

2023-2024

House Officer Manual

Guidance for House Staff at
Cleveland Clinic Akron General

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Last Revised: July 2023

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Legal Department
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Foreword

Letter from the Chair and Designated Institutional Officer



Dear House Officer Physician:

Welcome to Cleveland Clinic Akron General. Your role in fulfilling our mission, *caring for life, researching for health, and educating those who serve*, will have a significant impact not only on our organization but on our Community. We are pleased that you have joined the CCAG family and will be a vital part of healthcare in the Akron area.

Our rich and dynamic postgraduate medical education programs have been cultivated by generations of physician leaders for over 76 years! Please know that you will be supported by our Administration as well as an outstanding medical staff, nursing professionals, researchers and educators who are here to ensure you are developing the skills necessary for excellence in your medical practice and I encourage you to commit yourself to life-long learning.

Having walked in your shoes, I understand how important, and at times, how difficult these training years can be. Just know that you can stop by my office anytime to talk, doc to doc. My door is always open to you.

The Department Chairmen, Program Directors, Medical Staff and Senior Leadership at Cleveland Clinic Akron General are always available to assist you in any way. We are excited to be part of your professional journey.

Sincerely,

A handwritten signature in black ink that reads "Titus G. Sheers MD MBA". The signature is fluid and cursive.

Titus G. Sheers, MD, MBA
Chair and Designated Institutional Officer
Department of Medical Education Administration

Policies Statement

The intent of this manual is to provide House Officers with relevant information and describe certain expectations, policies and procedures regarding the residency program and the House Officer's responsibilities. The manual is not all-inclusive, and it is not a contract.

House Officers are contract employees of Akron General. Contracts are renewable annually. Contracts are separate from this manual.

House Officers are subject to, and have a responsibility to comply with, both this manual and applicable Cleveland Clinic Akron General employee policies, some of which are specifically referred to in this manual. All Cleveland Clinic Akron General employee policies are accessible on the Cleveland Clinic Akron General intranet (<http://my.agmc.org>). House Officers may request written copies of Cleveland Clinic Akron General policies.

This manual is intended to be read in conjunction with Cleveland Clinic Akron General employee policies. If this manual does not address a specific topic or issue covered by a Cleveland Clinic Akron General employee policy, then the relevant Cleveland Clinic Akron General employee policy will control. Conversely, if a Cleveland Clinic Akron General employee policy does not address a specific topic or issue that is covered by this manual, then this manual will control. If there is a conflict, inconsistency, or vagueness between a topic or issue that appears in both this manual and a Cleveland Clinic Akron General employee policy, then this manual generally will control.

If you have a question whether this manual or Cleveland Clinic Akron General employee policy applies or control, you may ask the Program Director, Chair of Medical Education and Research, Executive Director of Medical Education and Research, or the Cleveland Clinic Akron General Human Resources Department.

Introduction

History of Cleveland Clinic Akron General

Founded in 1914 as Peoples Hospital, Cleveland Clinic Akron General has grown to a 532-bed, adult, tertiary-care, not-for-profit teaching hospital. Today, it is staffed by nearly 7,000 employees, physicians, medical professionals and volunteers who serve a population of more than 1.2 million people throughout Summit, Medina, Portage, Stark and Wayne Counties of Northeast Ohio. Akron General is a not-for-profit healthcare organization with the mission of caring for life, researching for health, and educating those who serve.

As a major teaching hospital, Akron General trains future physicians through 10 high-quality medical residency programs and two fellowships. Akron General is a teaching affiliate of the Northeast Ohio Medical University and Ohio University Heritage College of Osteopathic Medicine.

Technology is becoming increasingly important in the practice of medicine. Akron General is using information and technology every day to improve patient care. Physicians have wireless access inside the hospital and from their offices to patient charts and test results - in real time. That means they are able to spend more time where they prefer to be - with their patients.

Cleveland Clinic Akron General is ranked as the No. 1 hospital in the Akron metropolitan area and the No. 7 hospital in Ohio, according to *U.S. News & World Report's* "2021-22 Best Hospitals." The Medical Center provides numerous areas of specialty care including: a Critical Care Center and Stroke Team, a multidisciplinary Level I Trauma Center, a Wound Center and Hyperbaric Medicine, a Sleep Disorders Center, special care nursery with Children's Hospital of Akron, Diabetes Education, Spiritual Care and MedFlight of Ohio for ground and air critical-care transportation.

As one of the largest employers in a three-county area, Akron General is proud to also be designated as Autism-Friendly, and nationally recognized with a wellness philosophy in our Health & Wellness centers.

Akron General is a member of Akron Regional Hospital Association, Ohio Hospital Association, American Hospital Association and Voluntary Hospitals of America. Akron General and its clinical affiliates are accredited by the Joint Commission.

As a regional hospital of the Cleveland Clinic Health System, Akron General remains committed to providing superior patient care locally and looks forward to expanding our health care services. Simply, the people of Summit County will enjoy the highest level of care and services, close to home.

Cleveland Clinic Akron General includes Akron General Medical Center; Akron General Partners, which includes Partners Physician Group, the Akron General Health and Wellness Centers, Lodi Hospital, Community Health Centers and other companies; Edwin Shaw Rehabilitation Hospital; Visiting Nurse Service, a post-acute company; and Akron General Foundation. For more information on Akron General, visit our website at www.akrongeneral.org.

Mission

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

Vision

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

Goals of Graduate Medical Education

The goals of the residency training programs at Cleveland Clinic Akron General are to provide the graduate physician with demonstrated mastery of the following competencies as required by the Accreditation Council of Graduate Medical Education (ACGME):

1. Patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
2. Medical knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to patient care.
3. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in patient care.
4. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethic principles, and sensitivity to a diverse patient population.
6. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Program Oversight

The Chair of Medical Education Administration has overall authority and responsibility for all matters pertaining to Undergraduate, Graduate, and Continuing Medical Education, and serves as the Chair of the Medical Education Committee.

The Chair of Medical Education and Research should be considered the first administrative contact for House Officers in need of any special assistance. The Chair is responsible for both Institutional and Program compliance with ACGME and RC requirements.

Cleveland Clinic Akron General Department of Medical Education

The Department of Medical Education is responsible for the coordination and oversight of the undergraduate, graduate, continuing medical education, and resident research programs. In addition, it is responsible for:

- Recruitment and selection of a full complement of house staff;
- Provision of supervision and liaison to all house staff and medical students on education matters; and
- Oversight for the educational curriculum of all residency programs.

Administrative Support

If you have any questions related to your training, please contact Kari Wright or Emily Callahan, Graduate Medical Education Program Managers. To ensure that accurate records are maintained, all changes in your address or telephone numbers must be reported to Kari or Emily (residents can directly enter their contact information in Workday).



Kari Wright, MBA, BBA, NRCMA
Graduate Medical Education Program Manager- I
WrightK2@ccf.org
330-344-6921



Emily Callahan, B.S.Ed.
Graduate Medical Education Program Manager
CallahE@ccf.org
330-344-6666

Medical Education Administration office is located next to the Conference Center Auditorium (CCA). Hours of operation are 7:00am to 4:30pm, Monday through Friday.



Titus Sheers, M.D., MBA
DIO and Chair
SheersT@ccf.org
330-344-6050



Cheryl Goliath, Ph.D.
Executive Director
GoliatC@ccf.org
330-344-7775



Allie Gardlock
**Undergraduate/UME-
Program Manager**
GardloA@ccf.org
330-344-6428



Ryan McCormick, M.Ed.
Manager
McCormR2@ccf.org
330-344-6485



Joanna (Jojo) Krajci
Administrative Secretary
KrajciJ@ccf.org
330-344-6050

House Officer Eligibility

In compliance with ACGME Institutional Requirements, Cleveland Clinic Akron General will ensure that its ACGME-accredited programs select from among eligible applicants on the basis of program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation, integrity, and their ability to benefit from the program to which they are appointed. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status or any other legally protected status.

Cleveland Clinic Akron General maintains a drug-free and tobacco-free workplace. All newly hired employees undergo urine drug testing as a condition of employment. This test quantifies the presence of illicit drugs, controlled substances, and cotinine (nicotine metabolite). According to Cleveland Clinic policy, newly hired employees who have cotinine levels above the threshold will have their employment offer rescinded. Those individuals testing positive for cotinine that test negative after 90 days, may be reconsidered for appointment at the discretion of the candidate's supervisor, should the position remain vacant.

Applicants with one of the following qualifications are eligible for appointment to accredited residency programs in compliance with ACGME Requirements:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - a. Have received a current and valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment.
 - b. Have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which they are in training.
4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

The institution must monitor compliance of each program with these procedures.

House Officer Selection

In selecting from qualified applicants for positions, all programs shall participate in the National House Officer Matching Program (NRMP) and Urology in the American Urological Association (AUA). All applicants should apply for residency through the Electronic Residency Application Service (ERAS). International Medical Graduates may apply through ERAS via the Educational Commission for Foreign Medical Graduates (ECFMG).

Candidates for Admission to Akron General's residency programs must have the following qualifications to be eligible for appointment:

1. A complete application package that includes the following:
 - Completed application
 - Transcript from medical school
 - Curriculum Vitae
 - Dean's Letter/MSPE
 - USMLE or COMLEX Board Scores
 - Three letters of recommendation
 - Personal Statement
2. Additional requirements for International Medical Graduate (IMG) applicants:
 - Valid ECFMG Certificate (must have ECFMG certificate by the NRMP Rank Order List deadline unless graduating the same year you are applying for residency)
 - ECFMG reports (required for Visa and Ohio Training Certificate)
3. Minimum Board Score Requirements:
 - USMLE 1&2: Minimum 1st pass rate or Satisfactory Scores
 - IMG: USMLE 3: Minimum 1st pass rate or Satisfactory Scores (required for H-1B visa holders only)
 - COMLEX 1&2: Minimum 1st pass rate or Satisfactory Scores
4. Maximum of five (5) years graduation from Medical School
5. H1-B and J-1 Visas are currently accepted

**All applications for all programs are processed through
ERAS. Paper applications are not accepted.**

Equal Employment Opportunity Policy

Akron General is committed to the principle of equal employment opportunity for all employees and to providing employees with a non-discriminatory employment environment, workforce diversity and inclusion and these commitments are included in Akron General's policies and practices. Akron General administers all terms and conditions of employment, including but not limited to recruitment, employment, promotion, transfer, training, benefits, and wages without regard to race, color, religion, sex, sexual orientation, gender identity, genetic information, national origin, ancestry, handicap, age, pregnancy, marital status, disability, military status, veteran or Vietnam Era Veteran status. Cleveland Clinic Akron General complies with all federal regulations, and is committed to a program of equal opportunity, which is consistent with the goals, mission, and values of our organization. Further, it is our policy to promote these principles to our vendors, contractors, and others doing business with Akron General.

The Equal Employment Opportunity and Workforce Diversity & Inclusion policy is available in on the Intranet under the Policies and Procedures Management (PPM).

House Officer Contracts

Each House Officer will enter into a House Officer Contract with Cleveland Clinic Akron General. House Officer Contracts, which cover duties and responsibilities, have one-year terms. It is the policy of Cleveland Clinic Akron General that neither it nor any of its ACGME-accredited programs require a resident/fellow to sign a non-competition guarantee or restrictive covenant. House Officer Contracts are separate from this Manual.

House Officer Contracts may or may not be renewed, either because of performance (academic/clinical or behavioral) deficiencies, or because of administrative, budget, or funding reasons, including elimination or reduction of House Officer positions.

The decision not to renew a House Officer Contract will be communicated in writing to the House Officer by the Program Director, after discussion with the Chair of the Department of Medical Education and Research, generally no later than four months prior to the end of House Officer's current House Officer Contract during the House Officer's non-terminal year, if possible.

If the primary reason for non-renewal occurs within the four months prior to the end of the current House Officer Contract, the Program Director will provide the House Officer with as much written notice of the intent not to renew as circumstances reasonably allow. These communication and notification provisions do not apply to House Officers who are in their terminal year.

House Officer Contracts may also be terminated, at any time, for cause resulting in dismissal from the program.

A House Officer whose House Officer Contract is cancelled or is not being renewed for performance reasons may request a Reconsideration and Internal Review Appeal.

A House Officer whose House Officer Contract is not being renewed, because of administrative, budget or funding reasons, including reduction of House Officer positions, is not eligible for Reconsideration and/or Internal Review Appeal.

House Officer File

A permanent file will be maintained on each House Officer in the Medical Education Department. This file shall include the following items during residency, as applicable:

- Annual House Officer contracts;
- Annual contract authorization forms;
- Medical school diploma;
- Complete ERAS Application
 - Official academic transcripts;
 - Dean's letter;
 - Three (3) current letters of recommendation;
 - USMLE or COMLEX scores – Step 1 and Step 2 (clinical knowledge)
- Initial BLS & ACLS certification;
- ECFMG Certificate (if applicable);
- J-1 or H-1B visa information (if applicable);
- Valid Training Certificate; and
- Graduation authorization (at successful completion of program)

The House Officer's permanent residency program file is maintained in the residency program department. This permanent House Officer file contains program-specific information concerning the House Officer.

House Officers have the right to review the documentation in their Medical Education file with adequate advance notice (at least two business days), and while in the presence of a representative of the Department of Medical Education. Under no circumstances shall this file be removed from the Department of Medical Education. House Officers may not add or remove any items to/from their Medical Education file. House Officers may request one (1) entire copy of their file as a courtesy, only if the House Officer has filed a formal request for appeal to the Designated Institutional Officer. Such a request must be made in writing. The file will be made available within seven days of the written request.

House Officers have the right to review the documentation in their permanent House Officer file, that is maintained by the individual programs, with adequate advance notice (at least two business days), and while in the presence of a program representative appointed by the Program Director. Under no circumstances shall this file be removed from the Program's Office.

House Officers may not add or remove any items from their permanent House Officer file. House Officers may request one (1) entire copy of their permanent departmental House Officer file as a courtesy, only if the House Officer has filed a formal request for appeal to the DIO. Such a request must be made in writing. The file will be made available within seven days of the written request.

The Department of Human Resources at Cleveland Clinic Akron General also maintains a data file on each House Officer. House Officers are responsible for notifying the Graduate Medical

Education Program Managers in the Department of Medical Education Administration and the Department of Human Resources of any change of name, address, or telephone number so the data file may be kept current.

Stipends / Paychecks

Akron General will provide each House Officer with a stipend as described below. Stipends represent compensation for patient care services and support for the educational components of the residency program. The appropriate stipend level will be recommended by the Department of Medical Education Administration annually and is subject to the approval of the Board of Trustees.

The stipends for the 2023-2024 academic years are as follows:

First year level of training	\$62,841.18
Second year level of training	\$64,958.70
Third year level of training	\$67,057.86
Fourth year level of training	\$69,681.30
Fifth year level of training	\$72,002.82
Sixth year level of training	\$74,835.36

Stipends must be deposited directly into a checking account in a participating bank of the House Officer's choosing according to a bi-weekly schedule determined by Akron General. The House Officer will continue to be offered his/her appointment, with accompanying stipend and perquisites, only as long as his/her obligations, as described in this manual, continue to be performed in an acceptable and professional manner.

House Officers' pay stubs may be viewed on Workday. The annual stipend is divided into 26 equal pay periods, each covering a two-week period. It is the House Officers' responsibility to notify Human Resources and/or Medical Education of any monies overpaid in error in a timely manner. Federal, state and local laws require the following deductions be made from the gross income of House Officers: federal withholding tax, social security, City of Akron income tax, and State of Ohio income tax.

House Officer Meal Allowance

The hospital cafeteria - Fresh Inspirations Café - is open to hospital House Officers, Employees, Students, Nurses, Visitors, and Guests.

Hours for meal services are as follows, Monday thru Sunday, including holidays:

Breakfast	6:30 - 10:00am
Lunch	11:00 - 2:00pm
Dinner	4:30 - 7:00pm

The Fresh Inspirations Café is also open in between meal services:

From 10:00 and 11:00 in the morning, Beverages, Snacks, and Simply to Go meal items are available. From 2:00 and 4:00 in the afternoon, the Grill, Deli, Salad Bar, Beverages, Simply to Go meal items, and Snacks are available. When Fresh Inspirations Café is closed residents have access to self-service items by badge-accessible entry and payment.

House Officers are allotted a bi-weekly allowance of up to \$130. If a House Officer should go over the allotted amount, the overage will be deducted from the House Officer's paycheck. House Officers swipe their name badge to utilize this service in the hospital cafeteria (Fresh Inspirations Café). Food is also available in the main on-call quarters on the 4th floor.

Meals can be provided for a House Officer's immediate family in the cafeteria on Saturdays, Sundays and those holidays recognized by the hospital while the House Officer is on duty. In addition, meals can be provided to the House Officer's immediate family if the opportunity arises, they can join them while the House Officer is on call. These meals will need to be paid for by the House Officer, and all receipts reflecting these charges must be submitted to the Department of Medical Education for reimbursement. **Do not use your meal allowance to pay for your family.**

No removal of food from hospital property is allowed. Disciplinary action up to and including termination from the program shall be considered upon violation of this rule.

Program Closure or Reduction

According to Section IV.O of the Institutional Requirements of the Accreditation Council for Graduate Medical Education, the Sponsoring Institution (CCAG) must have a written policy that addresses a reduction in size or closure of a residency program. The following policy is intended to meet this requirement.

Policy

This shall serve as Cleveland Clinic Akron General's Residency Closure or Reduction Policy.

Purpose

In the event that Cleveland Clinic Akron General must close a residency program or reduce the complement of House Officers, and to meet Section IV.O of the ACGME Institutional Requirements.

Focus

To ensure that all House Officers will be notified and assisted in finding comparable ACGME-approved programs in which to continue their education.

Procedure

Cleveland Clinic Akron General strongly supports its Department of Medical Education. In the unlikely event that Cleveland Clinic Akron General must close a residency program or reduce the complement of House Officers, Cleveland Clinic Akron General will inform the Graduate Medical Education Committee, the Designated Institutional Official (DIO) and all affected House Officers and personnel as soon as possible. House Officers currently enrolled will either be allowed to complete their educational program or Cleveland Clinic Akron General will assist them in enrolling in an ACGME-accredited program(s) in which they can continue their education.

Program Manager Contact Information



Emergency Medicine
Angie South
SouthA2@ccf.org
330-344-6326

Obstetrics & Gynecology
Tiffany Finch
FinchT@ccf.org
330-344-1422



Family Medicine
Tiffany Pearl
PearlT@ccf.org
330-344-3522

Orthopaedic Surgery
Holly Gordon
gordonh6@ccf.org
330-344-6269



General Surgery
Kim Martter, MEd, RHIA,
C-TAGME
SelfMaK@ccf.org
330-344-6741

Psychiatry
Lynn Mains
MainsL@ccf.org
330-344-7639



Internal Medicine Categorical
Taylor Hart
HartT3@ccf.org
330-344-2098

Urology
Kimberly Stakleff, PhD
StakleK@ccf.org
330-535-5173



**Internal Medicine Categorical
Preliminary Year**
Jenn Hayes
HayesJ2@ccf.org
330-344-6140

Surgical Critical Care Fellowship
Kelly Harrison
harrisk38@ccf.org
330-344-6050

Cleveland Clinic Akron General Departments

Health Information Management (HIM)

Location and Hours

The Health Information Management Department is located on the ground floor of the hospital across from the cafeteria. It is open 7:00am–11:30pm, seven (7) days a week. If you have Chart Completion specific questions, the Chart Completion Specialists are available Monday through Friday, from 7:00am–3:30p.m.

The hospital uses a computerized medical records system known as Epic. Medical records may be completed on-line on the Epic System. Computers are available in Health Information Management; on each patient care unit, Medical Library, Physicians' Service Center, outpatient areas including Cleveland Clinic Akron General Health & Wellness Facilities and Children's Hospital. You may also complete from home using a Secure I.D. token.

Training

Training for ChartMaxx is available in Health Information Management weekdays from 7:00am–3:30pm. Chartmaxx is used to retrieve historical records from September 29, 2017 and before. Training for Epic is available Monday-Friday from 7:00am-4:30pm by calling your Physician Specialist.

- Iona Heffley 216.296.0171
- Kimberly Craig 440.823.1933
- Natasha Gasper 216.347.0528

Security

Medical records may not be removed from the Medical Center at any time. Microfilm may be reviewed in Health Information Management. Electronically stored records on Epic/ChartMaxx may be reviewed on all patient care areas, Medical Library, Physicians' Lounges, outpatient treatment areas and in Health Information Management. A conference room in Health Information Management is available for conferences where electronically stored medical records are to be reviewed.

Suspension

House Officer suspensions will occur for any medical record not completed in a timely manner. Suspensions occur for one (1) or more medical record/s that have not been completed 16 days from the process date. Suspensions occur promptly at 11:00am every Wednesday. For questions regarding suspension, contact the Chart Completion Specialists at 330-344-6273.

Charting Responsibilities

All orders should be entered via Epic and signed immediately. Refer to your Senior House Officer or Department Chair for chart completion guidelines. Cleveland Clinic Akron General is committed to the implementation and universal use of a comprehensive electronic health record. Documentation and order placement should be accomplished using the electronic tools available to the provider whenever possible. Epic direct key notes are preferred over dictation. In situations where an electronic tool is not available, the provider should revert to downtime charting processes.

Central Dictating System

Reference Guide for Cleveland Clinic Akron General

1. The central dictating system can be accessed by dialing in house: 46026 / Outside: 330-344-6026.
2. Enter your Physician ID followed by the # sign (enter # if ID# is less than 6 digits).
3. Enter your 2 digit location code. Press 5 for Akron, ASC, ESR, and Lodi.
4. Enter 1 for dictation 2 for listen.
5. Enter the 2 digit work type.

Work Types	Dictation Keypad Functions
01 AGHS History and Physical	1 Play
02 AGHS Operative Report	2 Rewind
04 AGHS Discharge Summary	3 Go to end
08 AGHS Consults	4 Dictate
09 AGHS Surgical H&P	5 Pause
17 AGHS Progress Notes	6 Job #/New
	7 Go to Start
	8 Fast Forward
	9 Disconnect
	# Job Number

1. Enter the CSN number (without the leading zeroes) followed by the # key.
2. Begin dictating after the tone.
3. Please dictate your name, patient name, patient CSN number, date of service and special instructions.
4. To dictate a new report/hear job number press 6 and repeat 5-7.
5. To end dictation, hang up or press 9 to disconnect.
6. Pressing ## at any time during dictation will provide the job number.

Cleveland Clinic Akron General Emergency Department

Work Types	Dictation Keypad Functions
40 ED Critical	1 Play
41 ED Admission	2 Rewind
43 ED Treat & Release	3 Go to end
44 ED X-Ray Follow-up	4 Dictate
45 ED Minor	5 Pause
46 ED Attending Note	6 Job #/New
47 ED Prelim X-Ray	7 Go to Start
	8 Fast Forward
	9 Disconnect
	# Job Number

Questions/Issues: Call **EHR Help Line 216-636-2020** or email Central Transcription Team at ctt@ccf.org (Monday – Friday 8 a.m. to 5 p.m.)

Chart Completion

The medical record is completed by the least senior House Officer on the case. In the case of two or more least senior House Officers, the chart is completed by the discharging House Officer. The first assistant on a surgery dictates the operative report and discharge summary, unless otherwise determined by the surgeon. If there is any confusion about who is to complete the chart, deficiencies are only assigned to the attending physician. Dictation deficiencies are only linked/assigned to the resident physicians at the request of the attending physician.

Rotations

The House Officer is responsible for completion of all medical records before leaving for a rotation off site.

Medical students must be monitored and a House Officer or attending physician must cosign all entries. Medical students are prohibited from dictating reports.

Outpatient Surgery Charts

Outpatient surgery charts require an admission history and physical examination report, appropriate diagnostic work, and a dictated operative report. A brief op note is only required if the full operative report is not available and dictated immediately following the surgery. If the full operative report is not available before the patient moves to the next level of care, a brief op note is required containing all of the necessary elements in the operative report. The final progress note must have the final diagnoses and procedures listed, with no abbreviations. These reports are to be completed at discharge.

Emergency Department Charts

Any consulting House Officer who is not currently rotating in the ED who sees a patient needs to document in Epic.

Charts on Readmission

To review previous medical records on a patient, determine if the chart is on microfilm, Chartmaxx or Epic. ChartMaxx and Epic records can be viewed on the computers located on each patient care unit. Microfilm records must be viewed in Health Information Management. Microfilm may not be removed from Health Information Management except to predetermined areas.

Medical Library

Jennifer Feldman	Medical Librarian	41558
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The Cleveland Clinic Akron General Medical Library is on the second floor of the hospital, adjacent to the main lobby and across from the Administration offices. The Medical Library is staffed Monday through Friday, 8:00 a.m. to 4:30 p.m. Access to the Medical Library is available to House Officers 24 hours a day via ID Badge swipe access.

The Medical Library's several thousand current journal subscriptions are 100% electronic. Over 1,000 e-books augment the extensive print book collection. Akron General is an OhioLINK affiliated library, which allows library patrons to borrow material from all major research libraries across the state of Ohio. The Medical Library provides access to point-of-care resources including UpToDate, Clinical Key, VisualDx, and the Cochrane Database of Systematic Reviews. Custom online "electronic libraries" library guides are available for each residency program to provide access to all of the Medical Library's electronic resources in that subject area. The electronic resources are also available off-site through the VPN secure network, with the exception of UpToDate. Mobile apps are available for the point-of-care resources. We are an OhioLINK member, which allows library patrons to borrow material from all major research libraries across the state of Ohio.

Library services include database searching and research support by a professional librarian. The interlibrary loan service will supply you with material not available on-site. The Medical Library offers a 13-station computer lab with high-speed internet access, as well as 4 computer stations outside the lab. There are 2 meeting rooms in the library which can be scheduled for group use.

For more information or personalized training, contact the library staff at 330-344-6243.

Medical Photography

	Medical Photography	46419	
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Medical Photography Department provides the following digital services for the House Officers and Attending Staff:

1. Digital images for lectures and conferences. This can include:
 - Articles
 - X-rays
 - Patient photography

- Surgical photography

Medical Photography will make a CD disk as an end product, which will allow a user to insert digital images from the list above, into a PowerPoint presentation.

2. Video-taping/editing – Video-taping capabilities are only done in Eva P. Craig. If any work requiring video-taping is needed, please contact CC-Main’s Media Production office at 216-444-3045. Please note a fee will be associated with these services.
3. CD duplication

Photographic work except surgery, patient, morgue and tissues must be in the Department and ready to be photographed at least three (3) working days prior to the date of the conference.

For use of any equipment (e.g., LCD Projector with laptop, etc.), please call the Medical Photography Office at 330-344-6419. Please place the request for all audio/visual equipment as soon as conference is scheduled to make sure there is equipment available. Equipment is given on a first-come, first-serve basis and is to be picked up and returned to the Medical Photography Department or the Security Office on the 2nd floor. Please return equipment as soon as possible.

For your convenience you can e-mail the Medical Photography Department for equipment requests.

Department of Health Sciences

Diane Post	Secretary	46947
Estee George, PhD	Health Scientist (Ob/Gyn, Orthopaedic Surgery, Psychiatry, Urology)	47681
Adina Brett-Morris, PhD	Health Scientist (General Surgery)	46791
Jessica Krizo, PhD	Health Scientist (Emergency Medicine, Trauma)	46316
Caroline Mangira, MPH	Biostatistician	42065
John Elias, PhD	Senior Research Scientist, Biomechanics	46176

The Department of Health Sciences is located at 160 Opportunity Parkway, Akron, OH 44307. The department provides support for clinical, translational, and basic science research as well as scholarly activity. Faculty and staff are available to help with all aspects of the research and scholarly activity processes. Additionally, the department has a fully equipped biomechanical testing laboratory, image analysis software, a 3D printing laboratory, and work spaces equipped with computer stations for resident and student use.

The Department of Health Sciences intranet site provides links to the Researcher’s Toolbox and the Institutional Research Review Board (IRRB) site. The Researcher’s Toolbox contains resources on research development, quality assurance/improvement projects, study design, data collection, statistics, dissemination of scholarly activity, professional development, and funding. The IRRB site provides information on submission of research studies to the CCF

Institutional Review Board (IRB) and submission of quality assurance/improvement projects to the Cleveland Clinic Akron General IRRB. The Department of Health Sciences web address is http://my.agmc.org/portal/page/portal30/AGMC_DEPT/AGMC_RESEARCH.

Security

Dispatch		47604
Lt. Dan Drarke	South Region Lieutenant, Cleveland Clinic Police Department	41046
Dan Beaver	Manager, Security and Parking	46681
Corporal Mike Arena	Supervisor, Security	45811
Debbie Miller	Security Coordinator/Badging Office	42199
Badging Office		42199

Cleveland Clinic Akron General Security Officers and Cleveland Clinic Police Officers are available 24/7, and are committed to the highest level of security and safety for all individuals on the campus. The Security Dispatch Office is located in the Main Lobby near the Main Entrance. Security will assist you with vehicle registration, intervention with combative/violent patients or visitors, escort service to vehicles during night hours in decks and parking lots, after hour access to offices, departments, (with proper authorization) call rooms, etc., battery boost and key service. The Security Dispatch Office may be contacted at ext. ~~47604~~ 47644.

All House Officers **MUST** park on the top level of the Visitor Parking Deck across from the main entrance.

The badging office, located in Human Resources, will assist you with photo IDs. You may also call the Badge line at extension 42199 to leave requests for name or department changes, as well as reporting lost badges. All replacements will be at the Badging Office Monday-Friday 7:30 a.m. – 3:00 p.m. A \$30 non-refundable fee is assessed by payroll deduction for replacement of photo IDs for lost or stolen badges. ID badges must be worn at all times above the waist. The ID Badge must be returned to the Security Department, Human Resources, or Medical Education upon the permanent completion of your program.

Paging Instructions

Lost Pagers

Pagers are the responsibility of the individual carrying the unit. If one is lost, a replacement will be ordered and a \$50 fee will be charged back to the individual.

Paging from any CCAG Phone

All Cleveland Clinic Akron General phones have direct access to phone lines specifically dedicated to the paging system. To execute a page, follow these steps:

1. Pick up a Cleveland Clinic Akron General phone.
2. Dial 770.
3. Enter the four-digit pager number you are calling.
4. You will hear 4 short beeps.
5. Enter the page by dialing the phone number where you can be reached.
6. Hang up the phone.

Paging from a Non-CCAG Phone

A page can only be sent from a touch tone phone (not all push button phones that “beep” are touch tone phones). To execute a page from any off-campus touch tone phone, follow these steps:

1. Dial the complete ten-digit pager number: 330-250-xxxx.
2. You will hear four short beeps.
3. Enter the page by dialing the phone number where you can be reached.
4. Hang up the phone.

Paging from our Intranet Phone Directory

A page can be sent via our intranet phone directory if they have a pager icon in front of their name. To execute a page from any in-house computer via the intranet, follow these steps:

1. Go to our intranet home page
2. Click on Phone/Pager Directory Search
3. Enter the last name of the person you are trying to page
4. Click search or hit enter
5. Click on the pager icon to the left of the person’s name
6. Compose your message
7. Click send message

Making an Overhead Page Request

Dial x46111 from an on campus phone to reach the hospital page operator. Give the pager operator your name and the number of the person you are paging. Remain on the line until the paged person answers. If paging from outside the hospital, give the operator the full number to call (e.g., 330-344-6050).

Requesting Information

Please dial “0” for the Hospital Operator when requesting information regarding directory assistance with the hospital.

Overhead Page Codes

Cleveland Clinic Akron General is committed to the wellbeing of its caregivers, patients, and visitors. Emergency Codes are used in medical facilities to alert caregivers and visitors to various emergency situations.

CCAG Codes		TO CALL A CODE, CALL THE EMERGENCY OPERATOR AT 330-344-6020 (x46020). In the event there is a phone switch failure or power failure, the STAT line transitions from x46020 to the red phone 330-384-8432. Power failure transfer numbers are listed in department-specific downtime procedures.
Caregiver responsibilities:		Caregivers are expected to report emergencies and call for assistance. Any caregiver may call the operator to request an emergency code call.
Manager responsibilities:		Managers are expected to huddle with teams and deliver information from administration or security on how to respond. If you are a member of the Incident Management Team (IMT), you may receive a call or text notification with instructions or further information on how to respond. If you are not a member of the IMT, respond according to written CCAG code policies and procedures. All procedures can be found on the PPM intranet website: http://my.agmc.org/portal/page/portal30/TOPLEVELPAGES/PPM/PPM_page
Med Gas Shutoff Procedure:		The following caregivers are authorized at CCAG to turn medical gas and vacuum valves OFF in the event of an emergency: <ul style="list-style-type: none"> • Directors, Assistant Nurse Managers, and Staff RN's of Patient Units • Respiratory Therapist • Radiology Technologists (ONLY in the Radiology Department and NeuroInterventional Lab) • Anesthesiology To shut off, each valve should be turned a quarter turn towards you. During a fire, all valves are to be shut. Oxygen valve first, then medical air, then vacuum. Provide E-tanks to patients that have been taken off the Medical Gas Panel supply. Be sure to familiarize yourself with the Med Gas Panel locations throughout the Hospital.
Code Adam	Missing Infant/ Child	<ol style="list-style-type: none"> 1. Alert the operator immediately: Dial x46020 2. Describe the Who, What, Where, and When of the situation to the operator 3. Cleveland Clinic expects all employees to act as eyes and ears, report any suspicions to the proper authorities, and position employees at all exit doors
Code Black	Bomb Threat	<ol style="list-style-type: none"> 1. Listen carefully and write down everything that is said utilizing the Bomb Threat Report Form 2. Keep the caller talking as long as possible 3. If a team member is nearby, get their attention and have them Alert Security: Dial x47604 4. Wait for further instructions from Cleveland Clinic Police
Code Blue	Adult Cardiac or Respiratory Arrest	<ol style="list-style-type: none"> 1. Alert the emergency operator by pressing the Code Blue button or by dialing x46020 2. The operator announces Code Blue with location overhead, and the emergency team responds 3. The physician in charge of the Code Blue in NON-inpatient areas may request support staff dial 911. The Critical Care Intensivist is responsible to cancel a Code Blue, if appropriate
Code Pink	Pediatric Cardiac or Respiratory Arrest	<ol style="list-style-type: none"> 1. Alert the emergency operator by pressing the Code Pink button or by dialing x46020 2. The operator announces Code Pink with location overhead, and the emergency team plus an ED nurse responds 3. The physician in charge of the Code Pink in NON-inpatient areas may request support staff dial 911. The Critical Care Intensivist is responsible to cancel a Code Pink, if appropriate
Code Brown	Missing Adult	<ol style="list-style-type: none"> 1. Alert the operator immediately: Dial x46020 2. Describe the following: <ol style="list-style-type: none"> a. Name b. Description 3. Cleveland Clinic expects all employees to act as eyes and ears and report any suspicions to the proper authorities, and position employees at all exit doors

Code Gray	Severe Weather (Tornado/High Winds)	<p>Non-patient Areas:</p> <ol style="list-style-type: none"> 1. Move to the basement or ground floor center hall of the building you are in. Close office doors as you leave. Do not use elevators 2. Stay away from windows and doors with glass panes 3. Sit or crouch in an inner hall or room <p>Patient Service Areas:</p> <ol style="list-style-type: none"> 1. Close window blinds and drapes, and remove items from windowsills 2. Move non-ambulatory patients away from windows and cover with thick blankets and pillows. Pull privacy curtain around occupied beds and close door to patient 3. Ambulatory patients, visitors, and staff should move to an interior public hallway away from exterior windows, walls, and doors 4. Keep one side of the hallway clear in order to comply with fire safety codes and to allow for emergency exit 5. Off-site departments should move to the central most point of their facility, away from the exterior windows, walls, and doors. Seek shelter behind or beneath heavy furniture 	
Code Gray	Severe Weather (Winter Storm)	<ol style="list-style-type: none"> 1. Immediately cancel all visiting hours. (If it is unsafe to travel, visitors will be able to remain) 2. Keep patients in their rooms unless high winds are expected 3. Do not send discharged patients home until family, legal guardian, or appropriate safe transportation is available 	
Code Orange	Hazardous Release/Decontamination Incident	<ol style="list-style-type: none"> 1. Implement department specific spill response 2. If major release of more than 1 gallon or more than able to be safely cleaned, alert the operator immediately: Dial x46020 3. Notify: immediate supervisor, NOM, EVS, EHS, and Security 4. Evacuate patients, if directed to do so by Hospital Administration 5. Cordon off the area and if possible take measures to stop the spill using the appropriate PPE 	
Code Red	Fire	<p>Caregiver Response</p> <p>R – Rescue the patient/victim A – Activate the alarm: Dial x46222 C – Contain the fire E – Extinguish and evacuate</p>	<p>Fire Extinguisher Operation</p> <p>P – Pull the pin on the extinguisher A – Aim at the base of the fire S – Squeeze the handle S – Sweep from side to side at the base of the fire</p>
Code Silver	Active Shooter or Hostage Situation	<p>A – ALERT police and caregivers about the situation: Dial x46020 or utilize panic buttons if safer to do so</p> <p>L – LOCKDOWN means to secure in place</p> <p>I – INFORM as many people as possible using any means available</p> <p>C – COUNTER by disrupting the ability of the shooter to use their weapon</p> <p>E – EVACUATE formula: Distance = Time</p>	
Code Violet	Violent Situation	<ol style="list-style-type: none"> 1. Alert the proper authorities immediately: Dial x46020 or utilize panic buttons if safer to do so 2. Take orders from the healthcare provider in charge/Team Lead 3. Remove instruments to prevent them from being used as a weapon 4. Use Standard Precautions for Infection Control 	
Code Yellow	Internal/External Disaster	<ol style="list-style-type: none"> 1. Alert the operator immediately: Dial x46020 2. Continue patient care or normal duties until instructed to do otherwise by your supervisor or safety/security personnel 3. Remain in work area and await further instructions from your supervisor or hospital administration 	

Detailed descriptions of these codes and their meaning can be found on the Intranet at http://my.agmc.org/portal/page/portal30/AGMC_DEPT/CCAGemergencymanagement

Physical Examination

A physical examination, including pre-employment drug testing, x-ray (if positive TB test in the past) and pertinent laboratory procedures, is required at the start of an appointment. This may include such procedures and/or immunizations as deemed appropriate by Cleveland Clinic Akron General to assure minimal health risk to the House Officer, other staff members, and patients. The Human Resources Policy titled, Substance Abuse Policy, is available on the Intranet.

As part of a fitness for duty evaluation, a Program Director may require a House Officer to submit to a physical exam, appropriate testing as well as psychiatric or psychological exam. Failure to complete may lead to dismissal from the Residency.

License / Training Certificate

It is mandatory that every House Officer without a permanent State of Ohio medical license obtain a training certificate from the State Medical Board of Ohio. Applications can be completed online through the State Medical Board of Ohio at https://elicense.ohio.gov/OH_HomePage. The application fee is \$130.00 (plus a \$3.50 processing fee). Failure to have a current training certificate will be cause to remove House Officer from direct patient care responsibilities. Training certificates will be issued by the State Medical Board of Ohio for a period of 3 years.

Renewal applications are e-mailed approximately on April 1st for those whose training certificates will be expiring in June of that same year. Others will receive their application accordingly. Renewals are done online and require a credit card.

All House Officers are encouraged to apply for permanent licensure at the time of eligibility. The Ohio State Medical Board requires that the applicant personally request the application for permanent licensure and provide the necessary information and documentation. A copy of your permanent licensure must be provided to the GME Coordinator for inclusion in your permanent file.

DEA Number

A temporary DEA registration number will be assigned to you by the Pharmacy and can be obtained from the GME Coordinator. This DEA number is for training purposes only. A permanent DEA number can be applied for with your application for permanent licensure by calling 1-800-882-9539, or Internet site www.deadiversion.usdoj.gov.

Uniforms and Laundry

The official uniform for House Officers includes full-length white coat worn over trousers, shirt and tie; or skirt/slacks and blouse. The hospital will furnish white coats and launder them free of charge. White coats, as a minimum, must be laundered once a month. Scrubs are provided by the hospital at no cost to the resident and remain the property of the hospital. All scrubs must be returned to Laundry or Medical Education when the resident separates from employment with the hospital.

Once soiled, scrubs must be placed in the “dirty linen” container located in the 4th floor call quarters, the OR, or by the uniform room located in the basement directly across from the brown elevators. Scrubs should never be worn outside the hospital. Laundered scrubs can be picked up in the uniform room, OR, or 4th floor call quarters.

The Perioperative and Procedure Attire Policy should be referenced for appropriate usage of ceil blue attire (provided to surgical specialties at no cost to the resident).

Secure VIP/RSA Token

As a caregiver, you will be provided secure VPN/VIP access. To obtain access or if you have questions regarding the secure VPN/VIP access, please contact the Medical Education Department at 330-344-6050 or visit the Graduate Medical Education Coordinator.

Physician Portal

While EPIC is the source for patient information, the Physician Portal provides web-based access to a wide range of clinical information, as well as an on-line physician directory. You can access the Physician Portal from the hospital or by using a VPN/VIP connection from your home or office.

To get to the portal, go to the Web address <http://my.agmc.org>. For questions, contact Akron General's Help Desk at 330-344-6604 or the Medical Education department at 330-344-6050.

Annual Employee Education

Cleveland Clinic Akron General requires that all employees complete education annually in such areas as, but not limited to: Human Resources, Corporate Compliance, HIPAA, Diversity & Inclusion, Safety, Emergency Management, Global Harmonized Communication, Quality & Patient Safety, Infection Control & Prevention, Preventing Occupational Exposure to Blood borne Pathogens, Preventing Occupational Exposure to Tuberculosis, Information Security Awareness, and Patient & Visitor Focus. The Mandatory Training Steering Committee identifies the specific areas each year.

Cleveland Clinic Akron General E-mail Access

All residents must access (i.e., read and respond) their assigned CCAG E-mail account on a regular basis. While we encourage daily access, you must at least check **no less than once per week**. Information of vital importance to residents and the residency programs is disseminated in this way and each resident is required to access it frequently.

Infection Control

<http://my.agmc.org/portal/page/portal30/TOPLEVELPAGES/Infection%20Control%20and%20Prevention/Tab>

The systems of isolation include Standard Precautions and five additional categories for higher levels of precautions (contact, contact soap and water, droplet, airborne, contact droplet + eyewear). These systems are designed to protect patients and healthcare workers by reducing the risk of transmission of infectious agents in the hospital. Since patients with infections are not always identifiable, it is important to consistently use standard precautions with ALL patients.

Standard Precautions are driven by interactions with body substances, requiring barriers for all contact with body substances. Training in protection from blood borne pathogens is required for all House Officers on a yearly basis by federal law. Details of the regulation are in the Exposure Control Plan in the Safety Manual (also on the CCAG Intranet).

Guidelines for Use of Personal Protective Equipment (PPE)

- Wear gloves when there is a potential for contact with blood or body substances.
- Wear gloves when handling items or surfaces soiled with blood or body substances.
- Change gloves and perform hand hygiene between each patient contact.
- Wear gloves for all patient contact in critical care areas.
- Gowns and gloves are required for entry into a contact precautions room.
- Wash hands and other skin surfaces immediately and thoroughly if contaminated with blood or body substances.
- Hand hygiene is required upon patient room entry and exit. *Foam in, Foam out!*
- Wear gowns for procedures, which could generate splashes or lead to soiling of clothing with blood or body substances.
- Use face protection—goggles and masks, or face shields—for procedures in which there is a possibility of splashing, spattering or aerolization of blood or body substances.
- No mouth to mouth-- only Bag Valve Mask or LMA for resuscitation
- Send lab coats to the laundry frequently and whenever visibly soiled. Lab coats are your uniform and must be clean at all times.

COVID-19 PPE Considerations

Surgical ear-loop face mask required at all times unless providing direct care to positive or suspected COVID-19 patient, then N95 or PAPR and face shield or eye protection is required.

Respiratory Protection for TB Control

Special masks, which are classified, as respirators, are required for persons entering a TB isolation room (Airborne Precautions). All House Officers must be cleared by Employee Health to wear a respirator and be fitted with a respirator. This is a federal requirement under the Respiratory Protection Policy. Fit testing is required yearly.

Hand Hygiene is an expectation before and after patient contact and after contact with equipment or the environment in the patient's room. Hand hygiene is required for patient room entry and exit. *Foam in, Foam out!*

An Isolation Quick Guide is available on the Infection Control & Prevention's Intranet site.
<http://my.agmc.org/portal/page/portal30/CA%20Infection%20Control/Resources/CCAG%20Isolation%20Precaution%20Quick%20Guide%203%202022.pdf>

Questions or concerns may be addressed to the Infection Control Practitioners at extension 46532 or via email.

Abby Avery 330-808-8808

Marissa Strum 216-678-2770

Otis Arnold II 330-344-6532

Yvette Naccari 330-344-6532

Institutional Policy for House Officer Clinical & Educational Work Hours in the Learning and Work Environment

This policy describes the institutional policy of Cleveland Clinic Akron General for monitoring of Clinical & Educational Work Hours (formerly Duty Hours) for all the residency programs it sponsors.

The ACGME standards emphasize the responsibilities of the programs, sponsoring institutions and the accrediting body relating to safe patient care and appropriate learning environment for House Officers. These areas must be addressed: (1) placing appropriate limits on clinical & educational work hours, (2) promoting institutional oversight, (3) promoting and defining supervision and (4) fostering high-quality education and safe patient care, with House Officer involvement in hospital quality improvement and patient safety efforts.

“Clinical & Educational Work Hours” are defined as all clinical and academic activities related to the residency program i.e., patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house and at-home during call activities, and scheduled academic activities such as conferences. Internal and external moonlighting is also part of duty hour requirements.

Program Requirement

Each residency program must establish formal written policies governing House Officer clinical & educational work hours that are consistent with the institutional and program requirements. This policy will be communicated to the House Officer and faculty annually. It is the responsibility of the program director to monitor clinical & educational work hours with sufficient frequency to ensure that the clinical & educational work hour requirements are being met. Program directors are encouraged to utilize clinical & educational work hour data from individual House Officers as part of the semi-annual evaluation process.

Institutional Oversight

One method of institutional oversight is through the year-end House Officer survey. On an annual basis, the Chair of the Graduate Medical Education Committee/Designated Institutional Officer will present data to the Graduate Medical Education Committee on all approved programs with respect to clinical & educational work hour compliance.

Reporting

Annually, or upon request of the Graduate Medical Education Committee, each program director of an RC-approved residency training program under the sponsorship of Cleveland Clinic Akron General will present a formal report to Graduate Medical Education Committee on their program compliance with both ACGME and RC requirements as they relate to House Officer Clinical & Educational Work Hours. The program director will describe the individual program policy of monitoring clinical & educational work hours, how the clinical & educational work hours are recorded and verified and how variances in the clinical & educational work hours are addressed. A copy of their policy should be presented at this time.

The Graduate Medical Education Committee will review the data presented by the individual Program Directors and Designated Institutional Officer. Such data will be presented to the Department of Graduate Medical Education and the Research Committee of the Board of Directors and the Organized Medical Staff annually. The individual program policy should be approved at this time.

Violations

Repeated violations involving specific House Officers, rotations or programs will be evaluated by the Graduate Medical Education Committee on a semi-annual basis. If identification and education is ineffective, then House Officers that are consistently out of compliance will be required to appear before the Graduate Medical Education Committee and provide reasons for their non-compliance, as well as an action plan to ensure future compliance with these regulations.

Repeated violations by a House Officer will be cause for reprimand, probation or dismissal from the training program. Similarly, rotations with repeat violations will be subject to exclusion from the training programs.

Clinical & Educational Work Hour Exception

Cleveland Clinic Akron General as a sponsoring institution fully supports the clinical & educational work hour requirements as currently published. A petition from a program requesting greater than a ten-percent increase in clinical & educational work hours exception is inconsistent with the published standards and will not be accepted for review by the Graduate Medical Education Committee.

Moonlighting

The Accreditation Council for Graduate Medical Education (ACGME) has described residency as “physically, emotionally, and intellectually demanding”. The time spent in Graduate Medical Education is designed and dedicated to ensure that you achieve proficiency (the stage beyond competence) in clinical care and while fostering academic excellence within your chosen specialty. Moonlighting is only permitted if opportunities exist that, in the opinion of Program Director, do not interfere with the main objectives of training, adherence to work hour rules, or with the wellbeing of the individual Resident or Fellow. The ACGME requires that Sponsoring

Institutions have a written policy on moonlighting. The Graduate Medical Education Council (GMEC) is responsible for monitoring and advising on all aspects of training at Cleveland Clinic Akron General including, but not limited to, each program's adherence to the prudent work requirement limits set by the Review Committees (RC).

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

1. PGY1 Residents are NOT permitted to moonlight.
2. Moonlighting must occur outside training hours and not conflict with training activities. This means that in most specialties moonlighting may occur in the evenings, weekends, or on vacations, based on the Resident or Fellow's educational/program responsibilities. For shift-based programs (e.g. Emergency Medicine), moonlighting can occur outside of the assigned clinical or educational time periods.
3. Moonlighting must not interfere with the ability of the Resident or Fellow to achieve the goals and objectives of the educational program, or hinder patient care in any way.
4. Residents or Fellows must not be required to moonlight.
5. Residents or Fellows are required to obtain written permission from their Program Director before engaging in any moonlighting. This prospective, written statement of Permission to Moonlight is to be maintained in the House Officer's file.
6. All moonlighting (internal and external) must be counted toward the 80 hour weekly limit on clinical and education hours; and Residents or Fellows must document and account for all approved internal and external moonlighting activities on the required log on a monthly basis.
7. As required by The Joint Commission, Residents or Fellows engaged in moonlighting (regardless of level of responsibility and/or supervision) must hold a current permanent license issued by the State Medical Board of Ohio.
8. As required by the DEA and Board of Pharmacy, any resident or fellow engaged in moonlighting that could involve writing a script for a scheduled drug must obtain their own personal DEA number. Once a personal DEA number is obtained, it will be used for all purposes and the institutional DEA must no longer be used.
9. Residents or Fellows on J-1 visas are not eligible to moonlight under any circumstances due to federal regulations which do not permit activity and/or compensation outside of the sponsored program, such as moonlighting.

Types of Moonlighting

1. External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the clinical trainee is in training, and any of its related participating sites.

- It is the responsibility of the institution hiring the Resident or Fellow to determine whether licensure and DEA number are in place, adequate liability is provided, and whether the Resident or Fellow has the appropriate training and skills to carry out assigned duties during moonlighting assignments.
- Explicitly, external moonlighting is not subject to professional liability indemnification by Cleveland Clinic Akron General (i.e. we do not provide malpractice insurance for external moonlighting).

2. Internal Moonlighting: Voluntary, compensated, medically-related work performed within the institution in which the Resident or Fellow is in training, or other Cleveland Clinic sites. Cleveland Clinic Akron General only allows internal moonlighting that is supplemental on-call or other clinical responsibilities which are within the scope of the Residents or Fellows training, and commensurate with the Residents or Fellows level of experience and skill.

- These supplemental responsibilities must be fully supervised.
- Must occur outside normal or assigned training hours.

Permission to Moonlight: The decision to allow Residents or Fellows in any training program to participate in moonlighting activities shall be at the discretion of the Program Director. The Program Director may decide that a Resident or Fellow may not moonlight for any of the following reasons:

1. The moonlighting activity would lead to exceeding the RC requirement that limits work hours.
2. The Resident or Fellow is unable to meet any of the requirements of the training program.
3. The Resident or Fellow's performance doesn't meet expected competency based Milestones.
4. The Program Director feels the requirements of the program are such that none of the Residents or Fellows in the training program may moonlight.
5. The Resident or Fellow exhibits signs of fatigue during training activities.

In addition to maintaining a copy of the signed Permission to Moonlight document, and the submitted monthly logs of moonlighting hours from the Resident or Fellow, the Program Directors must monitor the performance of the Resident or Fellow to assure that factors such as fatigue are not contributing to diminished learning, substandard performance, or inadequate patient care. The Program Director must also monitor that the resident or fellow is including moonlighting in their work hours submissions as required by the ACGME. At a minimum, this should be documented at the biannual formative feedback meeting with the Program Director or their designee.

If a Program Director identifies any of these issues with a Resident or Fellow who is moonlighting, the Program Director could advise the Resident or Fellow to discontinue moonlighting activities, among other strategies. If the issues persist, the Program Director would withdraw permission for the resident to moonlight. If a Resident or Fellow is found to be moonlighting without Program Director approval, the Resident or Fellow may be subject to disciplinary action.

Sunlighting

Sunlighting (working for income during hours when an individual has duties and responsibilities to the service on which he/she is training) will NOT be permitted at any time. Any monies derived from teaching activities related to the Northeast Ohio Medical University (NEOMED), from any other required teaching activity, or from any income-producing activity as part of the

residency program will be payable only to the respective department or House Staff Association and not to any individual or group of House Officers.

Rotation Schedule

House Officers are assigned to their duties and responsibilities by their Program Director and the Department of Medical Education in accordance with the educational requirements of the Accreditation Council on Graduate Medical Education (ACGME). Annually, a schedule of clinical rotations is prepared for each House Officer. The rotation schedule may be adjusted to meet individual needs or desires providing the residency program requirements are met. All changes in the rotation schedule must be requested in advance for review by the appropriate residency Program Director.

Any and all changes in regular assignments must have a written authorization from the Program Director and/or the House Officer's immediate clinical supervisor, and approved by the Department of Medical Education when appropriate. Request for change to the rotation schedule forms are available in the individual department.

On-Call Schedule

Call schedules are developed by each department on a monthly basis, usually two to four weeks in advance of the beginning of each month. Because of this advance scheduling, House Officers' vacation and conference requests are to be submitted in accordance with program specific policies, and at least six weeks in advance. See also the section on Vacations and Conferences.

Military Service

In the case of Military Reserve Duty, the stipend of the House Officer will be discontinued for the period of active duty. If the reserve pay is not commensurate with the Cleveland Clinic Akron General stipend, the difference between the Reserve pay and Cleveland Clinic Akron General stipend will be provided by the Medical Center.

Unscheduled Time Off

Any request for approval for unscheduled time off (time is considered "unscheduled" once the call schedule has been completed or six weeks prior to the time requested) must be submitted to the Program Director. The Program Director must be informed by the House Officer of the proposed arrangements for temporary coverage in their absence. Requests should be submitted as early as possible. Upon approval of the Program Director, the House Officer will inform the Department of Medical Education and the Chair of any hospital department(s) which may be affected by the absence. Failure to comply with this protocol will be considered an unexcused absence.

Please see your program specific manual for specific regulations related to time off.

House Officer Responsibilities

Cleveland Clinic Akron General commits its resources to provide an excellent environment for its Graduate Medical Education Programs that meet the standards of the essentials of accredited residencies and Graduate Medical Education, established by the Accreditation Council for Graduate Medical Education (ACGME). House Officers are charged with the following responsibilities:

1. Develop personal programs of self-study and professional growth with guidance from the teaching staff;
2. Participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility;
3. Participate in institutional programs and activities involving the Medical Staff and adhere to established practices, procedures and policies of the institution;
4. Participate and follow organizational utilization management protocols and policies, as well as quality of patient care, patient safety and service excellence policies and initiatives;
5. Participate completely in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other House Officers and students;
6. Participate in educational endeavors, including institutional committees and councils, especially those related to quality patient care, patient safety and residency education efforts and activities;
7. Understand and abide by all institutional and program-defined clinical & educational requirements;
8. Participate in the evaluation of the quality of education provided by the hospital;
9. Develop an understanding of the ethical, socioeconomic, and medical/legal issues that affect Graduate Medical Education and of how to apply cost containment measures in the provision of patient care;
10. Serve as a positive role model for junior House Officers and medical students; and
11. Assist in recruiting new House Officers to the institution.

Performance and Decorum

The House Officer shall carry out educational and patient care assignments designated by the Chair/Program Director of his/her specialty department.

The House Officer will perform all assignments in a manner consistent with the most current policies, rules and procedures delineated by the Board of Directors and the Medical Staff of Cleveland Clinic Akron General.

The House Officer will also conduct himself/herself in a professional, moral, and ethical manner commensurate with his/her status and obligation as a physician and according to all organizational policies.

The House Officer is always expected to maintain an appropriate and professional appearance. House Officers are expected to maintain appropriate and professional attire, and adhere to the hospital Professional Appearance Policy. Appropriate attire for House Officers includes wearing professional attire or scrubs (scrub color dependent on service); a clean, white lab coat (provided by Cleveland Clinic Akron General); and official hospital identification badge prominently displayed at all times. Individual departments may have additional dress code requirements, as does Akron Children's Hospital, where some House Officers occasionally rotate. House Officers are required to meet all defined dress code requirements.

The House Officer shall demonstrate the attainment of the required skills commensurate with his/her level of training. The failure to observe or perform to the prescribed conduct and performance set forth herein may result in disciplinary action.

Non-Smoking Policy

According to Cleveland Clinic Akron General Human Resources Non-Smoking Policy, Akron General is committed to providing a safe and healthful environment for all employees, visitors, and patients. All House Officers are expected to abide by this policy.

Therefore, smoking, the use of electronic cigarettes (including vaping), or the usage of any tobacco products is prohibited on all Cleveland Clinic Akron General owned and leased properties and private property adjacent to the facilities. Akron General prohibits smoking and the use of tobacco products by patients, staff, visitors and all others on its grounds. This includes not smoking in a vehicle parked on these grounds. House Officers are prohibited from smoking or using tobacco products any time between start and end of their shift.

House Officers who violate this policy will be subject to progressive discipline except as specified in B below and in accordance with Cleveland Clinic Akron General's Corrective Action policy.

- A. Direct observation of an employee smoking or using tobacco product during work hours.
- B. Employees smoking in any enclosed area, including areas of ingress or egress, as defined by the Ohio Revised Code, will be subject to discipline for a major work rule violation.

To assist employees, Cleveland Clinic Akron General offers smoking cessation resources.

If any person(s) is found violating the Smoke/Tobacco-Free Environment policy, staff is to courteously inform him/her that use of tobacco products is prohibited on the grounds. It is the responsibility of all staff to help enforce this policy.

Use of Personal Electronic Devices

House Officers are expected to abide by Cleveland Clinic Akron General Use of Personal Electronic Devices Policy. House Officers should review and be familiar with this policy which is located on the hospital's Policies and Procedures Manual (PPM) site.

All personal electronic devices must be turned off in patient care and public areas. Unless required in the course of work, use of these devices is restricted to meal and break times. Personal cell phones are prohibited in hallways and main lobby of the facility or while providing care and/or services to a patient, residents, visitors, patient's families or other employees. The employee must be on break or lunch to use the cell phone and it must be in a designated area approved by supervision. Please reference Safety Policy SSP-18 – Cell Phone for additional information.

Any personal business that must be done during the regular business hours must be pre-arranged with the program's Chief Resident. All House Officers must be routinely available to the hospital by telephone. House Officers must report their telephone numbers to the GME Coordinator. Any changes need to telephone numbers must be reported to the GME Coordinator and Workday.

Questions, Concerns and Grievances

It is the practice of Cleveland Clinic Akron General, including its Department of Medical Education, that positive employee relations and morale can be promoted through open communication. Cleveland Clinic Akron General encourages House Officers to express their questions, and report their concerns or make grievances, without fear of retribution or retaliation.

Questions, concerns or grievances about the Program or Program personnel may be directed, as appropriate, to the Program Director, to the Chair of Medical Education and Research, to the Human Resources Department of Cleveland Clinic Akron General, or to their respective staffs. Questions, concerns or grievances may be expressed verbally in person, by telephone, email, or in writing.

Questions or concerns about compliance and/or HIPAA privacy-related concerns can be made by calling the Office of Corporate Compliance at 330-344-4722 (Akron) or the Corporate Compliance Reporting Line at 1-800-826-9294 or corporatecompliance@ccf.org. The Corporate Compliance Reporting Line can be used to report anonymously. If you report anonymously, the source of the call will not be traced, so it is important that you provide as much detail as possible.

Questions or concerns about harassment, sexual harassment or misconduct, discrimination or alcohol/substance abuse may be directed to the Cleveland Clinic Akron General Human Resources Department.

It is Cleveland Clinic Akron General's intent to address, respond, and resolve promptly, appropriately, and formally or informally, as circumstances warrant.

Code of Conduct

House Officers must comply with the Cleveland Clinic Akron General Standards of Conduct, Code of Conduct, and Conflict of Interest policies that are accessible on the Cleveland Clinic Akron General Intranet (<http://my.agmc.org>) and are incorporated by reference into this House Officer Manual. You may also request a written copy of these policies.

House Officers are expected to speak, act, appear, perform, and dress in a manner consistent with their status as a physician, both within the hospital and when representing the hospital at any public functions. Program Directors have the authority to impose disciplinary action, including immediate disciplinary action, when warranted by circumstances, for a House Officer's violation of Standards of Conduct, Code of Conduct, or Conflict of Interest policies, disruptive actions, unprofessional or behavior, inappropriate dress, or other conduct unbecoming of a House Officer.

Disciplinary action also may be taken against a House Officer for academic dishonesty, breach of medical ethics, scientific misconduct, failure to fulfill the duties and responsibilities of a House Officer, or any act or omission deemed dangerous or negligent regarding patient care, or posing an actual or potential risk to colleagues, staff, patients, patient families, or to the public.

Disciplinary actions at Level 3 or higher taken against a House Officer will become part of the House Officer's permanent record. Accessibility to, and disclosure, of disciplinary actions at Level 3 or above will be subject to applicable state and federal law.

Sexual Harassment

House Officers must comply with the Cleveland Clinic Akron General Sexual Misconduct in Education Policy.

Cleveland Clinic Akron General will not permit sexual harassment in any form to be engaged in at this facility. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a nature where submission to the conduct is an explicit or implicit term of condition of the job, is used as a basis for employment decisions, interferes with work performance, or creates an unfavorable working environment.

An employee having knowledge of any alleged sexual harassment is to report it to their supervisor and/or the Department of Human Resources. Such reports will be held in confidence and the employee will be protected from harassment or retaliation for reporting such conduct.

Any employee who engages in any type of sexual harassment will be subject to discipline up to and including discharge, depending on the severity of the offense. Any employee who is aware of a person who engages in sexual harassment and fails to report it will be subject to discipline.

Cleveland Clinic Akron General strives to ensure that the work environment is always focused on patient care and education. A hostile environment will not be tolerated. A hostile environment is defined as offensive conduct relative to an employee's gender that a reasonable man or woman should not have to endure, or the victim's subjective perception would find the work environment hostile or abusive.

Additional information can be found on the PPM policy, "Sexual Misconduct in Education."

Promotion or Non-Renewal of House Officer Contract

General Performance of House Officers

The House Officer shall carry out educational and patient care assignments designated by the Chair/Program Director of his/her specialty department. The House Officer will perform all assignments in a manner consistent with the most current policies, rules and procedures delineated by the Board of Directors and the Medical Staff of Cleveland Clinic Akron General. The House Officer shall demonstrate the attainment of the required skills appropriate for his/her level of training. Failure to comply with the prescribed conduct and performance for promotion and/or renewal of a resident's appointment, as set forth in each ACGME-accredited program manual, may result in verbal notice or warning, written warning or reprimand, probation, remediation, suspension, non-renewal of contract, or termination and dismissal from the program.

Promotion of House Officer

The House Officer must demonstrate progress toward the goals of clinical competence in the six core competencies, cognitive achievement, and accumulation of a fund of knowledge commensurate with physicians certified by the respective specialty Board. A House Officer will be evaluated, at least, semi-annually by the faculty and/or Program Director. Each of these written summary evaluations will become part of the House Officer's permanent file. Accessibility and disclosure will be subject to applicable State and Federal law.

Probation or Remediation

When a House Officer functions below the level of appropriate performance, the House Officer may be placed on probation for a period of time to be determined by the Program Director, but not to exceed a cumulative six months during the House Officer's residency.

A House Officer also may be placed in remediation, which differs from probation and does not have any maximum duration.

The reasons for probation and/or remediation, as well as the specific deficiencies, and reformation expected, will be identified and reported to the House Officer and the Department of Medical Education.

At the conclusion of the period of probation and/or remediation, the House Officer will be re-evaluated by the Program Director. The Program Director may recommend: (1) an end of probation and/or remediation due to resolution of the deficiencies; (2) continuation or extension of probation, but not to exceed a cumulative six months during the House Officer's residency, and/or continuation of remediation; or (3) non-renewal or termination of the contract of the House Officer.

Non-Renewal

Cleveland Clinic Akron General, if practical, will endeavor to provide written notice of intent not to renew a House Officer's contract generally no later than four months prior to the end of the House Officer's current contract. If the primary reason for nonrenewal occurs within the four months prior to the end of the contract, Cleveland Clinic Akron General will provide as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract. This provision does not apply to a House Officer who is in his/her anticipated graduation year.

The Department of Medical Education will be notified of the results and details of the re-evaluation and of any further action instituted by the Department Program Director.

Guidelines for House Officer Remediation and Disciplinary Action

The goal of Graduate Medical Education programs is to educate House Officers in their selected specialties so that they can perform independently as clinically competent physicians after graduation. The purpose of these Guidelines is to identify situations, including (but not limited to) poor academic performance, lack of professionalism or interpersonal communication skills, inappropriate conduct, or failure to demonstrate peer level achievement of the six core competencies, and to initiate remedial or disciplinary action that is fair, consistent, and appropriate with the intent, if possible, to remediate behavior and improve clinical or academic performance.

Remedial or disciplinary action aims to identify, address and attempt to remediate or improve clinical and academic performance and/or professional behavior. While desirable to attempt progressive disciplinary or remedial action, if reasonably practical, a stepped approach is not mandated.

Guidelines

The following levels are intended as Guidelines only. Any level may be skipped, accelerated, combined, or otherwise modified, depending on circumstances:

Verbal notice or warning (Level 1) is appropriate when an academic, clinical or behavioral deficiency is identified. The Program Director will review the verbal notice or warning with the House Officer. A verbal notice or warning does not need to be documented in the House Officer's file, but the Program Director may keep a record by internal memorandum or otherwise of verbal notices or warnings. A verbal notice or warning is not eligible for Reconsideration or Internal Review Appeal.

Written warning or reprimand (Level 2) is appropriate in circumstances when a deficiency identified through a verbal notice or warning has not been corrected, or if a more serious academic, clinical or behavioral deficiency occurs. The Program Director will review with the House Officer the deficiency that prompted the written warning or reprimand, as well as the substance of the written warning or reprimand. The Program Director should explain to the House Officer disciplinary or remedial action options, including (but not limited to) probation, remediation, suspension or non-renewal of the House Officer Contract, if the deficiency continues or is unresolved. The written warning or reprimand will be documented in the House Officer's file, but the House Officer may or may not be given a copy of the written warning or

reprimand. A written warning or reprimand is eligible for Reconsideration but is not eligible for Internal Review Appeal.

Probation (Level 3) is appropriate if there is no or non-satisfactory improvement in deficiencies cited in the written warning or reprimand and/or if additional deficiencies are identified. The House Officer may continue to work during probation, but probation is limited to a cumulative maximum of six months over the course of the residency. A House Officer who is on probation may not advance to the next PGY level unless approved by the Program Director and Chair of the Department of Medical Education & Research. The Program Director will meet with the affected House Officer to explain Probation, establish goals for ending Probation, and describe the consequences if the House Officer fails to demonstrate improvement necessary to get out of Probation. Probation is eligible for Reconsideration and Internal Review Appeal.

Suspension or Involuntary Leave of Absence (Level 3) is appropriate where there are serious issues, including (but not limited to) patient safety and/or potential harm to self or others, and/or serious disruption to the Program, or during the pendency of an Internal Review Appeal when termination has been recommended. It is permissible to impose suspension immediately, where warranted, without first going through other Levels. During suspension, the House Officer is relieved of all Program responsibilities and is denied physical and electronic access to the facilities. Suspension or Involuntary Leave of Absence is eligible for Reconsideration and Internal Review Appeal.

Termination of House Officer Contract for Cause or Dismissal from the Program (Level 4) is appropriate when serious academic and/or behavior deficiencies or problems (including, without limitation failure to satisfy core competencies) exist despite previous remedial and/or disciplinary efforts. Termination or Dismissal is eligible for Reconsideration and Internal Review.

Alternative Actions

Voluntary Leave of Absence (LOA) - A House Officer may request a voluntary Leave of Absence (LOA) for personal reasons or to complete treatment for a medical or mental health condition.

Remediation - Remediation differs from probation and is designed to address through educational means identified clinical and/or academic deficiencies. The goal of remediation is to improve competence and academic performance. There is no maximum time limit in which a House Officer may remain in remediation. The Program Director has the option either to create a written remediation plan or to document in the House Officer's file the deficiencies identified for remediation. A House Officer who is placed in remediation may request reconsideration, but remediation is not eligible for Internal Review Appeal.

Remediation is considered a formative tool that is within the normal academic course of assessment and instruction. As such, it is not intended by itself to be a disciplinary outcome. Unless it results in extension of training or progression to Level 3 or 4 disciplinary action (reportable events in their own right) remediation is not considered a reportable activity.

Program Director Authority and Responsibility

The Program Director has the authority and responsibility to recommend or impose appropriate disciplinary or remedial action involving House Officers under his/her direction, subject to review by the Chair of the Department of Medical Education and Research.

At the time of a written warning or reprimand, probation, suspension, or remediation, the Program Director should outline in writing the following:

1. Conduct and/or Performance issues and expectations;
2. Timeframe to reassess;
3. How will assessment occur, including tools, methods or processes to be used.
4. Criteria determining success; and
5. Consequences of House Officer's failure to satisfy or comply.

The Program Director will review with the House Officer the reasons for a written warning or reprimand (Level 2) or the terms and expectations involved in remediation. The Program Director has the discretion either to have the House Officer sign a written warning or reprimand or remediation or prepare a memo for the House Officer's Program file indicating that the Program Director had reviewed the reasons or terms, as applicable.

In the case of probation, suspension or termination (Level 3 or Level 4), the Program Director will review with the House Officer a summary, which the House Officer will be asked to read and sign, verifying that he/she has met and reviewed the subject disciplinary action with the Program Director. Signing does not necessarily indicate the House Officer's agreement with the recommended or imposed action. The Program Director will note if the House Officer refuses to sign the summary, which will be included in the House Officer's Program file.

A copy of pertinent documentation regarding the House Officer in connection with a Level 3 or Level 4 disciplinary action or remediation will be sent to the Department of Medical Education & Research in a timely fashion. Executive summaries are encouraged. A House Officer may provide a written response to any Level 3 or Level 4 disciplinary action.

Policy for Reconsideration and Internal Review Appeal

Recommendations or Actions Eligible for Reconsiderations Only

A House Officer may request Reconsideration of a written warning or reprimand (Level 2), or recommended remediation. A House Officer may mail or deliver in person a written request for Reconsideration to the Chair of the Department of Medical Education and Research within seven calendar days of the recommended or imposed action. The Chair promptly will review the request for Reconsideration with the Program Director who recommended or imposed it. The Chair will affirm, overrule, modify or otherwise attempt to resolve any disagreement about the action by other appropriate means. The Chair will notify the House Officer in writing of the disposition of the recommended or imposed action, which will be binding and final without further review or Internal Review Appeal.

Recommendations or Actions Eligible for Reconsideration and Internal Review Appeal

A House Officer has the right to request Reconsideration of any recommended or imposed adverse action that could result in dismissal or significantly threaten the House Officer's career development, including (but not limited to) probation (Level 3), suspension (Level 3), termination/dismissal (Level 4) from the program, or non-renewal of the House Officer Contract for performance reasons. The House Officer must request Reconsideration in writing, which must be mailed or delivered in person to the Chair of the Department of Medical Education and Research within seven calendar days of the recommended or imposed action.

The Chair will meet separately with the requesting resident and the Program Director who recommended or imposed the action in a timely manner, to review and reconsider the action. The Chair will affirm, overrule, modify or otherwise attempt to resolve any disagreement regarding the adverse action by other appropriate means. The Chair will notify the House Officer in writing, in person, or by certified mail (return receipt requested) of the disposition of the recommended or imposed adverse action.

If the Chair's decision is to uphold the recommended or imposed appealable action, or modify it in such a way that it still threatens the House Officer's career development, the House Officer may request in writing an Internal Review Appeal within seven calendar days from the date the House Officer receives notification from the Chair.

Internal Review Appeal Panel

The Internal Review Appeal will be heard by an Internal Review Appeal Panel of five persons consisting of the following:

- Three current or past members of the Graduate Medical Education Committee selected by the Chair of the Department of Medical Education & Research (none of whom were involved in taking the adverse action against the House Officer);
- The President or other officer of the House Staff Association; and
- The Chief Medical Officer or his/her designee.

The Chair of Medical Education and Research shall preside at the Internal Review Appeal proceedings to maintain order and decorum. The Internal Review Appeal Panel is a “peer review” committee as defined by Ohio Revised Code, Section 2305.25.

Scheduling the Internal Review Appeal

The Internal Review Appeal proceedings will be held as soon as reasonably practical, but no later than thirty (30) calendar days from the date the House Officer’s written request for an Internal Review Appeal is received by the Chair.

Internal Review Appeal Process

The Internal Review Appeal of the recommended or imposed adverse action, which involves the competency and/or professional conduct of the House Officer, is a peer review proceeding, as defined by Ohio Revised Code, Section 2305.251. The Internal Review Appeal proceedings, and those participating in them, are entitled to all protection and privileges afforded by Ohio Revised Code, Section 2305.251 and 2305.252.

An Internal Review Appeal is not the same as court hearing or a “hearing,” as that term is used in the Medical Staff Bylaws. An Internal Review Appeal does not give the House Officer the right to conduct formal discovery or to compel the attendance of any person as a witness. The House Officer may review and receive a copy of his/her residency Program and Medical Education files within seven days after making a written request. The House Officer may review, but not copy, any other document the Program Director is relying upon for making the recommendation or imposing the action. The review may take place at the Internal Review Appeal proceedings. The parties are encouraged to share in advance the names of persons who may speak on their behalf at the Internal Review Appeal proceedings in order to maximize the effective use of time allotted for the Internal Review Appeal. Neither the House Officer nor the Program Director who recommended or imposed the appealable adverse action shall be represented by an attorney at the Internal Review Appeal proceedings. The House Officer or Program Director may request other House Officers or active members of the medical staff to assist at the proceedings. Neither side is bound by the rules of evidence. The Chair will have the discretionary right to exercise reasonable control over the proceedings regarding relevancy and appropriateness of written or oral testimony, including the discretionary right to limit or preclude scurrilous or irrelevant testimony or documents.

Both sides will have an equal opportunity to present their respective positions. Both sides will have an equal opportunity at the beginning of the proceedings to review all documents and

written information that the other intends to present. The Program Director who recommended or imposed the appealable adverse action will present first. The House Officer will then present his/her position. Both parties will be allotted equal time to give written and oral testimony and produce witnesses on their respective behalves. Both parties will be able to ask the other questions. Members of the Internal Review Appeal Panel and the Chair may ask questions of either party at any time. Generally, an Internal Review Appeal proceeding will be completed within three hours, though the Internal Review Appeal Panel may agree to extend the time for good cause. A stenographic record of the proceedings will be taken, but that record is privileged under Ohio Revised Code, Section 2305.252. The House Officer is not entitled to a copy of the stenographic record.

Objective and Standard of Review

The objective of the Internal Review Appeal is to gather information in order for the Internal Review Appeal Panel to determine the fairness of the recommended or imposed adverse action. The Internal Review Appeal Panel may affirm, reverse, or modify the recommended or imposed action. The burden is on the House Officer to prove by the greater weight of credible evidence that the recommended or adverse action was arbitrary, capricious, or not reasonably supportable. If the House Officer cannot meet this burden, the Internal Review Appeal Panel must uphold the action.

Timing of Final Decision

The Internal Review Appeal Panel may begin its deliberations following the dismissal of the parties immediately after the proceedings, or within a reasonable time thereafter. As soon as reasonably practical, but no longer than 30 days following the Internal Review Appeal proceedings, the Internal Review Appeal Panel will render a written decision, which is a simple majority, or 3/5 panel members' decision, and which will be final and binding upon all parties with no further right of appeal. Written notice of the decision will be provided to the involved parties. The written decisions will become part of the House Officer's permanent record. Access to, and disclosure of, this record is subject to State and Federal law.

USMLE / COMLEX Requirements

This chapter provides the policy for the United States Medical Licensing Examination (USMLE) and Comprehensive Osteopathic Medical Licensing Examination (COMLEX) requirements for all Cleveland Clinic Akron General Residency Programs.

Purpose

The purpose of this policy is to define and standardize the USMLE/COMLEX requirements for all House Officers in Cleveland Clinic Akron General Residency Programs, and to require House Officers to meet national quality standards and benchmarks in preparation for Medical Licensure and Certification by the American Board of Medical Specialties.

Policy

It is the policy of Cleveland Clinic Akron General Department of Medical Education that each House Officer shall pass the United States Medical Licensing Examination (USMLE) Part 3 or applicable Comprehensive Osteopathic Medical Licensing Examination - COMLEX Level 3 before beginning their PGY-3 year. House Officers must fulfill this requirement in order to be considered in academic good standing to be promoted to the next level of training and as an essential element of completing a residency program and receiving an Akron General Certificate (diploma).

- A. In order to be offered a PGY-3 contract a PGY-2 must:
 - a. Sit for the USMLE Step 3 or COMLEX Level 3 exam by December 31st of his/her PGY-2 year and;
 - b. Pass the USMLE Step 3 or COMLEX Level 3 exam by February 28th of his/her PGY-2 year.
Deadline dates for House Officers who are off cycle will be determined by their contract dates.
- B. In the case of a House Officer who has not passed either exam by February 28th of his/her PGY-2 year, a Program Director may choose:
 - a. To notify that House Officer in writing that their contract will not be renewed.
 - b. Hold that position vacant to allow the House Officer to pass the exam before July 1st of their PGY-3 year.
- C. No House Officer shall receive a PGY-3 contract without successful completion of either the Step 3 or COMLEX 3 exam.
- D. Any exception to this policy must be approved in writing by the House Officer's Program Director and Chair of Medical Education and Research, and reported to the Graduate Medical Education Committee.

- E. House Officers or Fellows above the PGY-3 level being considered for advanced placement in Residency or Fellowship Training at Akron General or another ACGME or non-ACGME program must have completed a pathway that makes them fully eligible for medical licensure in the United States.
- F. Passage of Step 3 is required for all International Medical Graduates wishing to obtain a H1B Visa Status.

Procedure

- 1. House Officer shall:
 - a. Accept responsibility for application, fees and scheduling of USMLE/COMLEX examinations to be in compliance with this Policy. House Officer shall present USMLE/COMLEX scores to Program and the Medical Education Department for inclusion in House Officer's Official Residency File.
 - Educational allowance can be used for this, subject to the requirements of the Resident Educational Expense Reimbursement policy (Appendix B) and each resident's defined contractual educational allowance.
 - b. Review USMLE/COMLEX status with Program Director/Faculty Advisor during biannual reviews.
- 2. Program Coordinator shall:
 - a. Track the USMLE/COMLEX status of House Officers in New Innovations as well as applicants to the program.
 - b. Inform House Officers in writing of this policy and include the policy in the Program's House Staff manual.
 - c. Inform Faculty and Faculty Advisors of the Policy.
- 3. Department of Medical Education shall:
 - a. Review all Residency Programs for compliance with this policy.
 - b. Oversee any appeal as outlined in the House Officer Manual.
 - c. Define policy in the House Officer Manual.

Medical, Dental, Disability and Life Insurance

Cleveland Clinic Akron General offers a comprehensive and competitive benefits program that recognizes the needs of a diverse workforce, as well as providing individuals and families with meaningful benefit choices. House Officers are initially eligible on their hire date. Open enrollment is conducted once each year during October with changes effective each January 1.

All employees can access a Benefit Booklet that provides detailed information on Eligibility, Programs, Disability Plan, and Additional Valuable Cleveland Clinic Akron General Benefits (Vacation, Savings & Investment Plan, and Employee Assistance Program).

For details on health insurance, dental insurance, vision coverage, flexible spending accounts, life insurance, disability insurance and more, contact the Employee Health Plan Customer Service Unit located in the ONE HR Service Center at 216-448-2247 or toll-free 1-877-688-2247.

Health Care Benefits: All residents are offered medical coverage through the Employee Health Plan (EHP) for themselves and any eligible dependents.

Trainees appointed through GME CANNOT be required to provide their own medical insurance OR reimburse their department for medical insurance for themselves or their eligible dependents. Medical insurance provided by outside funding sources, such as a foreign government, are not acceptable as they may not be accepted by health providers in the U.S. Health Care Plans. Cleveland Clinic Akron General offers the Employee Health Plan (EHP) which provides a comprehensive network of medical providers including primary care physicians, specialists, hospitals and allied healthcare providers that covers residents and fellows as well as your immediate family members (spouse and eligible children). The plan does not exclude pre-existing conditions.

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

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

Prescription Drug Benefit: Prescription drugs are covered with a specific schedule of benefits with the maximum benefit and lowest out-of-pocket expenses being generic drugs purchased at a Cleveland Clinic Pharmacy. The prescription drug benefit is administered through CVS/Caremark. For questions pertaining to the EHP Prescription Drug Program, please contact Pharmacy Coordination at 216-986-1050 option 4 or 1-888-246-6648 option 4, Monday through Friday, between 8:00 AM and 4:30 PM.

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

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

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

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

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

GME Trainee Leave of Absence Policy

Target Group: Clinical Trainees and Research Fellows (Sponsoring Institution–CC Akron General)		Original Date of Issue: 7/1/2022	Version: 1
Approved by: Graduate Medical Education Committee (GMEC)	Date Last Approved/Reviewed: 04/27/2023	Prepared by:	Effective Date

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:

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

Policy Statement:

This policy describes leaves of absence and salary continuation for leaves taken by Trainees during a Cleveland Clinic Akron General Graduate Medical Education (GME) Training Program (“Program”). To be eligible, the Trainee must be an active clinical or research Trainee appointed through GME. Leave of absence benefits begin upon the Trainee’s initiation of training in their GME Training Program. (IR IV. H. a)

Definitions:

“Clinical Trainee” includes both residents and fellows.

“Trainee” includes residents, fellows, and research fellows.

Policy Implementation:

Program Responsibilities:

- a) Each GME Program must have a policy and process for submitting and approving requests for leaves of absence that is shared with Trainees annually. (*Institutional Requirement (“IR”) IV.H.1.e.*) See *Vacation and Paid Time Off (PTO) Policy regarding vacations and PTO.*
- b) Each Program must provide their Trainees with accurate information regarding the impact of leaves of absence on the criteria for satisfactory completion of the program and on a Trainee’s eligibility to participate in examinations by the relevant certifying board. (IR IV.H.1.g) The potential need for an extension of training time must be reviewed with the Trainee at the time of a non-emergent leave request, and as soon as possible for an emergent leave. Any House Officer requiring extended training after their scheduled graduation date must be approved by the

Chair of Medical Education and Research. Continuation of benefits past the expected date of graduation will be at the same postgraduate training level.

c) The Program Coordinator will keep an accurate record of all paid and unpaid time off for each Trainee, including vacation, paid leaves of absence, and allowable holidays according to each Program's policies.

d) The program will inform Medical Education Administration regarding all leaves of absences.

Trainee Responsibilities:

a) Trainees must request all non-emergent leaves of absence in advance of the desired dates in accordance with program policy and with the approval of the Program Director. Anticipated time away must be requested as soon as the need is identified.

b) It is the responsibility of the Trainee to be aware of their vacation and leave of absence time utilized.

Types of Leave:

FMLA: Pursuant to the Family and Medical Leave Act (FMLA), eligible Trainees are entitled to time off from work for qualifying family and/or personal medical reasons. Except in the case of leave to care for a covered service member with a serious illness or injury, an eligible Trainee's entitlement is limited to a total of 12 weeks of leave during a rolling 12-month calendar year. FMLA leave will run concurrently with other qualifying leaves (e.g. Workers' Compensation, Maternity Leave, Parental Leave, Caregiver Leave, etc.). FMLA is unpaid unless it is taken concurrent with available vacation or other applicable paid leave of absence.

To obtain FMLA paperwork, please log on to the Workday portal at:

<http://clevelandclinic.org/ONEHR>. Click on the ONE HR portal, and hover over MY HEALTH and then click on Akron Leave of Absence Overview and Forms.

Caregiver Leave: With approval of the Program Director, Trainees are eligible for a maximum of six (6) weeks of paid Caregiver Leave over the course of their time in a training program (Pursuant to ACGME Institutional Requirement IV.H.1.a-b). All Trainees are eligible for this leave for the birth and care of their newborn child, for placement with the Trainee of a child for adoption or foster care; to care for an immediate family member (i.e., spouse, child, or parent) with a serious health condition; or for additional reasons as deemed appropriate by the Program Director. Paid Caregiver Leave must be taken concurrently with other leaves such as Maternity, Parental, and FMLA leaves. As reflected above, available paid vacation may be used outside of/in addition to the first 6 weeks of approved FMLA, Medical, Maternity/Parental or Caregiver Leave. Caregiver Leave may be taken continuously or intermittently.

Maternity Leave: Eight (8) weeks paid leave is provided for Maternity Leave beginning with the birth of the child. Trainees must notify their Program Director of a need for Maternity Leave as soon as possible. Maternity Leave must be taken concurrent with available FMLA and Caregiver Leave. Maternity Leave must be taken continuously.

For specific questions and policies regarding maternity and parental leave, refer to the Leave of Absence Section of the My Health tab in One HR.

Parental Leave: Four (4) weeks paid Parental Leave is provided to Trainees for the birth and care of their newborn child or for placement with the Trainee of a child for adoption or foster care. Trainees must notify their Program Director of a need for Parental Leave as soon as possible. Parental Leave must be taken concurrently with available FMLA and Caregiver Leave. Parental Leave must be taken continuously.

For specific questions and policies regarding maternity and parental leave, refer to the Leave of Absence Section of the My Health tab in One HR.

Bereavement Leave: See CCAG GME Trainee Vacation and PTO Policy.

Medical Leave of Absence: Trainees qualify for six weeks of paid medical leave for their own non-work-related medical condition. Leave of Absence paperwork must be completed and approved. Medical leaves run concurrently with the Caregiver Leave (Pursuant to ACGME Institutional Requirement IV.H.1.a-b).

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

Administrative Leave of Absence: A Trainee may be placed on a paid Administrative Leave of Absence, removing the Trainee from any programmatic duties for a specified amount of time. Reasons for administrative leave of absence may include, but are not limited to: investigation of alleged misconduct and/or unprofessional behavior (i.e. violation of patient privacy rules, conduct that is illegal/unethical, conduct that is inconsistent with CC Policy on Professional Conduct); failure to comply with conditions of probation or other corrective actions; or academic and/or professional deficiencies warranting removal of the Trainee from patient care. A Trainee who is issued a dismissal disciplinary action will be placed on administrative leave of absence pending decision to appeal the dismissal. If the Trainee decides to appeal the dismissal, administrative leave will be extended until the outcome of the appeal is rendered.

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

Regulatory Requirement/References (taken from ACGME requirements)

The Cleveland Clinic Akron General is accredited by the ACGME (Accreditation Council for Graduate Medical Education). All Trainees, whether in an accredited program, or not, are held to the same standards. Per the ACGME the Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. (IR IV.H.1)

In alignment with ACGME requirements, if a Trainee avails themselves of a leave of absence, a minimum of one week of paid time off will be reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (IR IV.H.1.c)

Likewise, during any approved medical, parental, or caregiver leave(s) of absence, the health and disability insurance benefits will continue for Trainees and their elected eligible dependents. (IR IV.H.1.d) Salary is continued at 100% for at least the first six weeks of the first approved leave of absence. (IR IV.H.1.b)

Oversight and Responsibility

The CCAG Graduate Medical Education Council (GMEC) and the Medical Education Administration department are responsible for the review, revision, update, and operationalization of this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Originally created and approved 03/16/2023 by GMEC.
Reviewed and approved 04/27/2023 by GMEC.

Appendices

Leaves of Absences- Including FMLA, Medical, Worker's Compensation, Personal, Military and Departmental Policy
CCAG Maternity Leave Policy
CCAG Parental Leave Policy
CCAG Bereavement Leave Policy

Frequently Asked Questions Regarding Leave

How long can a Trainee who is the birthing parent take off?

12 weeks total, continuously. The Trainee will use their Maternity Leave (8 weeks) and Parental Leave (4 weeks) back to back and concurrent with available FMLA and Caregiver Leave.

How long can a Trainee who is a non-birthing parent or is an adopting/foster parent take off?

Paid Parental Leave is a maximum of 4 weeks. If Caregiver Leave is available, it must run concurrent with Parental Leave. If the Trainee still has 6 weeks of Caregiver Leave available at the time of taking Parental leave, the Parental Leave will be extended by 2 weeks, for a maximum of 6 weeks paid leave.

Can a trainee use an approved Caregiver Leave across training years?

Yes. Available Caregiver Leave can be used throughout the entire course of the training Program, up to a maximum of 6 weeks.

A Trainee used their Caregiver Leave during a Cleveland Clinic residency and is now in a Cleveland Clinic fellowship. Are they eligible for another 6 weeks of Caregiver leave?

Yes, the fellowship is a new training program, so they are eligible for another 6 weeks of Caregiver Leave, to be used with approval from the Program Director.

When are Trainees eligible to begin leave?

Eligibility begins on the date the Trainee is required to report. So, they would be eligible for Medical, Maternity, Parental and Caregiver Leaves of Absences on that date. However, to be eligible for paid Maternity and Parental Leaves, the child would have to be born/adopted on or after the Trainee's start date. To be eligible for federally mandated FMLA protected leave, Trainees must meet the following requirements: worked 1,250 hours in the twelve (12) months immediately preceding the event giving rise to the leave **and** have been an employee of CC Akron General for 12 months.

Example – Trainee welcomed a child on June 15, and is processing in through GME on July 1, are they eligible for leave of absence? Yes, the trainee would be eligible for up to 6 weeks of paid Caregiver Leave. As the Trainee was not employed when the child was born, paid Maternity and Parental Leave would not be available.

Are salary and benefits maintained during a Caregiver Leave?

Yes, 100% of salary and benefits are maintained during a Caregiver Leave.

ACGME IR 2022

IV.H. Vacation and Leaves of Absence

IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)

IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)

IV.H.1.g) ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). (Core)

I.B.4.a).(5) ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually; (Core)

GME Trainee Vacation and Paid Time Off (PTO) Policy

Target Group: Clinical Trainees and Research Fellows (Sponsoring Institution–CC Akron General)		Original Date of Issue: 7/1/2022	Version: 1
Approved by: Graduate Medical Education Committee (GMEC)	Date Last Approved/Reviewed: 04/27/2023	Prepared by:	Effective Date

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Purpose:

The purpose of this policy is to address all relevant requirements and procedures regarding Trainee vacation and paid time off (PTO) as required by the Accreditation Council of Graduate Medical Education (ACGME).

Policy Statement:

This policy describes vacation and PTO taken by Trainees during a Cleveland Clinic Akron General Graduate Medical Education (GME) Training Program (“Program”). To be eligible, the Trainee must be an active clinical or research Trainee appointed through GME. Vacation and leaves of absence benefits begin upon the Trainee’s initiation of training in their GME Training Program.

Definitions:

“Clinical Trainee” includes both residents and fellows.

“Trainee” includes residents, fellows, and research fellows.

“PTO” (Paid Time Off) includes all non-leave time where salary and benefits are continued including vacation, sick days, terminal PTO, external conference time, bereavement leave or other allowable PTO as determined by the program.

Policy Implementation:

Program Responsibilities:

- a) Each GME Program must have a policy and process for submitting and approving requests for vacation and PTO that is shared with Trainees annually. (*Institutional Requirement (“IR”) IV.H.1.e.*) See *GME Trainee Leave of Absence Policy regarding LOAs.*
- b) The Program Coordinator will keep an accurate record of all paid and unpaid time off for each Trainee, including vacation, paid leaves of absence, and allowable holidays according to each Program’s policies.

Trainee Responsibilities:

- a) Trainees must request all vacation and PTO in advance of the desired dates in accordance with program policy and with the approval of the Program Director.
- b) It is the responsibility of the Trainee to be aware of their vacation and leave of absence time utilized.

Vacation Time: Trainees receive three weeks (15 working days, 21 total days) of vacation per academic year. For appointments of less than one year in length; vacation is prorated at the rate of 1.25 days per month worked and rounded to the nearest whole day. Vacation time is not cumulative and must be taken in the academic year earned; it does not carry over into the next academic year. Vacation must be requested per guidelines in the program specific policy. Trainees may, but are not required to, utilize available paid vacation time should they exhaust the paid leaves under the CCAG GME Trainee Leave of Absence policy, per guidelines in the program specific policy.

Trainees may not take vacation between June 15 and July 15 (without the Program Director's approval as terminal vacation, as specified in a program's specific policy), and while on rotations at Akron Children's Hospital unless arranged with your Program Director prior to June 15 of the proceeding academic year. Program Directors retain the authority to review and recommend whether a trainee is approved for PTO. Trainees should not make any travel plans until they have received approval for PTO from all necessary parties per the program specific policy.

Excused absences and other PTO: Each Trainee may be allowed excused absences during an academic year at the discretion of the Program Director. In such an event, and if exceeding the ACGME Program and ABMS/AOA-relevant Board requirements, the training period may need to be extended to enable the Trainee to fulfill the requirements of your Department, specialty Board and/or State licensing Board. Salary and benefits will remain in effect during approved PTO.

In accordance with ACGME requirements, the Program Director must provide the trainee with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). (IV.H.1.g)

Bereavement Leave: Per Cleveland Clinic Akron General Policy, Trainees are eligible for paid bereavement days for a death in the immediate family. Bereavement Leave will be paid for attending the funeral or memorial service and/or the time necessary to make arrangements or manage personal affairs related to the death of an immediate family member. Five (5) days are granted for the death of a spouse or child (step-child), three (3) days are granted for other immediate family members defined as: mother/stepmother, mother-in-law, father/stepfather, father-in-law, siblings/stepsiblings, grandmother, grandfather, and grandchild, one (1) day is granted for brother/sister-in-law and aunt/uncle. Bereavement Leave generally should be taken within 30 days of the date of death of the immediate family member, except in those circumstances where the service is held beyond that time frame due to extenuating reasons. Additional unpaid time off may be granted by the Program Director. Available vacation time or

paid personal days may also be used to extend the Bereavement Leave. Please refer to CC Akron General Bereavement Leave policy for full details.

Regulatory Requirement/References (taken from ACGME requirements)

The Cleveland Clinic Akron General is accredited by the ACGME (Accreditation Council for Graduate Medical Education). All Trainees, whether in an accredited program or not, are held to the same standards. Per the ACGME the Sponsoring Institution must have a policy for vacation and other leaves of absence, consistent with applicable laws. (IR IV.H.1)

In alignment with ACGME requirements, if a Trainee avails themselves of a leave of absence, a minimum of one week of paid time off will be reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (IR IV.H.1.c)

Oversight and Responsibility

The CCAG Graduate Medical Education Council (GMEC) and the Medical Education Administration department are responsible for the review, revision, update, and operationalization of this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Originally created and approved 03/16/2023 by GMEC.
Reviewed and approved 04/27/2023 by GMEC.

Appendices

CCAG Bereavement Leave Policy

Training Outside of Affiliated Institutions

Purpose

The purpose of this policy is to define the policies and procedures necessary to schedule and perform an away rotation. This policy is meant to protect both the Institution and the individual House Officer from any potential legal, academic, accreditation, or ethical problems related to the performance of away rotations. This policy is in accordance with the ACGME and internal Cleveland Clinic Akron General requirements.

Focus

All elective House Officer training outside of Cleveland Clinic Akron General.

Goals

The goals of any elective should be to secure additional educational training, not available through Cleveland Clinic Akron General or the NEOMED consortium hospitals, for humanitarian reasons or to obtain exposure to potential post-graduation practice opportunities.

Policy

When House Officer education occurs at a non-Cleveland Clinic Akron General institution or site, Cleveland Clinic Akron General continues to have responsibility for the quality and appropriateness of that educational experience and must retain authority and oversight for the House Officer's activities.

Definitions

For the purpose of this policy, an away elective is defined as a clinical rotation that is at an institution (i.e., hospital) or practice site which:

- Does not currently have a signed training agreement or affiliation agreement with Cleveland Clinic Akron General, or
- Is not currently a participating institution for that particular residency program and
- Is outside the NEOMED consortium geographic region.

Criteria for Approval

The following may be used to determine approval or disapproval of an elective request.

- House Officer is in good standing with program and institutional requirements.
- Experience not available at Cleveland Clinic Akron General or within the Cleveland Clinic enterprise
- Provides a unique educational opportunity specific to educational goal
- Potential value to Cleveland Clinic Akron General
- Enhances fellowship or practice opportunities
- Is humanitarian

- Not high risk
- Malpractice Insurance must be secured by the resident, and a COI (Certificate of Insurance) must be provided to Medical Education prior to beginning the affiliation agreement process.

Procedure

Prior to arranging an away rotation the following steps must occur:

1. The House Officer must make a formal request in writing to the Program Director to obtain permission for the away rotation. This request must be made at least 180 days before the beginning of the rotation.
2. These rotations must be approved in writing first by their Program Director, then the Chair of Medical Education & Research. A copy of the approval will be kept in the House Officer's academic file in the Medical Education office.
3. Once approved, the program should contact the Medical Education office at least 120 days before the beginning of the rotation so that preparation of a training agreement or affiliation agreement between the away rotation site and the Institution can begin in a timely manner.
4. A completed Away Elective form to include the following information should be provided to the Medical Education office:
 - a. Date and location of the rotation
 - b. Specific learning objectives/goals for the rotation
 - c. How these objectives will be accomplished
 - d. Proposed schedule
 - e. Method of evaluating performance
 - f. All clinical locations involved in the training
 - g. Scope of anticipated activities such as surgery (types), procedures, direct patient care, and research.
 - h. The name, contact information of the educational preceptor assuming oversight of the Cleveland Clinic Akron General House Officer at the away site.
5. Once approved, Cleveland Clinic Akron General agrees to provide the following:
 - a. House Staff Stipend: For the period of the away rotation, Cleveland Clinic Akron General will continue to provide full stipend and benefits as stipulated in the House Officer contract.
 - b. Each away rotation must be accompanied by an appropriate teaching agreement or affiliation agreement that is executed by Cleveland Clinic Akron General and the away rotation site. This site can be a hospital, private practice office, or any other clinical entity. The Medical Education office will be responsible for drafting and maintaining these agreements. Programs may request copies of the signed agreements.

6. Caveats:

- a. **Medical License:** Medical licensure is done on a state-by-state basis. If the away rotation is out-of-state, it is the responsibility of the House Officer to understand and follow the applicable state licensure rules for House Officers in Graduate Medical Education programs in that state. Many states will require a training certificate to be issued by the state medical board prior to commencing any clinical activity.

House Officer Impairment

Purpose

The purpose of this policy is to provide a drug free, healthful, safe and secure work and training environment.

Focus

House Officers conducting clinical, educational or research activities at Cleveland Clinic Akron General.

Definitions

“Impairment” is a physical or mental condition, which causes a physician to be unable to practice medicine with reasonable care and safety commensurate with his/her level of training or participate in the residency training program as a learner.

“EAP” is an Employee Assistance Plan.

“Program Director” is the House Officer’s immediate supervisor, the Director of any of the CCAG Residency Programs.

Overview

This policy is intended to provide guidance and direction on how to proceed when confronted with a potentially impaired House Officer. It is recognized that the term “impaired or impairment” is a broad definition and encompasses a variety of impairments, conditions and potential issues. As such, these policy guidelines may not be all inclusive or representative of every situation or circumstance.

House Officers training in an Akron General Graduate Medical Education residency program are considered hospital employees, and as such, are subject to all Akron General policies and procedures.

Akron General recognizes the adverse effect employees’ use of drugs or alcohol can have on patients, visitors, other employees or the community at large. Therefore, Akron General is committed to maintaining a drug free work environment.

As such, House Officers must abide by the Akron General Human Resource policies entitled “Substance Abuse Policy” and “Licensed Health Professionals Impairment Policy.” These policies are available on the PPM on the Intranet.

Highlights of these policies include:

- Akron General will not hire any person who tests positive for drugs.

- House Officers are expected and required to report to training/work on time and in a fit mental and physical condition for work.
- House Officers are expected to be free from any health impairment which is of potential risk to patients or other employees or which may interfere with execution of a House Officer's duties, no House Officer whose behavior is impaired due to drugs or alcohol, including but not limited to prescribed medications or over-the-counter medications, may work.
- Except as specified within the Akron General Human Resource policy entitled "Substance Abuse Policy," the unlawful manufacture, distribution, dispensation, possession or use of alcohol or controlled or illegal substances or drug paraphernalia on Akron General property or while conducting hospital business is absolutely prohibited and will subject the House Officer to immediate termination and potential adverse legal consequences. Alcohol may be served at certain functions with administrative approval.
- Employees will be subject to random, unannounced drug testing throughout the year. Additionally, random alcohol testing will be conducted where required by Department of Transportation regulations.
- Cleveland Clinic Akron General offers House Officers an Employee Assistance Program (EAP) known as Caring for Caregivers, which provides confidential assistance for problems including but not limited to substance abuse, behavioral health, stress, anxiety, depression and grief counseling, relationship issues and workplace problems. The 24/7 phone number is 1-800-989-8820.
- Akron General prohibits off-the-job use of drugs and alcohol which may adversely affect a House Officer's performance, or which may jeopardize the safety of persons or property on Akron General premises.
- Any House Officer who divulges a substance abuse problem will be subject to all terms and conditions of HR policy, "Substance Abuse Policy".
- A reasonable suspicion or an infraction of the Substance Abuse Policy is grounds for employment termination unless the House Officer agrees to: (1) Undergo a fitness for duty evaluation which may include a physical examination and/or drug and alcohol testing; (2) Sign all appropriate consent and release of information forms; (3) Abide by the recommendations of the health professional conducting the fitness for duty evaluation including referral to the EAP provider or other appropriate assessor; (4) Successfully complete any recommended treatment program; and (5) Execute a Last Chance Agreement which terms and conditions shall be set by Akron General. Any violation of the above is grounds for immediate termination.
- Mandatory treatment in lieu of termination for a drug or alcohol problem will be offered only once to any House Officer who has completed his/her introductory period. House

Officers who violate this policy during their introductory period are subject to immediate termination.

Other Considerations

The State Medical Board of Ohio defines a chemically impaired physician as one who “suffers from impairment of ability to practice according to acceptable and prevailing standards of care because of a habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice.”

Procedure

In addition to complying with the procedures described in the Substance Abuse Policy, House Officers potentially meeting the definition of “impairment” will be subject to the following:

1. Reports or complaints from professionals regarding possible House Officer impairment will be forwarded to the Program Director (the House Officer’s immediate supervisor) for immediate action.
2. The Program Director (or immediate supervisor) will immediately remove House Officer from patient care responsibilities if patient safety is judged to be at risk. Consultation with an appropriate specialist or referral to EAP will be made.
3. The House Officer may access vacation time or a leave of absence to obtain appropriate evaluation and treatment.

Return to Work

The decision to allow the House Officer to resume clinical duties will be made by discussions involving the Program Director, Chair of Medical Education & Research and any professionals judged to be necessary to determine successful treatment.

Reporting

A confidential written report prepared by the Program Director and co-signed by the Chair of Medical Education and Research Department will be placed in the House Officer’s personal file.

Students

Medical students thought to be impaired will be immediately removed from patient care, research, learning or any other professional activity. Removal may occur by their clerkship director, elective sponsor, department chair or other Cleveland Clinic Akron General official. Return to previous activities will occur only after consultation and approval with the Chair of Medical Education and Research, the sponsoring Akron General department and representative from the student’s Office of Academic Affairs or similar medical school department.

Employee Assistance Plan

Cleveland Clinic is committed to the wellbeing of its caregivers and understands how personal and work stresses can impact our quality of life and ability to provide skillful and compassionate care. The Caring for Caregivers Programs help you take care of yourself and maintain your ability to provide a world class patient experience.

The programs offer expert, confidential and free support through the:

- Professional Staff Assistance Program
- Licensed Professionals Health Program
- Employee Assistance Program
- Wellbeing Resource and Referral Service

Together, these programs demonstrate the importance Cleveland Clinic places on caring for our caregivers. To learn more, seek assistance confidentially, schedule an appointment or speak to a counselor immediately, call **216.445.6970** or **1.800.989.8820**.

The internal Caring for Caregivers website can be accessed at <http://portals.ccf.org/caregivers>

You may also directly approach the Department Chair or Program Director in the Department of Psychiatry & Behavioral Sciences for assistance and/or direction. Finally, counseling services are available through our Psychology Service as well as counselors in private practice.

Well-Being

Cleveland Clinic Akron General Medical Education is committed to resident well-being. Long before the current welcomed focus on Well-being, CCAG has sincerely and effectively cared for residents as individuals. Institutionally, residents and their families are supported by the Employee Assistance Program (EAP) and Healthy Choice program. In addition, those enrolled in the Employee Health Plan (EHP) are provided a free membership to the three community Akron General Health & Wellness Centers. Medical Education covers a free single membership to the Lifestyles Express (onsite at the Medical Center) for all residents. Residents have access to healthy food and beverage options and are also encouraged to enjoy family meals while on call.

Each residency program also offers wellness options, specific to their program. Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow program procedures for scheduling and notification of these types of appointments. CCAG is committed to full adherence to all ACGME Well-being guidelines.

In addition, a variety of wellness resources, including access to 24/7 screenings, are available through the Medical Education Intranet site.

Lactation Rooms

Reference CCAG Policy in accordance with ACGME and CCAG policies, Recognizing the well documented health advantages of breastfeeding for infants and mothers, this policy provides clear expectations for a supportive environment to enable breastfeeding employees to express their milk during work hours.

CCAG Designated Lactation Rooms

For information, contact Lactation Consultants x45705

- Room number 5240 (old code is 152; swipe was installed in 2019) - Refrigerator in room and pumps available or can bring own
- New ED – 2nd floor staff area with refrigeration and sink; badge access; Room AEM2-117

ACGME Common Program Requirements (page 6)

I.D.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core) [The Review Committee must further specify]

I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for: (Core)

I.D.2.a) access to food while on duty; (Core)

I.D.2.b) safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)

I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

Background and Intent: Sites must provide private and clean locations where residents may lactate and store the milk within a refrigerator. These locations should be in close proximity to clinical responsibilities. It would be helpful to have additional support within these locations that may assist the resident with the continued care of patients, such as a computer and a phone.

While space is important, the time required for lactation is also critical for the wellbeing of the resident and the resident's family, as outlined in VI.C.1.d).(1).

Diversity & Inclusion

Cleveland Clinic Akron General and the Medical Education department value diversity and inclusion in all facets of health care. This reflects the Cleveland Clinic enterprise's list of core values; Quality & Safety, Empathy, Teamwork, Integrity, Inclusion, and Innovation. We seek to actively recruit a diverse community of residents through program recruitment, outreach through fairs and conferences, educating faculty and staff on cultural competency to raise awareness of conscious and unconscious bias, and tracking and reporting metrics on diversity in recruitment to better measure our success.

Medical Education strives to support the collaboration of values, beliefs, and interests of our diverse and inclusive community to foster excellence in our efforts to provide exceptional graduate medical education and address quality health outcomes for all.

Cleveland Clinic promotes an inclusive organizational culture through diversity education, consultation, and programs that leverage differences to enhance innovation, quality of care, teamwork, and economic impact. Further, it is our policy to encourage all vendors, contractors, and others doing business with Cleveland Clinic to adhere to these same principles.

Safety Additions

Mobile Device Policy

Personal cell phones are prohibited while providing care and /or services to a patient, visitors, patient's families or other employees. Cell phones cannot be used in designated areas that have been deemed a safety issue. See below areas:

During the allowed times, social courtesies must be extended to those around you including, but not limited to, volume of conversation, tone of voice and content of communication. When in patient care areas or work areas, the alert function of such devices must be silenced.

Due to the susceptibility of sensitive clinical devices to radio frequency (RF) interference, Cleveland Clinic Akron General prohibits the use of cellular phones and other RF transmitting devices within the following areas that have been deemed "Unsafe" based upon scientific evidence that supports these areas:

- 3rd Floor- CVSU, PCU, CCU, PICU
- 4th Floor – MICU / SICU
- Special Care Nursery
- Labor and Delivery OR Rooms
- Labor and Delivery Recovery Rooms
- OR Suites / Surgery – (with the exception for LifeBanc as long as they stay inside the suite)
- Pre-operative and Recovery Areas

All cell phones and other RF emitting devices are to be turned off completely (i.e., not in "standby" position) when entering the "Unsafe" areas.

Prohibition of Food and Drink in Clinical Areas

Exposure Control Plan for Blood borne Pathogen 29 CFR 1910.1030, CCAG Safety Policy 7, is located in the Safety Policy Manual on the CCAG Intranet. Due to the Bloodborne Pathogen policy driven by OSHA and accepted by The Joint Commission and CMS, there is to be NO food or drink permitted in clinical areas.

The policy states, under *Administrative Work Practices*: Eating, drinking, using tobacco products, placing items in your mouth, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure to blood or body fluids or in work areas where blood or body fluids are present. This includes Nurse's Stations, Medication Carts and designated refrigerators/freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.

Egress

Per Life Safety regulations regulated by local / state authorities, federal authorities, The Joint Commission and CMS, we are to maintain a free and clear path of egress at all times, especially in clinical areas. Any items in the hallway have to be kept to one side. If any type of fire or disaster occurs, quick evacuation may be required. Obstacles in the hallways will prevent this from happening and will jeopardize lives.

Reporting Any Environmental or Unsafe Issue

There are different avenues to utilize if you see an unsafe or environmental issue:

1. SERS report (located on the intranet). Once completed, it will be sent to the Safety Department. A follow up will occur.
2. Inform the Director or Manager in the department / unit issue occurs on.
3. Inform an Environment of Care Committee Member (list found on the intranet under Policy- Safety Manual Cleveland Clinic Akron General - Environment of Care Committee Members 2018).
4. Contact Safety Department directly at extension 46128 or pager 1208.

Any questions can be directed to the Safety department at 46128, pager 1208, or cell 330-803-3131.

Appendix A - Procedure for Reimbursing Akron Residents/Fellows for Post-Call Transportation

PURPOSE

The purpose for the provision of post-call transportation is the personal safety of Akron Residents/Fellows who may be too fatigued to safely return home on their own due to post-call fatigue. Cleveland Clinic Akron General Medical Education will reimburse the cost of transportation that meets the requirements of this procedure.

DEFINITIONS

Transportation – Defined as services provided by Uber, Lyft, or City Yellow Cab for residents/fellows in adherence with the below criteria.

Akron Residents/Fellows – Residents/fellows participating in a residency or fellowship training program at Cleveland Clinic Akron General.

Approved Points of Travel – Between the main campus of Akron General, defined as 1 Akron General Ave. Akron, OH 44307 and the trainee’s home; and 2) between the trainee’s home and the main campus of Akron General with no stops between the two points of travel.

Transportation should not exceed 50 miles one-way.

Post-Call – Defined as being at the conclusion of a call shift or an overnight shift.

Order of Transportation (must occur within a 72-hour period):

- Resident takes transportation from Akron General at the conclusion of their call or overnight shift, then takes transportation from their home to Akron General the following day.

Reimbursement – Reimbursement must be requested within seven (7) calendar days of trip(s) by submitting a receipt that contains the last 4 digits of the card that was charged and the destination addresses to Medical Education via email or in person. Reimbursement will be submitted via Concur for processing within ten (10) business days of receiving the receipt(s).

Prohibited Transportation – is not limited to the following: trips to airport even if it is immediately after the resident’s call or overnight shift, personal trips, conference related trips during travel, during hospital and program orientation. Residents are also responsible for

covering the cost of cancelled trips, missed pickups, and driver tips exceeding 20% of total charge.

Exceptions regarding this procedure may be made on a case by case basis.

Appendix B - Resident Educational Expense Reimbursements

Objectives

To establish rules and regulations, along with a protocol for resident educational expenditures and reimbursement.

To provide an appropriate level of accounting and business controls in compliance with Internal Revenue Service regulations and federal and state laws governing not-for-profit organizations.

Scope

This policy is intended to provide guidance to Cleveland Clinic Akron General resident physicians authorized to make educational expenditures as provided by the Akron General Residency programs. This policy is not intended to be an all-inclusive resource in all situations. Nor does this policy specifically address all non-qualified expenditures. Each individual should exercise good judgment and fiscal responsibility remembering that expenses must have a legitimate, approved educational purpose and serve the best interests of Cleveland Clinic Akron General.

For those situations not specifically addressed in this policy, please refer to the Travel and Employee Expense Department online resources or seek consultation with the Chair or Executive Director of Medical Education and Research regarding corporate payroll/accounting policies.

Definitions

“Approving Authority,” for the purpose of this policy, means the individual in the next highest position who has the authority to approve educational expenditures and requests for reimbursement. For reimbursement and reconciliation purposes, residents must have either the Chair or Executive Director of Medical Education and Research approve all educationally-related expenses. No Akron General resident is authorized to approve his/her own educational expenses or those expenses of a peer. The Chair and/or the Executive Director of Medical Education and Research have the authority to issue the final determination regarding whether an expense(s) is deemed educational in nature, and ultimately reimbursable.

“Educational Expenses” are generally described as expenses incurred in the course of participating in a Cleveland Clinic Akron General Residency program. These expenses shall directly relate to the resident’s current training program and educational experience and include those approved educational tools, materials, fees and conferences.

Protocol

Cleveland Clinic Akron General will reimburse its residents for educational expenditures that are properly authorized, reasonable, and appropriately substantiated by supporting documentation. Reimbursement shall be within the confines of each resident’s defined contractual educational allowance.

Residents shall exercise appropriate care in incurring educational expenses. Because Cleveland Clinic Akron General is a not-for-profit, charitable, or 501(c)(3) organization as defined by the Internal Revenue Service (IRS), such expenditures should be moderate both in frequency and in amount as approved by the Department of Medical Education.

Meal expenses may not exceed \$100 per day.

Reimbursement Process

Educational expenses shall not exceed the resident’s contractual educational allowance limit for the academic year. Residents do not have a cash option or any right or entitlement to the cash balance of any unused portion of the educational allowance.

Reimbursable Educational Expenses include:

- Medical Books and Journals
- Dues and/or subscriptions to professional medical organizations
- Approved educational conference expenses – conference registration; airfare or mileage reimbursement; lodging; rental car or cabs; meals and snacks; and incidentals such as tips and gratuity
- Personal digital assistant (PDA) device (maximum reimbursement shall not exceed 25% of the resident’s total annual educational allowance)
- Software for computer or PDA such as Microsoft Office or Epocrates
- Step 3 or Complex Fees
- Training Certificate Fees
- BLS and/or ACLS Training Fees (only if not paid for by Program)

Expenditures that are NEVER reimbursable include, but are not limited to:

- Medical License – regardless of state applied in
- Computers or peripheral devices (desktop computer, laptop or printer)
- Cameras and related equipment
- Rent or lodging for approved “away” rotations
- Office supplies (paper, pens, files folders, etc.)

- Alcoholic beverages or personal bar bills
- Expenditures for family members, friends, significant others, or other residents
- Personal grocery expenses (unrelated to conference meals and/or snacks)
- Personal dining, meals or snacks (when not at an approved conference or event)
- Entertainment (in-room or theatre movies, local attractions, etc.)
- Sporting and entertainment event tickets
- Cellular phones
- Gift cards
- Car repair or maintenance
- Personal care services (hair and nail care, laundry, shoe shine)
- Country club, health club, or social organization dues
- Daycare for children or pets
- Gentlemen’s club expenses
- Gambling expenses
- Personal credit card interest charges
- Personal losses
- Political or personal charitable contributions
- Subscriptions or publications without business-related content
- Tobacco products
- Traffic citations
- Personal items including clothing, toiletries, valet service, entertainment

Receipts. An original, itemized receipt that contains the last 4 digits of the credit card or debit card charged must accompany expenses submitted for reimbursement along with a notation as to the educational purpose next to the original receipt. A customer credit card statement or a non-itemized restaurant receipt is not considered an acceptable form of receipt alone. A customer credit card billing statement will be accepted only in the unusual case where it is not possible to obtain a register receipt.

Original receipts should reflect only those expenses directly related to the individual resident requesting reimbursement (i.e., one resident’s receipt should not reflect the expenses or charges of another resident). Cleveland Clinic Akron General cannot “split” or “divide” receipts for individual resident’s reimbursement reconciliation (i.e., if two residents share a hotel room at a conference, they should request a receipt from the hotel that appropriately allocates half of the expenses on each receipt for individual reimbursement).

Approval of Reimbursement. Reimbursement for educational expenses always requires approval by one’s Approving Authority (see definition). The leader(s) who approve the reimbursement is responsible for reviewing the documentation for:

- Business purpose notation
- Correct calculation totals
- Supporting documentation and receipts
- Policy and budget compliance

Submitting Expenses for Reimbursement. Resident expense documentation will be forwarded to the Chair or Executive Director of Medical Education and Research who will confirm the accuracy of expense documentation and compliance with this policy. Once verified the Chair or Executive Director will forward the documentation to Accounts Payable for record retention of all reimbursements.

Travel. Details and policies related to travel can be found on the Travel & Employee Expense Department's website.

Falsification of Expenses. Submitting fraudulent receipts or falsifying any expense documentation will result in loss of reimbursement privileges and/or progressive discipline up to and including termination of employment.

Record Retention. Concur will store all business and travel expense documentation, including detailed receipts, for record retention.

Internal Audit. The Cleveland Clinic Corporate Compliance Office may conduct an audit of the resident expenditures. The audit findings will be reported to the CEO, Cleveland Clinic Akron General and the Board Governance Compliance Committee.

Appendix C - House Staff Vendor Interaction Policy

ISSUED	December 16, 2011	APPROVAL AUTHORITY	Chair and Executive Director, Medical Education and Research, CCAG
REVIEWED	November 2018	NUMBER	
REVISED	July 2021		

Objectives

The objective of this policy is to (a) educate and clarify considerations House Staff should take into account when interacting with industry or vendor representatives, and (b) meet ACGME Institutional Requirement IV.L. (Effective July 1, 2021). The term “industry” or “vendor” includes, but is not limited to, pharmaceutical, nutritional, biomedical and medical device, equipment and other health-care related industry.

Scope

This policy applies to all graduate medical education programs and House Staff at Cleveland Clinic Akron General (CCAG).

Policy

It is the policy of the Department of Medical Education & Research that activities of Akron General are not influenced through industry persuasion, whether collectively or through individual interaction.

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

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

Procedure

1. Individual programs will inform and educate House Staff during the duration of training about the considerations, effects, risks and benefits of interactions with industry representatives.
2. Individual programs are encouraged to develop a component of the curriculum to teach residents to properly analyze and better understand the information with which they are presented. Faculty members are encouraged to be present and participate at interactions so as to be able to model appropriate behavior.
3. House Staff will follow the guiding and ethical principles of timely and truthful reporting of potential conflicts of interest, and disclosure and management of conflicts of interest.
4. Individual Program Directors will serve as a source of education and guidance for their House Staff related to vendor interaction and the resolution of defined conflicts.
5. House Staff should report deviations of this policy to their Program Director, Chair of Medical Education and Research or Corporate Compliance.
6. While CCAG and the Department of Medical Education & Research cannot restrict House Staff behavior and interactions outside of its facilities, it is recommended that House Staff consider this policy as a guide for interactions that may occur under these circumstances.

Appendix D - Support for Residents and GME Programs in the Event of a Substantial Disruption in Patient Care or Education

ISSUED	January 1, 2013	APPROVAL AUTHORITY	Chair and Executive Director, Medical Education and Research, CCAG
REVIEWED			
REVISED	August 2021		

Objectives

The objective of this policy is to (a) address administrative support for Akron General graduate medical education programs and residents—including assistance for continuation of resident assignments—in the event of a substantial interruption in patient care or education, and (b) meet ACGME Institutional Requirement IV.N (Effective July 1, 2021). This policy is intended to supplement, and not replace, the various institutional emergency action and business recovery plans in place that can be found on the CCAG Intranet under “Emergency Preparedness Policies.”

Scope

This policy applies to all graduate medical education programs and residents at Cleveland Clinic Akron General (CCAG).

Policy

In the event of a disaster impacting the graduate medical education programs sponsored by Akron General, the Graduate Medical Education Committee (GMEC) establishes this policy to protect the well-being, safety and educational experience of residents enrolled in Akron General graduate medical education programs.

Akron General has the following emergency plans and policies in place that provide direction during various disasters and emergency situations with which resident physicians might become involved:

- MCI/Disaster Plan (described in the MCI/Disaster Manual)

- Nuclear-Biological-Chemical Readiness Plan
- Emergency Radiation Patient Contamination Plan
- Emergency Operations Plan
- Mass Fatality Surge Plan
- Evacuation Plan
- Tornado Plan
- Bomb Threat
- Business Recovery Plan
- Power Outage Response Plan
- Employee Guidelines for Handling Suspicious Mail/Substances
- Earthquake Disaster Plan
- Physician Disaster Credentialing
- Code Silver – Hostage or Weapon Plan
- Code Violet – Behavioral Emergency Plan

Akron General Residents must be familiar with their respective roles and responsibilities during these emergency situations and follow the direction provided in these plans and policies.

Procedure

Should an emergency or disaster arise that effects the GME programs and/or residents to such an extent that the programs and/or residents cannot perform their duties and fulfill their responsibilities at Akron General (the sponsoring institution), the DIO and GMEC will act expeditiously to determine if transfers to other programs are needed in order that residents will be able to complete program requirements within the standard time required for certification. In the event that GMEC is unable to convene, the DIO is authorized to act as the representative of GMEC.

Once it has been determined that the sponsoring institution can no longer provide an adequate educational experience for its residents, action will be taken to arrange for the temporary transfer of the residents to programs at other sponsoring institutions until such time that Akron General is able to resume providing the educational experience needed. Residents who transfer to other programs as a result of a disaster will be provided by their program directors with an estimated time that relocation to another program will be necessary. Should that initial time estimate need to be extended, the resident will be notified by their program directors using written or electronic means identifying the estimated time of the extension. If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, then permanent transfers will be arranged.

The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and needs within the sponsoring institution. The DIO will contact the ACGME in the event of the implementation of this policy.

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the program leadership will work collaboratively with the DIO who will coordinate on

behalf of CCAG the ability to accept transfer residents from other institutions. This will include the process to request complement increases with the ACGME that may be required to accept additional residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer residents.

Programs will be responsible for establishing procedures to protect the academic and personnel files of all residents from loss or destruction by disaster. This should include appropriate storage of data.

Appendix E - Certification Policy

ISSUED	December 16, 2011	APPROVAL AUTHORITY	Chair and Executive Director, Medical Education and Research, CCAG
REVIEWED	November 2018	NUMBER	
REVISED	May 2019		

Purpose

The purpose of this policy is to (a) define and standardize the certification requirements for all residents in Akron General Residency Programs, and (b) to require residents to maintain certifications for the duration of their residency to ensure the safety of patients.

Policy

It is the policy of the Department of Medical Education & Research that each resident will maintain required certifications while in a residency training program at Akron General.

Procedure

All residents are required to be ACLS and BLS certified when they begin their residency program at Akron General and must gain and retain other required certification specific to their training program. These certifications will be updated and tracked in New Innovations by the Department of Medical Education & Research with the assistance of the respective program's coordinator.

Required certifications based on training program:

- Emergency Medicine ATLS, PALS
- Family Medicine PALS, ALSO, ACLS, BLS, NRP
- General Surgery ATLS
- Internal Medicine ACLS, BLS
- Obstetrics & Gynecology BLS, NRP (Resident is required to maintain NRP certification during residency. The exception to this would be if the NRP certification is due to expire in the last 6 months of training. At that time, the resident may elect to renew NRP certification if they desire, but they are not required to do so.)
- Orthopaedic Surgery ATLS
- Psychiatry BLS
- Urology BLS

New Innovations will notify both the resident and the GME Coordinator when the certifications are expiring. It is the responsibility of the resident to register for a class to renew their certifications. Upon completion of the re-certification course, the resident must provide a copy of the life support card(s) to the GME Coordinator in Medical Education.

The Department of Medical Education & Research and the respective residency program(s) will cover the cost of required certifications as long as the recertification does not take place in the last 6 months of residency at Akron General. If recertification does need to occur in the last 6 months, it will be the responsibility of the resident to absorb the cost.

Appendix F - Hobart Loan

ISSUED	December 2011	APPROVAL AUTHORITY	Chair and Executive Director, Medical Education and Research, CCAG
REVIEWED	November 2018	NUMBER	
REVISED	April 2021		

OBJECTIVE

To provide guidelines for the application and approval process of Hobart Loans for all incoming and current Graduate Medical Education Resident Physicians.

SCOPE

This policy is intended to provide guidance to all Cleveland Clinic Akron General resident physicians related to their eligibility to obtain a Hobart Loan provided by the Akron General Foundation.

DEFINITION

The Department of Medical Education at Cleveland Clinic Akron General offers Hobart Loans, in increments of \$1,000 or \$2,000, to all incoming and current resident physicians. First time loan candidates can obtain a Hobart Loan with no interest. Hobart Loans are secured loans intended for relocation but designed to assist resident physicians in financial need and can be applied for multiple times as long as eligibility criteria are met. Hobart Loans are secured through payroll deduction of 25 pay periods until the loan amount plus any interest is paid back in full.

POLICY

Hobart Loan applicants shall be considered without regard to age, race, color, religion, sex, disability, veteran status, sexual orientation, national origin or any other applicable legally protected status.

The Department of Medical Education at Cleveland Clinic Akron General shall define those general eligibility requirements that guide the process of eligibility for Hobart Loans.

If employment is terminated or the resident chooses to leave his/her Training Program for any reason prior to the loan being repaid in full, Cleveland Clinic Akron General will increase the amount of remaining deductions up to the date of the resident's termination at which time the remaining balance will be deducted from his/her final paycheck.

If the remaining balance exceeds the amount of the resident's final paycheck, he/she will make arrangements to repay the outstanding balance by the last day of his/her employment.

PROCEDURE

All applicants:

- Preference for 1 year of service to the health system, however exceptions can be made for incoming residents
- Signing of promissory note (Exhibit A)
- Payroll deduction

Additional Requirements for Incoming Residents:

- State Medical Board of Ohio Training Application
- Human Resources paperwork & meeting
- Occupational Health Physical (including both PPD tests and required immunizations)
- Social Security Number
- National Provider Identifier (NPI) Number
- Scrub size
- White coat size
- Photo
- Signed Contract
- Academic Transcripts
- MSPE (Dean's letter)
- 3 Letters of Recommendation
- USMLE Steps 1 & 2 copy of Transcript
- ERAS application

Additional requirements for Incoming Resident Visa Holders:

- ECFMG Certificate
- Receipt of US visa
- Entry into the US
- SEVIS reporting documentation (J-1 visa holders only)
- Copy of most recent I-94 form
- Completion of online orientation modules
- State Medical Board Acknowledgement Letter for Training Certificate (H-1B visa holders only)
- Step 3 (H-1B visa holders only) Transcripts

Additional requirements for continuing candidates:

- Any previous Hobart Loan debt has been paid back in full to Cleveland Clinic Akron General

Exhibit A

Hobart Loan Application & Promissory Note

Name: _____ Department & PGY-Level: _____

Outstanding Hobart Loan: YES NO Amount left to be repaid: _____

Continuing Candidate: YES NO

Select the loan option you wish to choose by placing your initials below.

_____ I request a \$1,000.00 secure loan through the Hobart Loan Fund of Cleveland Clinic Akron General for the purpose of _____, payable over 25 pay periods at a rate of \$40.00 per pay.

----OR----

_____ I request a \$2,000.00 secure loan through the Hobart Loan Fund of Cleveland Clinic Akron General for the purpose of _____, payable over 25 pay periods at a rate of \$80.00 per pay.

I hereby agree to repay this loan through payroll deduction. I authorize Cleveland Clinic Akron General to deduct this payment from my paycheck each pay period until the loan is repaid in full. I understand that outstanding loans must be paid in full before a new loan may be requested.

If my employment is terminated or I choose to leave my Training Program for any reason prior to my loan being repaid in full, I hereby authorize Cleveland Clinic Akron General to increase the amount of remaining deductions up to the date of my termination at which time the remaining balance will be deducted from my final paycheck.

If my balance exceeds the amount of my final paycheck, I will make arrangements to repay the outstanding balance by the last day of my employment.

Signature _____ Date of Birth _____

Employee# _____ Social Security _____

Home Address _____

City _____ Zip code _____ Phone _____

GME Recommendation for Loan:

I hereby (recommend / do not recommend) the above request for a Hobart Loan.

Date: _____ Signed: _____