-9471

Abby Demianczyk, PhD
Main Campus, R2-177
216-695-0944

Kate Eshleman, PsyD
Main Campus, R1
216.444.9323

Vanessa Jensen, Psy.D.
Willoughby Hills Family Health Center
216.636.5860

Kathryn Jones, PhD
Independence Family Health Center
216.986.4090

Amy Lee, PhD
Avon Pointe Medical Outpatient Center
440.930.6250

Emily Mudd, PhD
Main Campus, R2
216.442.4329

Jennifer Ramasami, Ph.D.
Cleveland Clinic Children's Hospital for Rehabilitation
216.402.6745

Gina Rhodes, PhD
Fairview Hospital Medical Office Building
Suite 233B
(216) 448-6310

Pamela Senders, PhD
Cleveland Clinic Children's Hospital for Rehabilitation
(216) 448-6282

Taylor Stephens, PhD
Main Campus, R2
216.442.5164

Alina Vaisleib, PsyD
Main Campus, R2
216.442.5164

Administrative Staff
Joe Knapp - *Division Manager*

Alice Ewida
Residency Coordinator
ewidaa@ccf.org
216.403.7822

Pediatric Behavioral Health Residency

Overview

The *health service psychology internship program* is a 12-month program in pediatric behavioral health designed to prepare advanced doctoral students for clinical practice in integrated healthcare settings with child and adolescent populations. Attention is paid to training the residents to work with a variety of clinical and pediatric populations in interdisciplinary settings, utilizing multiple treatment and assessment modalities.

The program is housed within the Division of Pediatric Psychology 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 regional Cleveland Clinic Family Health Centers, which serve 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.

Competency

The internship program in Pediatric Behavioral Health is designed to prepare advanced doctoral students for clinical practice in integrated healthcare settings with child and adolescent populations. The program is designed to build upon trainees' 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 to apply a framework to work effectively with areas of individual and cultural diversity that they have not previously encountered in 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 apply this knowledge independently.

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 on 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 with whom 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 to resolve the dilemmas.
c. ethically conduct oneself 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 applying ethical decision-making 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 on 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 with whom 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, including 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 accurately and effectively, 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 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, and modify and adapt approaches as necessary when clear evidence 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 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 towards, 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 the Cleveland Clinic:

- Current enrolment in an APA-accredited degree-grant 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 a related profession during their training.
- 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 their graduate program, as listed in Part II of the APPIC application form.

Selection. The residency program will select from eligible applicants based on residency-program-related criteria such as preparedness, ability, aptitude, academic credentials, written and verbal communication skills, and motivation and integrity. Decisions concerning employment, transfers, and promotions are made based on 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 the Association of Psychology Postdoctoral and Internship Centers (APPIC). Details are available at the APPIC website (www.appic.org).

All interviews will be conducted virtually—members of the Residency Training Committee screen applications. 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 the start and end dates, residency salary, contact information for the Training Director, and other relevant details 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 a urine test for substance abuse. As the 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 nicotine in all forms of tobacco. *Appointments offered to prospective residents and* fellows who test positive will be rescinded. Those individuals who test positive and then test negative after 90 days may be reconsidered for an appointment at the program director's discretion if the residency position remains 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 before the start of your training. These courses are required to comply with federal laws, including the Occupational Safety & Health Administration (OSHA), Bloodborne Pathogens standard, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Other required courses as assigned.
5. Complete all institutional and program-specific MyLearning online learning modules assigned for your job classification. MyLearning modules must be completed within the established timeframe (30 and/or 90 days from the 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 before 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 is available at 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 May 13th, 2026, the American Psychological Association Commission of Accreditation (CoA) voted to reaffirm "Full Accreditation" to our residency program. Our next accreditation site visit will be scheduled for 2035.

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 to six months in length. Rotations are offered across various locations in northeast Ohio. Please refer to the locations section of the Handbook for details on specific locations and contact information. Before the start of the program,

residents will be asked to provide their first and second elective rotation choices, with every effort made to ensure they are 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

The 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 are 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 and see a breadth of presenting problems at a single location, with a full-year supervisory relationship.

At ***Children's Rehab,*** continuity clinic will be offered on Tuesdays from 8:00 am-12:00 pm and Thursdays from 1:00 pm-5:00 pm. Both the morning and afternoon blocks will include new and follow-up patients. The resident's schedule will be monitored to ensure availability for an established patient caseload that is developed and modified over time. One hour of individual supervision will be held at an established time each week. Residents may pack a lunch or purchase one on campus.

Supervisor: Dr. Benore Location: Children's Hospital for Rehabilitation

At **Hillcrest**, the resident should plan to be in the clinic from 8:00 to 5:00. Supervision will take place at 1:00 PM on Tuesdays with Dr. Bellinger. Lunch will be from 12:00-1:00, and residents may pack lunch, order in, or go out. There will be a morning block of patients from 9:00-12:00 and an afternoon block from 3:00-5:00, including both new and follow-up patients. Additional patient experiences include warm handoffs, which can occur at any point during the clinic day. Residents may also choose to shadow primary care pediatricians at the beginning of the year and participate in monthly clinic staff meetings.

Supervisor: Dr. Sam Bellinger Location: Hillcrest Medical Office Building 2

At *Main Campus*, residents should generally expect patient care from 8:00 a.m. to 5:00 p.m. Days will initially be divided between new patient evaluations and follow-up slots, with the balance depending on patient care needs and resident interest/availability. The resident's schedule will be monitored to ensure sufficient availability for the established patient caseload, which is developed over time and modified accordingly. One hour of individual supervision will occur at an established time on the day of the resident's continuity clinic. Residents may pack a lunch or purchase one on campus. Additional activities will include completing documentation and other tasks as they arise (e.g., multidisciplinary team meetings, patient care meetings).

Supervisor: Dr. Eshleman Location: Main Campus R building

The Cardiology Neurodevelopmental Support Program provides psychological testing for 3-5-year-olds with congenital heart disease who are at increased risk for experiencing developmental delays. Psychological testing is offered as one component of a comprehensive interdisciplinary assessment that evaluates cognitive abilities and preschool or school readiness.

Primary Supervisor: Dr. Abby Demiancyzk Location: CCCHR

Functional Constipation Shared Medical Appointment is a multidisciplinary group that integrates pediatric behavioral health, gastroenterology, and child life to treat 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: Residents serve on an interdisciplinary team to promote wellness and address behavioral health concerns. Patients represent a diverse range of 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 handoffs) and 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
Dr. Katie Jones Independence FHC

High A1C Clinic: The resident will be involved in providing psychological care as part of a multidisciplinary clinic for children with poorly controlled Type I and Type II diabetes mellitus. Other providers include an endocrinology provider, a dietitian, and a social worker. There are open communication and warm handoffs among team members. This clinic afternoon typically runs from 1:00 p.m. to 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 restore their daily activities. It consists of inpatient and day hospital components, blending pediatric subspecialty care, behavioral health, and rehabilitation therapies in an individualized yet coordinated manner.
Primary supervisor: Dr. Ethan Benore Location: CCCHR

ADHD Center for Evaluation and Treatment (ACET): ACET offers a variety of programs and services for children and adolescents with ADHD and their families. Services include state-of-the-art evaluations, consultations, parent and teen coaching, and individual therapy programs (medication monitoring, individual therapy consultation, summer treatment program, and ADHD skills & parent education groups). Programming is aimed at providing caregiving and instruction skills for living with ADHD.

Training in Clinical Supervision. Supervision training will be offered through 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. Before adding research, however, it is encouraged to complete the dissertation. If additional research is conducted, this option is also available for the June presentation.

Elective Rotation. Residents are provided with half a day per week for four to six months to tailor their curriculum to 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 (e.g., 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 due to the rotation's brevity. Residents are requested to submit their requests for this rotation to the Training Director prior to the

elective period so that appropriate arrangements can be made. Every effort will be made to ensure that residents can 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		x	
-High A1C (Diabetes Mellitus) Clinic			x
-Functional Constipation SMA	x		x
-Cardiology	x		x
Consultation/Liaison			
-Integrated Primary Care	x		
-Acute Inpatient C/L Service	x		
-Inpatient Rehabilitation C/L Service		x	
Pediatric Behavioral Medicine			
-Hematology-Oncology Program			x
- Headache Clinic		x	
Group Treatment			
-Functional Constipation SMA	x		x
-MBS/Parent Groups		x	
- Pain Groups		x	
-ADHD Groups	x		
Assessment and Evaluation			
-Cardiology	x		x
- Headache Clinic		x	

- ADHD Clinic	x		
Outpatient Treatment (Continuity Clinic)	x	x	x
Supervision	x	x	x
Research	x	x	x
Elective Rotation	x	x	x

Clinical Rotation Schedules

Pediatric Pain Track

1st semester

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Pain/Rehab (Children's Rehab)	Continuity Clinic (Children's Rehab)	Pain/Rehab (Children's Rehab)	Didactics	Elective
PM	Pain/Rehab (Children's Rehab)	Pain/Rehab (Children's Rehab)	Pain/Rehab (Children's Rehab)	Continuity Clinic (Children's Rehab)	Pain/Rehab (Children's Rehab)

2nd semester

	MONDAY	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**
AM	**Pain/Rehab (Children's Rehab)**	**Continuity Clinic (Children's Rehab)**	**Pain/Rehab (Children's Rehab)**	**Didactics**	**Elective/Inpatient C-L (final 4 months on Main)**
PM	**Pain/Rehab (Children's Rehab)**	**Pain/Rehab (Children's Rehab)**	**Pain/Rehab InpatientC-L (final 4 months on Main) (Children's Rehab)**	**Continuity Clinic (Children's Rehab)**	**Pain/Rehab (Children's Rehab)**

Pediatric Psychology Track

1st semester

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Continuity Clinic	C-L	Cardiology	Didactics	C-L
PM	Continuity Clinic	C-L	High A1C	Elective	C-L

2nd semester

MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Elective	H-O	Cardiology	Didactics	Functional Constipation Group (Hillcrest)
PM	**Be Well Clinic**	H-O	High AIC	Elective	C-L (Hillcrest)

<u>IPC Track</u>

1st semester

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Cardiology	IPC (Hillcrest)	IPC (Hillcrest)	Didactics	Toileting Clinic
PM	Cardiology	IPC (Hillcrest)	IPC (Hillcrest)	IPC (Independence)	C-L (Hillcrest)

2nd semester

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Autism	IPC (Hillcrest)	IPC (Hillcrest)	Didactics	ADHD/STP
PM	Autism	IPC (Hillcrest)	IPC (Hillcrest)	Elective	ADHD/STP

Clinical Expectations

Direct Clinical Hours. Psychotherapy and consultation are fundamental aspects of 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, assessment, and interpretation, as well as group and individual interventions, and consultation with other professionals. Not all resident clinical contact hours may be billed by the residents, such as times when they are providing co-treatment with a supervisor or co-leading a group.

Residents will spend additional time on patient care activities that do not count toward this minimum expectation, including patient phone calls, report writing, clinical documentation, care coordination, 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 across the Pediatric Pain Rehabilitation Program and the Inpatient Rehabilitation Service. Residents will work jointly with Drs. Benore, Senders, and Ramasami are to ensure that their inpatient caseload remains within this range, without exceeding or falling below it. 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 for maintaining records of their direct clinical hours and written reports using the Time2Track online software. Time2Track enables trainees to document a range of detailed information encompassing each of their training activities. Residents are required to document these hours under the "pre-doctoral internship" level.

Accurate and honest documentation of clinical training activities is crucial to residents' records and is often required by many states 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 midpoint and again after each rotation, for a total of 4 submissions throughout the Program, to ensure they remain on track to complete the program successfully. While accurate documentation of hours is the resident's responsibility, these records will be intermittently cross-validated against the enterprise's billing system to ensure fidelity.

Residents who are not on track to meet the minimum required clinical contact hours or evaluation reports will be subject to the Corrective Action Policy described below, which typically begins 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 resolved through verbal counseling, the program will continue to follow the Corrective Action Policy, with subsequent actions taken as necessary. Please refer to this section of the Handbook for details.

Supervision

Residents will receive at least 4 hours of supervision per week, including at least 3 hours of individual face-to-face supervision with licensed psychologists. Specific supervision times for each rotation, including notations of individual vs group supervision, are described in the Clinical Rotation Schedule above. Each primary supervisor for each significant rotation is expected to maintain scheduled supervision times with the resident, as described in the schedule above. In situations where regularly scheduled supervision time is not possible due to intermittent scheduling conflicts, illness, vacation, or other reasons, 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 in maintaining regularly scheduled supervision times, either by the supervisor or the resident, should be brought to the attention of the training director and/or the training committee.

Tele-supervision. If the supervisor and/or supervisee are unavailable for the regularly scheduled face-to-face supervision, tele-supervision may be used intermittently to maintain appropriate and continuous patient care. In such circumstances, tele-supervision will be mutually agreed upon by the supervisors and the resident and will occur over a secure phone line or a secure virtual connection (e.g., Teams), strictly maintaining the privacy and confidentiality of both the resident and the patient. In any case where the supervisor is not present on-site to treat residents for any amount of time, an on-site supervisor must also be designated for crisis management and in the event of technological malfunctions that preclude tele-supervision. The off-site supervisor may retain full professional responsibility for the clinical care provided to residents during this time, in accordance with Ohio psychology rules and regulations. Alternatively, the supervisor may designate an on-site supervisor to hold responsibility during their absence, provided this is communicated to the resident.

Seminars and Scholarly Training Activities

Residents are required to attend all Program-specific training activities and any other training 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 not to interfere with attendance at required training activities. Some training activities, such as certain grand rounds, are optional and will need to be discussed with the rotation supervisor to accommodate attendance if particularly interesting and relevant.

The regularly scheduled seminars will be held on Thursday mornings. Residents will be expected to attend all seminars and arrive prepared, having completed all assigned readings and pre-seminar 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.

Assessment: The assessment didactic will cover a range of topics (e.g., interviews, questionnaires, checklists, monitoring measures) appropriate for pediatric psychologists in academic medical centers or outpatient pediatric settings. 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 with

the presented tool and for sharing research progress. Topics covered will include tips and tools for conducting research, mentoring, design and methods, the research process in a career, analysis & statistics, and the publication process.

Supervision: The supervision didactic will cover supervision models, ethics, and processes within a hospital-based practice. With this knowledge in hand, there will be practical sessions to understand and use the skills discussed. This will be done in a series of case conference sessions throughout the year, where all the residents will work together in different roles (supervisor, supervisee, and observer) to conceptualize a resident-selected case, practice process- 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 increase 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.

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

Various Grand Rounds and additional training opportunities are held regularly throughout the Cleveland Clinic. Residents are encouraged to attend as many talks as possible that are relevant to their training and level of interest. Most Grand Rounds are now screened live via the Cleveland Clinic intranet, making it easier to incorporate 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 – 1 pm.
- 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 at 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 them in a timely manner will result in residents not receiving credit for this required component of the residency.

Mentorship

Residents are assigned a faculty mentor, providing an opportunity to establish a professional mentorship relationship with a non-evaluative member of the training committee. Residents are required to meet with the mentor at least quarterly to establish and maintain a relationship but are encouraged to meet as regularly as the resident finds beneficial. Meetings will typically occur outside the office setting at 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 resident's prior knowledge. 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 the midpoint and at the end of each rotation. Supervisors are required to review the evaluations with the residents in person near the halfway mark and before 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 resident's file.

Summative Evaluations. The Training Director will meet with residents to provide a summary of objective assessments of clinical competencies and experience. This will include a review of individual supervisor competency evaluations, self-evaluations, and Time2Track data on experiences obtained. Summative evaluations by the Training Director will be provided six months into the residency program and again prior to its end. Documentation will be completed and shared with the residents, indicating performance appropriate to the graduate level with progressive responsibility. Residents can also review their individual evaluations and/or an aggregate view by contacting the Clinical Training Director at any point during the program. The training director will also provide a summative evaluation for each resident after the program. This final evaluation will be accessible for review by the residents. It 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 adjust accordingly.

Each teaching evaluation includes required Likert-scale questions on clinical teaching abilities, clinical knowledge, communication skills, feedback skills, supervisory skills, professionalism, and commitment to the training program. Residents have the option to supplement their answers with comments on a faculty member's strengths and suggestions for improvement in the open comment boxes throughout the evaluation.

Evaluation of Training Programs. Upon completion of the Program, residents are required to evaluate the residency's strengths and weaknesses by completing the Cumulative Feedback Form. Residents can answer questions about a range of factors that contribute to their overall impressions of their respective programs. The questions are either Likert-scale or Yes/No, with required and optional comment boxes throughout the form. Information gathered from program evaluations helps measure the training program's effectiveness and informs future planning. The results will also be used as part of the APA accreditation process. The Clinical Training Committee will meet yearly to review these evaluations and use 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 $48,214
- PTO days amount to 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 residents and the city of Cleveland
  Clinic Children's may be approved with departmental permission
- Medical, dental, and vision insurance can be selected with a modest employee contribution.
- Access to the Cleveland Clinic Alumni Library, including extensive online databases
- Access to on-campus Fitness Center with indoor pool, weight and cardio equipment, and a variety of classes for members of the employee health plan.

Specific details of the residency benefits package will be provided.

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 – 5 pm, Monday through Friday, unless otherwise designated in their rotation/clinical schedule. There will be various training activities that begin before 8:00 am or end after 5 pm, and these will be communicated to the residents in advance. An occasional emergency or unanticipated event may require the resident to stay later than the previously communicated time, but this should not be the norm. Cell phones will be provided to residents, and they are expected to respond to all calls promptly during these hours but are not expected to respond to calls or communications outside these hours or when on an approved absence.

Absence Policy and Procedure. Residents are expected to communicate any absence when they are not on-site during the hours listed above to the Clinical Training Director, the rotation supervisor overseeing those hours, and 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 to the people above.

Any time the resident will be absent for at least a half day requires a formal PTO (paid time off)/absence request. Every effort should be made to submit PTO requests with at least 30 days' advance notice to minimize patient impact; requests submitted outside this 30-day timeframe may not be granted. A total of 20 PTO days is provided for vacation, sick, and professional time, in addition to the 6 standard Cleveland Clinic recognized holidays. If time off is requested more than the available time, it may be granted as unpaid time off at the discretion of the Clinical Training Director, not to exceed a total of 20 days during the program.

The Medhub system is used to formally submit all PTO/absence requests, which are then sent to the department coordinator for approval. Additional approval may be required from the Clinical Training Director in certain circumstances (e.g., less than 30 days' advance notice, insufficient accrued PTO). 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 the Cleveland Clinic Four Corners site, which will provide limited off-site access to protected internal data, including access to EPIC and Outlook. This option will allow for some documentation and communication when the resident is off-site but should not take away from the time they are scheduled to be on-site. Refer to the Cleveland Clinic Institutional Policy for guidance on safeguarding patient data.

Completion and Termination

Residency Completion Criteria. To complete the doctoral internship, residents are expected to meet the following requirements and demonstrate competence in each area 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 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 the 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 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 clinical residents' legal name, training dates, and the program name.
A summary of the 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 training they participated in at the 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 as evidence of residents' progress through the program, as well as for future 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 the release of resident files, consistent with GMEC policies:

- The resident may review resident files, 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 their 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 from 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://ppmsso.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 premises
- 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. To provide a healthy environment for all employees, patients, and visitors, and to continue our dedication to health and wellness, the Cleveland Clinic and the Cleveland Clinic Health System became smoke-free. Smoking bans on all Clinic and CCHS properties will be strictly enforced. To assist our employees, the 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 (a nicotine metabolite) during their pre-placement physical exam (health

screening). This is a pre-employment test only. The cotinine test will detect nicotine in all forms of tobacco.

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

Personal Appearance. Cleveland Clinic recognizes the importance of its staff's professional appearance in maintaining an atmosphere conducive to delivering 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 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 should wear a dress shirt and slacks when caring for patients. Male trainees are encouraged to wear ties unless doing so poses a safety hazard. Female trainees should be dressed in appropriate business attire, including suits, dresses, or tops and slacks with appropriate footwear.
- Clothing should be neat, clean, and in good condition. Residents should dress in a manner that reflects 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 storing confidential or restricted confidential data on a mobile computing device, including, but not limited to, cell phones. For the complete policy, refer to the 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 emails to a personal email account.

Photographing

The use of the electronic imaging functions 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 approved in advance by IT Security.

Harassment, Fraud, or Illegal Activity
Cleveland Clinic prohibits the use of its telephones, cellular phones, and voicemail systems for purposes of harassment, fraud, or other illegal activity.

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 interests of Cleveland Clinic, its employees, and its patients.

When communicating on Cleveland Clinic social media sites, or 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 Cleveland Clinic employees. For example, social media activity is subject to the Cleveland Clinic's policies, which strictly prohibit discrimination, harassment, threats, and intimidation.

In the interest of protecting 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, contain any patient identifier, or, in combination, may result in the direct or indirect identification of a particular patient 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 by reducing variability in care processes, increasing reporting of safety events, and reducing 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 about the NPSG is available on the Quality and Patient Safety Institute website under the Patient Safety & Clinical Risk / National Patient Safety Goals section.

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

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

Speak Up

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

The Cleveland Clinic Quality & Patient Safety Institute supports several committees, projects, and resources that offer residents opportunities to engage 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 visit the Cleveland Clinic Quality and Patient Safety website at http://intranet.ccf.org/qpsi/. Information is also available through COMET and CCLC online 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 patient harm. Often, we have the most to learn from near-miss 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 generated by the event reporting system is confidential and privileged, as outlined in the Ohio Revised Code Sections 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 that 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 harm), we work within complex and imperfect systems. Learning from these events allows us to improve the systems that all caregivers work with.

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, a Cleveland Clinic health system caregiver, a visitor, or the physical environment within a Cleveland Clinic health system facility and is associated with the 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 underline 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 is defined as an event in which the patient has not regained their original level of functioning within 2 weeks of the event.

Please refer to the SERS website on the Cleveland Clinic intranet at http://intranet.ccf.org/sers/ for additional information. The SERS policy is available 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 on the Infection Prevention websites). 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 the Cleveland Clinic complies with the Joint Commission National Patient Safety Goals, hand hygiene is monitored among Clinic employees.

Healthcare workers will wash their 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 the faucet with a paper towel

If hands are not visibly soiled, an alcohol-based hand rub may be used to decontaminate them routinely in all clinical situations.

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

Standard Precautions include the use of personal protective equipment to prevent exposure to potentially infectious material, the use of cough etiquette, masking during lumbar punctures, and the following of safe injection practices (one needle, one syringe, one time for one patient). Transmission-based Precautions include Contact, Droplet, and Airborne Precautions for specific 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 to prevent central line-associated bloodstream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), ventilator-associated pneumonia (VAPs), 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 the Cleveland Clinic may have access during their employment 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. Safeguarding 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 serious matter. It 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 involved in 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 by the Director of Protective Services.

***Informed Consent*.** Informed Consent is a legal and ethical issue and is 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 the inherent risks, benefits, alternatives, and personnel involved in 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 signs the consent on the patient's behalf.

Employee Safety & Security. The personal safety and health of each employee, patient, and visitor are of 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" are installed throughout the Cleveland Clinic campus. The blue lights make them easy to find. Push the button once to connect directly to the Cleveland Clinic Police Department, which 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 (free "jump start" assistance is 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 ensure its business activities are conducted lawfully and ethically. In May 1996, the Board of Trustees of Cleveland Clinic adopted "The Cleveland Clinic Corporate Compliance Program," which is intended to prevent and detect violations of federal, state, or local laws by Clinic employees, affiliates, 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: to provide better care for the sick, investigate their problems, and further educate 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
- Develop policies and standards of conduct for employees and those who do business with the 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 that 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 for reporting, investigating, and correcting any problems.

Compliance Expectations for all Cleveland Clinic Employees

Although the Corporate Compliance Program can help you adopt practices that promote compliance and ethical standards in 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 violations of 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 done so. 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 believes the issue has not been addressed through the formal reporting process 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 recovered funds. 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. Before seeking resolutions outside the Cleveland Clinic, employees and others are strongly encouraged to 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 corrective action policy for those who violate the Corporate Compliance Program and for those who fail to report wrongdoing.

Privacy and Security of Protected Health Information (PHI)

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

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

PHI may be accessed only by individuals who, within the scope of their job responsibilities, have a legitimate need for such information for patient care, research, education, or administrative purposes. Any other use or disclosure of PHI may be considered a major infraction of Clinic policy. It may subject the employee to criminal penalties [Use of PHI refers to accessing, sharing, applying, or analyzing PHI within the Cleveland Clinic]. "Disclosure" refers to the release of PHI outside of 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 and the individual employee 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 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 compliances risks we face. You are required to comply with the Information Security Encryption Standard policy, available from your supervisor or the Intranet policy manual. Fully de-identifying patient data, physically destroying media, and/or encrypting data are the only ways to avoid public disclosure required by law in the event of 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. 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 number. 6. Electronic mail addresses 7. Social Security numbers 8. Medical record numbers 9. Health plan beneficiary numbers 10. Account numbers 11. Certificate/license numbers 12. Vehicle identifiers and serial numbers, including license plate numbers 13. Device identifiers and serial numbers 14. Web Universal Resource Locators (URLs) 15. Internet Protocol (IP) address numbers. 16. Biometric identifiers, including finger and voice prints 17. Full face photographic images and any comparable images 18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by an investigator to code data

Additional Safeguards:

- Do not use your personal laptop or device to store sensitive CC information
- PHI may not be taken off-premises and must never be downloaded to a portable media device (e.g., flash or thumb drive) unless the device is encrypted in accordance with ITD Security policies. This includes but is not limited to CDs, DVDs, thumb drives 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 the Cleveland Clinic. Refrain from using CD's or DVDs 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 used to store PHI must be turned in to 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 be accessed by unauthorized parties, which would constitute a HIPAA violation.

- PHI must never be included when using Google calendars or "Dropbox". 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 is 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 everything Corporate Compliance does and adds the research layer. Therefore, Research Compliance is responsible for facilitating and coordinating training and support of any researcher (health system-wide) to meet the laws, regulations, and policies governing research most efficiently and effectively. We work closely with the Institutional Review Board (IRB), the Institutional Animal Care and Use Committee (IACUC), the law department, and the Center for Clinical Research (CCR), Research Finance, and others to carry out the Research Compliance Program. Whether you plan to conduct human subjects, animal, or laboratory research, we encourage you to contact the Corporate Compliance Office (216-444-1709) so your research can get started on the right track. 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 detailed in the Graduate Physicians Manual. Below are excerpts from this policy that are relevant to the Psychology Resident.

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

In almost all cases, the institution's response to inappropriate behavior is initially directed towards remediation rather than punishment. It is recognized that it will be beneficial to patients to keep 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, residents and those around them will be able to work together after the intervention to achieve the shared goal of continuing to provide the highest-quality patient care.

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

The Cleveland Clinic's stated mission fosters the highest standards of professional conduct among its health care professionals. In doing so, Cleveland Clinic strongly desires and expects an environment free

from disruptive, threatening, and violent behavior. It does not tolerate inappropriate, unprofessional, or intimidating behavior in the workplace.

This Policy emphasizes the need for all individuals working at Cleveland Clinic to treat others with respect, courtesy, and dignity, and to conduct themselves professionally. 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 the Cleveland Clinic Institutes' Code of Conduct initiatives.

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

Behavior suggesting that the trainee may be experiencing a physical, mental, or emotional condition will be referred to by 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 receive help while preserving their 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 in accordance with appropriate ethical and legal standards. The Code of Conduct also sets standards to protect and promote integrity and enhance the 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 via the secure email link on the Corporate Compliance Intranet site.

Disability Accommodation Policy. This policy confirms the Cleveland Clinic's commitment to comply with all state and federal laws regarding the employment of qualified individuals with disabilities. It establishes guidelines and procedures for considering requests for reasonable accommodation from 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 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 providing a work environment 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 based on 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 serve as a guide and resource for both the Program Director and the resident. A description of the plan coverage and treatment is administered through the
Behavioral Health Program. For additional information, please call 216-986-1050 or 1-888-246-6648. Reasons for referrals include, but are 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) is 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 initial intake and screening for wellness issues, as well as limited follow-up/counseling. The referral can be self-initiated or made by the relevant supervisors (e.g., program directors). Confidentiality is maintained in the EAP (no access to medical records/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 lifestyle management. 104

The PHC was established in 1992. It comprises various members of the Cleveland Clinic staff, including physicians, clinicians, counselors, and attorneys. Individuals may self-refer 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 ensure 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 clear to return to work. The PHC is not a disciplinary entity, but it addresses many performance issues that may directly affect patient care and an individual's licensure status. Referral of trainees experiencing performance deterioration (before a performance warning) is highly recommended, as early referral facilitates advocacy for the trainee and 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 of the following:

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

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. For 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 involved in the resident training. The Training Director or designee will provide the resident with summative feedback on their overall performance in the program no more than 6 months after the start of training, and earlier if needed. The Training Director or designee will provide this summative feedback at least twice a year.

Whenever the program determines that a resident's competence (with respect to any element of his/her conduct, skills, duties, or responsibilities) is less than satisfactory or otherwise worthy of discussion, the Training Director or designee shall meet with the resident to discuss his/her performance. 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's performance warrants further action, the program may:

- provide verbal or written counseling
- issue a performance warning
- not promoting successful graduates from the training
- dismiss the residents from the training program

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

The overall spirit of any counseling or performance warning is to assist the trainee in improving in areas of deficiency. It should be done positively, 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. Residents may appeal to all actions taken within the Corrective Action process (see the Procedure for Appeal Process).

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

A first step may involve "verbal counseling". Verbal counseling may occur at any time or several times in a resident's training and should be noted in the resident's department file. Verbal counseling can be ongoing, and no specific timeline is determined.

If performance does not show the desired improvement, the second step is “written counseling”. The written counseling will involve delivering a memo or other notification to the resident specifying the reasons for the counseling, the specific improvements, expectations, and timeline. It will be kept in the resident department file. Written counseling will be completed by the Training Director and members of the Training Committee and reviewed by all creating members after 30 days. Each review, along with any 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, not negative or derogatory. Counseling, when appropriate, whether verbal or written, is 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's performance has not improved to the extent and within the period 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 their performance is not satisfactory and that includes a clear statement that the resident is on performance warning. This notice for the resident shall include a detailed description of the unsatisfactory performance, the expectations for performance improvement, and the time parameters within 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 (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 when the resident is making progress towards improvement but has not yet reached satisfactory performance. A resident who has been placed on a performance warning shall have this status and his/her progress towards performance improvement reviewed by the Training Director or designee at least once 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 status of their performance.

The Training Director or designee will notify the resident’s graduate program in writing at the commencement of the 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's 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.

If a resident is dismissed from the program under any circumstances or placed on administrative leave of absence, the resident's Program Director and the Head of the Center of Pediatric Behavioral Health shall advise the resident in writing of the dismissal or administrative leave of absence and the general grounds for it.

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 resident involved must provide written notice to the Clinical Training Director or Center Head within two weeks of being notified 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's 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, consisting of three members who have no direct conflict of interest as part of the core training faculty in the Behavioral Health Residency Program.

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

The Appeals Task Force will schedule a series of meetings to accommodate the availability of the members, program director, and residents, to ensure a prompt and fair resolution of the appeal. The program director and the resident will not be present at the same time as the task force. The resident will be offered an opportunity to present information in their defense. After the initial sessions with the program director and the resident involved, the task force will review the list of potential additional sources of information and consider receiving testimony from other individuals. At the task force's discretion, some of those on the originally submitted list may not be called to provide information if their presence is excessively redundant or appears inappropriate. At any point in this process, the training director and/or the resident may be invited to appear before the task force again to respond to information that has arisen during interviews with subsequent individuals or to clarify issues.

When the Appeal Task Force feels that it has obtained all the pertinent information available, it will take the matter under discussion until it is prepared to be decided. A simple majority of the voting members of the task force present will be required to act on the appeal. That action may be either to sustain the appeal, which in effect negates the training program's action, or to reject the appeal and thereby sustain the program's action. As part of its decision, the Appeal Task Force may also include specific stipulations and requirements governing the residents' further involvement. When the Appeal Task Force reaches 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 encounter problems that cannot be resolved within their immediate supervisory experience. The issues may involve a few areas, including, but not limited to, perceived harassment, unfair treatment, concerns about the 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 relevant supervisor or staff member, to seek an informal resolution. If an informal resolution cannot be reached, or if the resident is not comfortable speaking directly with the affected party, the resident is advised to approach either the Training Director or the Center Head to resolve the issue.

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

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

Residents can lodge a complaint about any aspect of the training program 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.