



RESIDENT MANUAL



University Hospitals Cleveland Medical Center Resident Manual

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1. INTRODUCTORY STATEMENTS

1.1 INSTITUTIONAL COMMITMENT

As part of our mission in providing health care services, University Hospitals Cleveland Medical Center (“UHCMC”) and University Hospitals Health System (“UH” or “University Hospitals”) recognizes the need and benefits of graduate medical education. It is our firm belief that sponsoring of graduate medical education programs furthers our mission in the provision of quality care, responds to community needs and assures for future generations of health care professionals required to continue to providing health care to the community.

UH is committed to providing the necessary administrative, educational, financial, human, and clinical resources to support Graduate Medical Education (“GME”). UH is committed to excellence in its GME programs and the care of patients. We further believe that GME programs, properly structured, monitored and evaluated, can and do lead to improved quality care, relationships between health care providers, the patient and patient’s families and may lead to a greater awareness on the part of the consumers of health care as to their responsibilities for their own health.

Additionally, the presence of quality educational programs has the distinct advantage of providing a mechanism for the recruitment and retention of high quality individuals in the medical care arena interested in furthering and improving health care delivery. GME programs provide a firm basis and play an integral part in the ability of UH to meet and further its purposes consistent with the philosophy, mission and goals of the institution.

UH commits itself to the provision of GME programs in which Residents develop personal, clinical and professional competence under careful guidance and supervision. These programs will assure the safe and appropriate care of patients and the progression of Resident responsibility, consistent with each physician’s clinical experience, knowledge and skill.

UH commits itself to the provision of a scholarly environment. Faculty will engage in scholarly activity, including research, and will make available opportunities for Residents to participate in and learn from the scholarship of the medical community.

UH commits itself to providing committed and competent professionals to the teaching faculty of its GME programs. Members of the teaching faculty will be appointed by the Department Chairperson and will be selected for their professional ability and commitment to teaching, medical education, patient care, and the scientific and humanistic basis of medicine.

GME programs will emphasize coordinated delivery of care with a community orientation.. As appropriate, UH will take advantage of opportunities to work with other education institutions in fulfilling its educational role.

UH will also ensure that all of its graduate medical education programs meet or exceed all Institutional and Special Requirements promulgated by the Accreditation Council of Graduate Medical Education (ACGME) and its individual Residency Review Committees, as well as other applicable accreditation requirements.



1.2 WELCOME

To The New Members of the House Staff:

Welcome to University Hospitals Cleveland Medical Center (“UHCMC”). As one of the premier teaching hospitals in the country, UHCMC is pleased to have you as a member of our Housestaff as you begin your career in medicine.

This Manual has been prepared to provide you with general information about UHCMC and UH. For specific facts relating to policies and procedures, please consult the Formulary and the Hospital and System Policy and Procedure Manuals, located on each patient division, and on the UH Intranet. Instructions concerning the particular clinical services to which you are assigned will be given to you by the Program Director of the service.

This is an exciting time in your life, and one that offers many opportunities for continued growth. We hope your association with UH will prove to be a rewarding and satisfying experience.



1.3 INTRODUCTION

Throughout this Resident Manual (the “Manual”), the terms “intern,” “resident physician,” “house officer” and “housestaff,” and “postdoctoral fellow”, or “fellow,” may apply to you, but are referred to collectively as “Residents.” Residents have an obligation to the patients of UHCMC and to the educational program to which they have been appointed.

The most important criterion of the service provided by the Residents is the performance of their professional duties. Professionalism includes honesty, integrity, respect, and compassion, which includes introducing yourself to patients, explaining your role, and treating patients as if they were members of your family. Residents and fellows must prioritize value to the patient over any competing interest when designing a care plan.

The proper discharge of the responsibilities of Residents requires their full time effort while on duty. All Residents shall remain within the Hospital as required by their patient care responsibilities and shall be immediately available if on call.

The Department Chairs and Residency Program Directors have the responsibility and authority at all times to assure the Residents’ effectiveness in the programs.

UHCMC comprises a group of long established hospitals and also includes UH Rainbow Babies & Children’s, UH Seidman Cancer Center, and UH MacDonald Women’s Hospital. UHCMC, in affiliation with the Health Science Schools of Case Western Reserve University (“CWRU”) (including Medicine, Dentistry, Nursing, and Social Work), furnish an integrated program to: provide the highest quality medical care for the sick and injured, advance knowledge, prevent and treat disease and disability, and educate in the healing professions.

UHCMC and CWRU are separate institutions operated by separate Boards of Directors, and have separate administrations. In addition to UHCMC, UH also owns or operates other hospitals throughout Northeast Ohio. Although those hospitals may have separate administrations, they are subject to the ultimate authority of UH as is UHCMC. Appointments to the attending staff are made by the Board of Directors of the hospital upon recommendation by its Medical Staff.

The medical activities at UHCMC are the responsibility of the Clinical Council. Standing committees of the Clinical Council study matters referred to them and make recommendations to the Council. One of these standing committees is the Graduate Medical Education Committee (GMEC), chaired by the DIO. This committee monitors the accreditation of each residency and fellowship program sponsored by UHCMC and has responsibility for all aspects of residency education.

The membership on the GMEC shall represent Residency & Fellowship Program Directors, residents and fellows, senior hospital administrators, and quality personnel. The Committee shall meet periodically as determined by the DIO and otherwise in accordance with the ACGME requirements for Sponsoring Institutions and other applicable accreditation requirements.

The GMEC is charged to establish and implement policies that affect all graduate medical education training programs regarding the quality of education and the work environment for all residents and fellows. To establish and maintain appropriate oversight of the education and work environment of all affiliated training sites for Hospital residents and fellows and otherwise in accordance with the ACGME requirements for Sponsoring Institutions and other applicable accreditation requirements. To regularly review all residency programs to assess their compliance

with both the institutional requirements and program requirements of the relevant ACGME review committees. To provide a mechanism for effective communication between committee(s) responsible for graduate medical education at the Hospital and affiliated training sites, the Medical Staff and the Board of Directors about the safety and quality of patient care provided by, and the related educational and supervisory needs of, the participants in the training programs.

UHCMC has developed the following statement of Mission, Vision, Values, and GME Educational Mission Statement. UHCMC requires all physicians to use this as a guide to their behavior.



1.4 MISSION, VISION, VALUES, GME Educational Mission Statement

Mission: Why we are here

To Heal. To Teach. To Discover.

Vision. What we want to do.

Advancing the Science of Health and the Art of Compassion.

Values. What we believe in.

Service Excellence: We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seeking ways to improve the health of those who count on us.

Integrity: We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.

Compassion: We have genuine concern for our patients and each other while treating everyone with respect and empathy.

Belonging: We value the contributions of all caregivers, and are committed to building an inclusive, encouraging and caring culture where all can thrive.

Trust: We depend upon our caregivers' character, reliability and judgement.

GME Educational Mission Statement

To uphold our legacy of care and improve the health of those we serve by preparing and supporting physicians to deliver patient-centered care.



1.5 HISTORICAL OVERVIEW

UHCMC can be traced back to the Civil War. The Ladies Aid Society of the First Presbyterian Church (Old Stone Church) operated a “Home for the Friendless” to assist persons displaced by the Civil War. Seeing the need for a hospital to provide medical care for the poor of Cleveland, a group of civic leaders and parishioners of Old Stone Church formed the Cleveland City Hospital Society, which was incorporated on May 21, 1866, “to found a hospital for the reception, care, and medical treatment of sick and disabled persons.” The first hospital opened in 1866 in a small frame house on Wilson Street and was referred to as the “Wilson Street Hospital.” By 1875, the hospital had outgrown the building and was relocated to the former Marine Hospital facility (located at East 9th and Lakeside Avenue), which the trustees leased from the federal government. When the City of Cleveland decided to build its own hospital (City Hospital) in 1888, the name was changed to Lakeside Hospital.

In 1897, Lakeside Hospital signed a formal affiliation agreement with Western Reserve University School of Medicine. About the same time construction began on a new hospital modeled after the pioneering pavilion design of Johns Hopkins University Hospital. The new multi-pavilion Lakeside Hospital was opened in 1898 and the Lakeside Training School for Nurses was established the same year. In other parts of the city, the Babies and Children’s Dispensary was established in 1906 and joined Rainbow Cottage (1887) and Lakeside Hospital in providing medical care for the children of Cleveland. The Maternity Home (hospital) was established in 1891 to provide obstetrical services and care for women; it was renamed MacDonald Hospital in 1936.

In 1925, Lakeside Hospital joined with Babies and Children’s Hospital and the Maternity Hospital to form University Hospitals of Cleveland. A year later Rainbow Hospital, located in South Euclid, affiliated with University Hospitals. In the mid-1920’s, construction began on new hospital facilities as well as a new School of Medicine, the Institute of Pathology and Maternity Hospital (MacDonald Women’s Hospital) (1929) in the University Circle area. In 1931, the new Lakeside Hospital and Leonard C. Hanna House were dedicated. Two decades later, Howard M. Hanna Pavilion (1956) for psychiatric care was opened and, in 1962, the Joseph T. Wearn Laboratory for Medical Research was dedicated. The Benjamin Rose Hospital (1953), one of the nation’s first geriatric hospitals, affiliated with UHC in 1957. In 1969, it became part of University Hospitals of Cleveland and its name changed to Abington House. The Robert H. Bishop, Jr. Building, housing operating rooms, radiology services and a new cafeteria was opened in 1967. In 1971, a new children’s hospital was built, housing both Babies and Children’s Hospital and Rainbow Hospital. In 1974, both hospitals were combined under one Board of Trustees as Rainbow Babies and Children’s Hospital. The 190-bed Leonard and Joan Horvitz Tower, opened on April 15, 1997, became the most technologically advanced and family oriented pediatric facility in the nation.

New additions to the medical complex in the 1970s and 1980s included the Mabel Andrews Wing (1972) of the Institute of Pathology, the George M. Humphrey Building (1978), and the Harry J. Bolwell Health Center (1986). UHCMC’s main campus includes: Alfred and Norma Lerner Tower (1994), Samuel Mather Pavilion (1994) and Lakeside Pavilion for adult medical and surgical care; MacDonald Women’s Hospital (1891); Rainbow Babies and Children’s Hospital (1887); University Psychiatric Center at Hanna Pavilion (1956), and Bolwell Health Center (1986). UHCMC and its academic affiliate, Case Western Reserve University School of Medicine, form Ohio’s largest biomedical research center. In 1999, the Research Institute of UHCMC was created. The state of the art research facility is now a joint collaboration between the hospital and the School of Medicine known as the Case Research Institute.

In 2006, as part of a broad strategy to build a strong “UH brand,” we created a new name and logo that clearly and consistently communicates our identity to our patients, their families and the communities we serve. The name of our health care system is now University Hospitals Health System (“UH”).

Community Medical Centers

UH has many community medical centers that provide close-to-home medical and surgical services, including 24-hour emergency departments and medical office buildings that house UH doctor's offices. Current medical centers include: UH Ahuja, UH Bedford (campus of UH Regional Hospitals), UH Conneaut, UH Elyria, UH Geauga, UH Geneva, UH Parma, UH Richmond (campus of UH Regional hospitals), UH St. John, UH Samaritan and Lake Health.

UH Health Centers

UH health centers (also known as outpatient or ambulatory care centers) include physician offices, laboratories, diagnostics technologies, and in some cases, outpatient surgery suites and urgent care facilities. Patients can see their primary care and specialist physicians and have diagnostic tests performed in these centers. Additionally, UH physician offices are located in 17 counties throughout NE Ohio.

Our logo also reflects the UH brand promise of "patient-centered care" while it provides a visual identity as part of a broader strategy to build our reputation as a healthcare leader. Our color – red – communicates confidence and boldness. The shield symbolizes protection, strength and the academic dimension of UH. The singular UH signifies the synergy between our academic and medical aspects and reinforces how the public knows us: "UH." The three horizontal pillars in the shield represent our mission: "To Heal. To Teach. To Discover." The curved line and dot represent a person and our commitment to people – our patients, our employees and our community. This person also exhibits health, hope and vitality and brings the logo to life with a confident and forward-looking tonality.

The name and logo unify all of our facilities, programs and services to make it easier for our community – patients, academic medical colleagues, donors and others – to better recognize us and become more aware of all that we have to offer to our community. Our name and logo will remind everyone that the care provided by UH is unique and special.

The mission of University Hospitals Cleveland Medical Center has remained constant for over 150 years

-- To Heal, To Teach, and To Discover.



1.6 DIVERSITY and INCLUSION

We are respectful of the evolving landscape and believe we have a responsibility to cultivate and nurture diversity and inclusion within our walls and externally so we may better serve the population and communities we serve. While excellent medical care has been at the forefront of everything we do, our core values also include excellence, diversity, integrity, compassion, teamwork and innovation.

At the direction of the board, our leadership was charged with incorporating diversity and inclusion into the culture of the organization. In order to make sure the initiative was successful, the board insisted we change, starting at the top.

Our administrative and medical leadership remains focused on diversity and inclusion. Recruiting diverse talent to enter executive leadership roles and the clinical care arena as physician leaders, physicians, and nurses is a top priority for UH. Studies consistently show that persons from diverse backgrounds will more readily seek health care from providers who look like and sound like them.

We are serious about diversity and inclusion at UH and demand the same level of commitment from our employees, physicians, and the suppliers who do business with us.

University Hospitals Diversity Commitment and Mission

UH is committed to equity and inclusion with all of our patients and families, our physicians, our workforce, our business partners and the communities that we serve.

We will enhance our cultural competency by educating, recognizing and celebrating the value of diverse cultures, beliefs and identities.

University Hospitals Diversity Vision Statement

University Hospitals will be a national leader in diversity by advancing cultural competency, equity and inclusion with all of our constituencies.



1.7 PURPOSE OF THIS MANUAL

This Manual applies to the Residents as learners who are also employees of UHCMC. The content of this manual is incorporated into each Resident contract but alone does not constitute nor should it be construed as a promise of employment or as a contract between UH and any of its employees.

The UHCMC Graduate Medical Education Committee approves changes to this Manual relevant to the clinical learning environment. As such, this Manual may be changed, deleted, suspended, or discontinued in part or in whole at any time without prior notice.

The information contained in this Manual is presented for the benefit of the Residents of UHCMC. The intent of this Manual is to provide and direct the Resident to necessary information concerning the policies, procedures and practices of the UHCMC GME.

This Manual is incorporated into the Resident's contract of employment and sets forth many matters that the Resident is obligated to comply with or observe, but does not in itself contain every obligation a Resident must comply with and observe. Residents are obligated to follow all of the policies and procedures (and any later-adopted successor policies) of UH and UHCMC, which are incorporated by reference into the Manual. Residents are to refer to the specific UHCMC and UH Policies and Procedures Manuals for all issues concerning employment or patient care, and are encouraged to ask their Program Directors, the GME Office, and Human Resources for additional information or clarification on any such matters.



2. APPOINTMENT

2.1 ELIGIBILITY - RECRUITMENT & SELECTION

The following is the policy of UHCMC regarding the recruitment, eligibility and selection of Residents. Each applicant must submit an application through the training program's respective match process, typically via ERAS or through the program's universal application. In addition to the application, the following must be submitted: three letters of reference, an MSPE, USMLE/COMLEX transcript, and a medical school transcript. All applicants will appear for an interview(s).

- A. Eligibility. Applicants must meet the following qualifications to be eligible for appointment to an accredited residency program:
1. Graduates of medical schools in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) OR Graduates of COCA (Commission on Osteopathic College Accreditation) accredited colleges of osteopathic medicine in the U.S. OR Graduates of CODA (Commission on Dental Accreditation) accredited colleges of dental medicine OR other degree or program as may be required by ACGME or the applicable accrediting agency.
 2. Graduates of medical schools outside the U.S. must have a currently valid certificate issued by the Education Commission for Foreign Medical Graduates (ECFMG) (only applicable for programs approved by Accreditation Council for Graduate Medical Education):
 3. Applicants have successfully passed all examinations as deemed required by each training program and passed USMLE/COMLEX Step 1, 2 prior to the close of the National Resident Matching Program (NRMP) ranking in February;
 4. Eligible for a training certificate and/or unrestricted license to practice medicine in Ohio. If applicable, fellows must meet the eligibility exception criteria established by UHCMC in accordance with ACGME requirements.
 5. Not been terminated from employment by any UH entity for cause.
- B. Selection Qualification of Applicants
1. Programs in UHCMC select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials (regardless of allopathic or osteopathic training), communication skills, professionalism, scholarly activity, commitment to the medical profession and personal qualities such as motivation and integrity.
 2. Programs shall not discriminate with regard to gender, race, age, religion, color, creed, national origin, citizenship, ancestry, marital status, disability, sexual orientation (including gender identity) or status as a protected veteran.
- C. USMLE/COMLEX
1. All Residents must have successfully passed COMLEX 3 or USMLE Step 3 within 6 months of completing 1 year of graduate medical education training unless an exception has been granted by the DIO.
 2. All fellowship candidates must have passed USMLE/COMLEX Step 3 prior to the initiation of fellowship training and employment in any fellowship program.

2.2 VISA POLICY

It is UH policy to comply with the immigration laws of the United States, and all Residents must obtain and maintain an immigration status that permits employment by the Hospital in a clinical capacity. UHCMC participates in the application for J-1 visas sponsored by the Educational Commission for Foreign Medical Graduates ("ECFMG"). UHCMC may, in its sole discretion, sponsor a Resident for an H1-B visa under certain conditions. J1 visa holders are not eligible to enter and non-ACGME accredited training programs.

UHCMC does not discriminate against particular individuals seeking visa status, including based on race, color, national origin, sex, religion, age, or disability. FMG H-1B visa candidates must have a valid certificate from ECFMG and have passed United States Medical Licensing Exam ("USLME"), or COMLEX Step 3 at the time of application.

If, at any time, a Resident fails to timely obtain or maintain without interruption the requisite visa status from the United States Citizenship and Immigration Services (USCIS), the Resident will be subject to dismissal in accordance with applicable USCIS regulations. For any individual that UHCMC is required to bear the cost of repatriation, the Resident shall provide UHCMC at least two weeks advance notice of any specific costs associated with such repatriation that UHCMC should bear. To the extent permitted by law, Residents shall follow UH Policy with respect to reimbursement for such repatriation costs, which will be limited to those repatriation costs that UHCMC is required to pay in accordance with the immigration laws of the United States. Residents who are J1 visa holders may not moonlight; other resident visa holders must comply with all applicable immigration requirements as a condition precedent of moonlighting.

2.3 EMPLOYMENT CONTRACTS

The Residents will be provided with a written agreement of appointment/contract outlining the terms, conditions, and benefits of their appointment. Applicants to the program will be provided the appropriate information at the time of the interview.

UHCMC will send an employment contract for each matched student within thirty (30) working days after receipt of the match results to the student for signature. The contract shall be completed as outlined in the training programs respective match process rules and returned to UHCMC within thirty (30) days.

The contract will be reviewed annually to ensure that it complies with ACGME requirements as applicable. This contract must be signed and returned within thirty days of receipt as a condition precedent of being employed by UHCMC.

2.4 RENEWAL OF APPOINTMENT

All reappointment contracts carry the condition that Residents must complete their present year of training in a satisfactory manner for the reappointment to be valid at the beginning of the new academic year beginning July 1. Advancement to the next post graduate year (PGY) level is based upon the recommendation of the Clinical Competency Committee and subject to the approval of the Program Director.

2.5 COMPLETION OF TRAINING

Residents must consult with their Program Director to determine all requirements to graduate have been fulfilled, and the Program Director must determine and notify the resident of their eligibility to sit for requisite boards corresponding to the applicable specialty. Additionally information on specialty boards may also be found online at www.abms.org.

UHCMC's official certificates of completion are issued at the conclusion of training, pending the resident's completion of outstanding duties and professional obligations. Within 30 days of the completion of training, the Program Director will issue a Final Summative Evaluation, delineating progression on milestones, recording of case logs (where applicable), and verifying the resident has demonstrated the necessary knowledge, skills and behaviors necessary to enter autonomous practice.

2.6 CLOSURE/REDUCTION OF PROGRAM

If the UHCMC GMEC approves a reduction in the size of, or closure, of a residency program, the Residents will be informed as soon as possible. In the event of such a reduction or closure, UHCMC will make every effort to allow Residents already in the program to complete their education. If any Residents are displaced by the closure of a program or a reduction in the number of Residents, Residents will be assisted in identifying a program in which they can continue their education.

2.7 TRANSFER

Residents who apply for transfer from another GME program are subject to all elements of the Eligibility and Selection Policy, as well as additional requirements.

UH GME POLICY ON RESIDENTS TRANSFERRING BETWEEN PROGRAMS

When candidates match to a UH residency program, it is expected they will be in the program until graduation. However, it is acknowledged that a resident will sometimes elect to leave their program for personal or professional reasons. Rarely, residents decide they want to change their training program to a different specialty, and in some cases, want to transfer to a different training program within UH. The following policies address this specific situation:

- Programs may not solicit residents to leave their present program and move to another residency program within UH.
- Residents leaving a program are encouraged to continue in their program until the end of the academic year.
- Other program directors may not offer a position in their program to a resident in another UH program until the resident's release is approved in writing by their present program director. Informally discussing their program and availability of positions is acceptable.
- The accepting program director must speak to the present program director before any offer is made, and the DIO must approve the transaction and discuss the resident's performance to date.
- If a resident desires to transfer to another UH program, they must make their intentions known before the end of December, so that their present program has sufficient flexibility to change their Match allotment and recruit from the Match.
- No Resident shall transfer programs within the first 45 days of training.
- No Resident terminated by UHCMC is eligible to transfer to another UH program (whether UHCMC or other UH institution).

As noted above, the present program director must approve releasing the resident from their program in writing before a position is offered by another UH program. If the present program director does not approve, the resident cannot transfer to another UH program. In this situation, a resident intent on changing their training field of interest would need to resign from their present residency program (as per the policy in the UH Residency Handbook) and would need to look outside of the institution.

2.8 RESTRICTIVE COVENANTS

UHCMC shall not require a trainee to sign a non-competition agreement.

2.9 DISASTER POLICY

To complement the Institutional Disaster Plan of the applicable hospital, a plan is developed specifically for GME to assure educational continuity for the Residents. In recent years the disasters experienced in Northeastern Ohio have been limited to electrical outages from storms, power grid failures, and heavy snow storms. All disasters, whether natural disaster, human generated or other casualties, however, must be considered. These, and any other unforeseen disasters, will be managed according to the following guidelines.

A. Statement of Policy

In the event of a widespread emergency affecting operations of some or all UH facilities, the institution has adopted an emergency plan to guide the institutional response to the specific situation. The Disaster Plan for GME is intended to complement the existing institutional plan, while taking into consideration the educational continuity for the Residents. UHCMC is committed to ensuring a safe, organized and effective environment for training of its Residents.

UHCMC recognizes the importance of physicians at all levels of training in the provision of emergency care in the case of a disaster.

Decisions regarding initial and continuing deployment of Residents in the provision of medical care during an emergency will be made taking into consideration the importance of providing emergency medical care, continuing educational needs of the trainees, and the health and safety of the trainees and their families as well as

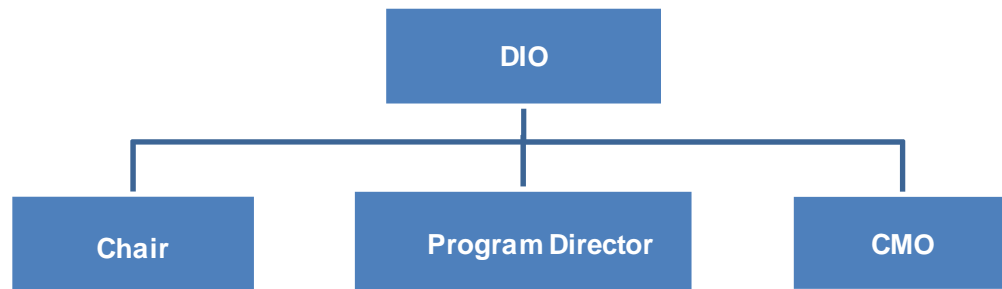
- Patient safety
- Safety of faculty and staff
- Supply of available faculty and house staff for clinical and educational duties
- Extent/impact of damage to the physical plant/facilities
- Extent/impact of damage to clinical technology and clinical information systems
- Extent/impact of damage to communication technology (e.g. phones, pagers, intra/internet)
- Changes in the volumes of patient activity in the short-term and long-term

B. Timeline

1. Upon the occurrence of the emergency situation and immediately following up to 72 hours:
 - a. Residents will be deployed as directed by the Designated Institutional Official. Ongoing decision-making regarding deployment of Residents to provide needed clinical care will be based on ~~both~~ the safety of the Residents and the clinical needs of the institution.
 - i. Those involved in making decisions during this period are:
 - Designated Institutional Official (DIO)
 - Chief Medical Officer
 - Department Chairs
 - Program Directors
 - ii. To the extent possible within the constraints of the emergency, decision-makers shall inform and consult with the Law Department, Program Directors, and the Resident Forum.

- iii. The applicable accrediting organization will be apprised of the situation if it extends beyond 72 hours and will follow any applicable guidelines.
2. By the end of the first week following the occurrence of the emergency situation, if the emergency is ongoing:
 - a. An assessment will be made of:
 - i. the continued need for provision of clinical care by the Residents, and
 - ii. the likelihood that training can continue on site.
 - b. The assessment will be made by:
 - i. DIO
 - ii. GMEC
 - iii. Chief Medical Officer
3. By the end of the second week following the occurrence of the emergency situation, if the emergency is ongoing:
 - a. The DIO will request an assessment by individual program directors and department chairs as to their ability to continue to provide training;
 - b. The DIO will request suggestions for alternative training sites from program directors who feel they will be unable to continue to offer training;
 - c. The DIO will contact applicable accrediting body to provide a status report with consideration to possible program reconfigurations and Resident transfers;
 - d. Those involved in decision making during this period are:
 - i. DIO
 - ii. Individual Program Directors
 - iii. Individual Department Chairs
 - e. Residents who wish to take advantage of the Leave of Absence Policy or be released from the contract will be accommodated.
4. During the third and fourth weeks following the occurrence of the emergency situation, if the emergency is ongoing:
 - a. Program directors at alternative training sites will be contacted by Program Directors to determine feasibility of transfers as appropriate;
 - b. Program Directors will notify the DIO of any proposed transfers;
 - c. Transfers will be coordinated with the accrediting organization; and
 - d. The DIO will be responsible for coordinating the transfers with the applicable accrediting organization.
5. When the emergency situation is ended:
 - a. Plans will be made with the participating institutions to which Residents have been transferred for them to resume training;
 - b. Appropriate credit for training will be coordinated with the applicable accrediting organizations and the applicable Residency Review Committees; and
 - c. Decision as to other matters related to the impact of the emergency on training will be made.

Lines of authority for deployment of the accrediting organization-accredited Residents during the first 72 hours of a disaster:



C. Resident Assignments

1. If the GMEC determines that a program or the institution cannot provide an adequate educational experience for a resident because of the disaster, whether directly or at affiliate sites, and must end the responsibility for training the resident, both individual programs and the institution will work to:
 - a. Temporarily relocate a resident to a site of training within the institution or to a current local affiliate training site.
 - b. Arrange a temporary transfer for a resident to another program until the institution can provide an adequate educational experience for the resident. In so far as possible at the time of the transfer, the program will inform the resident being transferred regarding the minimum duration of the transfer and the anticipated total duration of the transfer.
 - c. Assist the resident in a permanent transfer to another program/institution.
2. Administrative Support: In the event of a disaster, GME leadership will temporarily relocate or reassign available administrative personnel in order to provide an adequate educational experience for residents.
3. Continuation of financial support and professional liability coverage in the event of a disaster will be dependent on the short-term and long-term impact on each program and the institution overall. Also, it will be dependent on current policies related to reimbursement and otherwise comply with applicable ACMGE requirements.
4. For residents temporarily relocated to an affiliated training site within UHHS, UHCMC will work with the site to sustain resident salary and benefits.
5. For residents temporarily assigned to a program at another institution outside of UHHS:
 - a. UHCMC will use best efforts to work with the receiving institution (and CMS or other third parties as well) to provide for the payment of resident salaries and provision of health and welfare benefits.
 - b. As soon as possible, the program will inform the resident of their status within the program for the next academic year.
 - c. If the UHCMC training program closes permanently, some transitional funding may be provided by UHCMC to the accepting institution.

- d. If the UHCMC program is not permanently closed, but a resident decides to permanently transfer to another institution, the costs of salary and benefits are not the responsibility of UHCMC.

3. EMPLOYMENT MATTERS

3.1 ACCOMMODATION FOR DISABILITY

UH is committed to achieving equal education opportunity and full participation for all Residents. UH complies with the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendment Act of 2008 and accompanying regulations which protect qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, training, fringe benefits and other aspects of employment on the basis of disability.

If there is a need for an accommodation related to a disability, the Resident may inform the Program Director, but must contact the Third Party Administrator who will request the required information for consideration. After notification from the Third Party Administrator, the Program Director and the DIO, with Human Resources, will engage in the interactive process with the Resident regarding the requested accommodation. Additional information, including supporting medical documentation, may be requested through the Third Party Administrator. Ultimately, a determination will be made regarding whether a reasonable accommodation can be made. A “reasonable accommodation” is any change or adjustment to a job or work environment that allows a qualified applicant or employee with a disability to perform the essential functions of the job, participate in the job application process, or to enjoy benefits and privileges of employment equal to those enjoyed by employees without disabilities. Information on how to contact third party administrator.

3.2 BACKGROUND CHECKS

All candidates for employment as a Resident are required to have a background check which consists of the following components:

- A court record database search done in compliance with the Fair Credit Reporting Act
- A search of multiple federal databases to determine whether a person is excluded from participating in any federal program
- For certain positions, a fingerprint search conducted by either the Ohio BCI or the FBI (or both)

Fingerprint background checks may take several weeks to be processed; Residents are permitted to begin work activity before the results are received. If a disqualifying conviction or exclusion is subsequently returned, that person’s employment may be terminated. This may occur even if the Resident has successfully completed some period of the residency program before the results are received. Termination can occur as a result of the information obtained on the preliminary State of Ohio criminal history record check or the fingerprint criminal history check. See UH Policy HR-8 for complete details.

3.3 PAYROLL

Residents are on UH’s payroll and will be paid the amount appropriate to the Resident’s contracted post-graduate year (PGY) level as stated in their contract, which may not reflect prior training if said training is not a requirement of the current program. Stipend amounts are reviewed annually and amended from time to time. For information on the compensation schedule, please consult the Office of GME. Payroll is prepared for a bi-weekly period ending on Saturday. Pay is dispersed through direct deposit on the following Thursday, with the exception of a holiday week. See also Section 6.3 - Extra Duty, Moonlighting & Fellow Independent Practice.

3.4 TAXES AND OTHER WITHHOLDINGS

Residents must use Oracle Employee Direct Access (EDA) to complete an initial Withholding Allowance Certificate (W-4), for the purpose of withholding Federal Income Tax, a State of Ohio Withholding Exemption Certificate (IT-4), for the purpose of withholding State Income Tax, and a new W-4 and IT-4 when there is a change in family status. Residents must also complete an I-9 form at orientation and provide supporting documentation of identity and eligibility to work in the United States. Residents can use EDA, accessible from any computer 24/7, to track social security deductions, federal, state, and city income tax withholding, as well as deductions for any other withholds you elect.

3.5 I.D. BADGES

Photo identification badges are issued by Human Resources (HR) during the onboarding/orientation process. Residents are expected to wear the I.D. badge at all times while on duty. The proper way to wear the badge is above the waist with the photo/name side showing. A non-refundable replacement fee will be charged for stolen, lost or damaged I.D. badges via payroll deduction. For a replacement badge, please contact HR at ext. 40338. HR is located in the Medical Center Building (MCCO) at 2220 Circle Drive. UH Policy HR-29 governs the applicability of ID badges.

3.6 HOLIDAYS

Holidays are granted and scheduled at the discretion of the department to which the Resident is assigned.

The Hospital recognizes the following holidays:

New Year's Day	Independence Day	Thanksgiving Day
Memorial Day	Labor Day	Christmas Day

3.7 LICENSURE

3.7.1 Medical Licensure

Under Ohio law, an individual pursuing a medical or surgical residency or fellowship in Ohio must be licensed by the State Medical Board of Ohio. The individual may either hold a Certificate (permanent license) to practice medicine and surgery in Ohio, or apply to the Board for a Training Certificate (temporary license). The Office of GME will direct residents to the Ohio State Medical Board website for application forms for the Training Certificate, but responsibility for timely completion and fee payment lies with the applicant. A Training Certificate is valid for up to three years, but may be renewed for a maximum of six years. Residents are required to provide proof of application for licensure to the GME Office.

The Training Certificate allows Residents to follow the schedule of prescribed services, rotations, and clinical activities that have been issued by their Program Directors. Please be advised of the following limitations regarding temporary licensure:

- A. A Resident without a permanent Ohio Medical license cannot "moonlight."
- B. A Resident without a permanent Ohio Medical license cannot sign any legal documents that must be filed with the Probate Court in connection with involuntary hospitalization of psychiatric patients.

Permanent licensure can be initiated by contacting the State Medical Board of Ohio, Columbus, Ohio, at 614-466-3934. The Office of GME must be kept informed of any change in licensure status. Failure to renew a license or training certificate by the date due shall result in the Resident being immediately suspended from clinical

services in the residency program. The Resident shall not receive credit for any program-related activities or be paid between the time renewal was due and actual renewal.

3.7.2 Dental Licensure: Limited Resident's License

Under Ohio law an individual in a dental residency program must be licensed by, or hold a Limited Resident's License granted by, the Ohio State Dental Board. Oral Maxillofacial Surgery Residents are expected to also maintain a medical training certificate from the medical board.

Any person receiving such Limited Resident's License may practice dentistry at UHCMC only in connection with programs operated by Case Western Reserve University School of Dentistry or UHCMC and as designated on the License, and only under the direction of a licensed dentist who is a member of the UHCMC staff, or a dentist holding a current limited teaching license, and only for patients seen within the scope of their program. If the residency program is changed, a new application for a Limited Resident's License must be submitted to the Board.

Limited Resident's License applications must be reviewed and approved by the Board. The license is valid from July 1st of the year of issue, through the termination of the residency program.

3.7.3 Controlled Substance Licensure

Each Resident must have a Drug Enforcement Administration (DEA) Controlled Substance Registration Number (whether temporary or permanent). Federal law mandates that use of this temporary DEA is strictly limited to the care of patients served by Residents as part of their training program. To obtain a permanent DEA number, contact the Drug Enforcement Administration in Washington D.C., at (202) 633-1000. Residents are prohibited from writing any prescriptions for controlled substances outside a formal treatment relationship.

3.8 CHANGE IN NAME/ADDRESS

Employee Direct Access (EDA) provides direct access to your personal information and saves time by eliminating the need to access, complete, and deliver paper forms. Residents may change their name and US address directly in EDA.

3.9 DRUG FREE WORKPLACE

UH has a strong commitment to the health and safety of its employees, as well as its patients and prohibits the unlawful manufacture, distribution, dispensing, possession or use of controlled substances in and on property owned or operated by UH. No employee may engage in health system related work while under the influence of alcohol, illegal drugs, or prescription drugs which may impair judgment and/or job performance when taken as directed. UH has both a Drug Free Workplace Policy as well as mandatory drug screening as a regular part of the pre-employment physical Post-Offer/Pre-Employment Evaluation. Though your residency program may begin, your employment is conditional based upon the successful completion of a drug screening.

3.10 SAFETY SERVICES

UHCMC strives to provide its employees, patients, and visitors with a safe and healthy environment. The Safety Services office, with experts in chemical, environmental, fire and occupational safety, can offer assistance with the handling of such things as hazardous materials response, and Sick Building Syndrome investigation. The Cleveland Medical Center Hospital Safety office is located in the MCCO Services Bldg., 6th floor, and is open from 8:00am - 5:00pm, M-F. Main Office number is 216-844-1437.

3.11 UH POLICE DEPARTMENT

The services provided by the UH Police Department at UHCMC are integrated with other hospital departments to provide a safe and secure environment for patients, visitors, staff, and employees. In case of an emergency or any of the services below, phone the UH Police Department at ext. 44357.

- Escort Services to parking facilities for all persons when requested.
- Investigative Services in response to specific situations and assigned through the UH Police Department.
- Lost and Found located in the office of the UH Police Department.
- Safety Presentations by the UH Police Department personnel available to all departments educating employees on personal safety and protection of personal and hospital property.
- Special Event Security provided by officers assisting with security related matters unique to specific events.
- Witness wills through officers present upon request by Medical Staff.
- Controlled access and egress to the Hospital through the coding of identification badges for all employees and contractors and vendors.
- Patrol of UHCMC facilities 24 hours a day, 7 days a week. Buildings include Andrews, Bishop, Bolwell, Horvitz Tower, Hanna House, Humphrey, Lakeside, Lerner Tower, MacDonald, Mather Pavilion, Rainbow Babies and Children’s Hospital, Foley, Wearn, Modular Trailers on Cornell Road, and all hospital owned parking garages.

Loss of hospital, patient, or personal property under any circumstances should be reported to the UH Police Department. (ext. 44357). Although the Hospital can assume no financial responsibility for personal losses, every reasonable safeguard will be provided. Thefts or any other incidents should be reported immediately to the UH Police Department for investigation. Also, suspicious persons should be reported immediately for investigation.

Residents should exert a constant interest in the personal safety of patients and in the proper protection of their property. Residents should assist the Police Department in providing a safe and secure environment for all patients, visitors, and employees.

3.12 BLOOD BORNE PATHOGEN TRAINING

The Occupational Safety and Health Administration requires that health care workers receive training on the blood borne pathogen standards annually. This is to assure knowledge about blood borne pathogens, methods to protect against occupational exposure, and procedures to follow in case exposure occurs. This can be accomplished by physicians via the on-line training program.

3.13 SMOKING POLICY

3.13.1 Environment

In view of UH’s commitment to health and wellness, smoking and use of tobacco or tobacco related products is not permitted on property owned, operated leased, branded or maintained by any UH entity. With respect to the use of smoking and the use of tobacco or tobacco related products, this policy extends beyond creating a “smoke free environment” to promote the overall health and wellness of employees, patients, physicians, volunteers, visitors, vendors and the general public. This policy applies to all forms of tobacco use regardless of type or frequency. This includes cigarettes, cigars, chewing tobacco, snuff, pipes, electronic cigarettes, and any other existing or future smoking, tobacco, or tobacco related product that UH determines is contrary to the health and wellness purpose of this policy.

See the **UH Smoking Cessation Policy**.

3.13.2 Hiring Policy

UH is committed to the health and wellness of our employees, our patients, and our community. As part of these efforts, we only hire candidates that do not use tobacco products. You must be tobacco free to be eligible for employment. Your employment is expressly contingent on confirming your non-tobacco use and satisfactorily completing and passing, as determined in UH's sole discretion, a pre-employment health assessment and drug screening for tobacco.

3.14 HARASSMENT AND DISCRIMINATION

UH is committed to providing a working environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive or disruptive, including sexual and other forms of harassment. See the UH Anti-Harassment and Non-Discrimination Policy. If you believe you have been subjected to discrimination or harassment of any kind, you should report it immediately to your Program Director or the Designated Institutional Official or the GME office. If not available or you believe it would be inappropriate to contact that person, you should immediately contact the Human Resources Department at 216-844-0355. In addition, you may contact the UH/GME Compliance Hotline at 1-800-227-6934 where you may make an anonymous report.

3.15 EMPLOYEE ASSISTANCE COUNSELING

Residents may seek consultation through National EAP to discuss any issues that may involve or have an impact their work or personal lives. National EAP is a counseling/referral service available to Residents and/or their immediate household family members, whose personal problems are affecting their sense of wellbeing and/or their job performance. Problems may include those with family and relationships; emotional problems; depression; grief; eating disorders; gambling; stress (personal or work); behavioral health; financial difficulties; legal problems; or addiction (alcohol and drug). EAP services are private and confidential, in accord with state law and institutional policies. A clinician from National EAP will speak with you, answer your questions, and help develop a plan to deal with issues of concern.

There is no cost to reach out to National EAP. Referral resources outside of National EAP are the individual's responsibility and may be covered in part or in whole by your health insurance.

Phone Number: 800-624-2593

Online: www.nationaleap.com

Email: info@nationaleap.com

User ID: UH GME

Password: UH GME

These problems may include: family, marital and relationship, emotional problems, depression, grief, eating disorders, gambling, stress (personal or work), behavioral health, financial difficulties, legal problems, addiction (alcohol and drug).

3.16 EMPLOYEE HEALTH SERVICE

Employee Health on the UHCMC campus (MCCO 4th floor; phone 216-844-1602 or 844-1453) is open Monday through Friday, except holidays, from 7:30 A.M. to 4:00 P.M. Employee Health at the community hospitals may have varying days and hours of operation so check with the site GME office. An appointment is generally not needed unless you are having a pre-placement physical, or seeing the Medical Director. Employee Health provides a variety of health-related services, including post-offer pre-placement health assessment, evaluation and treatment of workplace injuries and illnesses, which include exposure to blood and/or body fluids (e.g., sharps injuries, splashes, exposures to communicable disease, falls, etc.) and exposure surveillance (please refer to UH Policy IC-11) and updating immunizations. At various times throughout your employment with UH, you will be asked to report to the Employee Health Service for screening such as the annual PPD skin test for tuberculosis surveillance. You may also,

because of your work duties or a rea, be asked to have other s specific screening tests and exams, many of which are mandated by state or federal agencies.

Residents should report all work-related injuries, including due to fatigue, or serious, unprotected exposure to communicable disease immediately, to their Program Director before going to the Employee Health Service. If Employee Health is closed, report to the Emergency Department (ED) for appropriate initial evaluation. Residents seen in the ED for work-related injuries or exposures must follow-up in the Employee Health on the next business day. No appointment is necessary. The online "First Report of Injury/Employee Incident Report" must be completed by the Resident and the Supervisor Incident Report needs to be completed by the Program Director, in a timely manner. The electronic forms can be found on the UH Intranet/ Human Resources/Disability Management Services/See Workers' Compensation Employee Incident Reporting UH Policy HR-67.

4. DISPUTES, DISCIPLINE & CONFLICT

4.1 MANAGEMENT OF SUBSTANDARD RESIDENT PERFORMANCE

The purpose of this policy is to outline the procedures to be followed for the management of substandard Resident performance by University Hospitals sponsored programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). The program director and/or UH's Designated Institutional Official (DIO) shall use reasonable judgment to determine the step(s) to be used to address Resident substandard performance. Examples of substandard performance are the failure to meet expected program performance standard, violations of GME/UH/facility policy, unprofessional behavior, unsafe behavior, and malicious behavior. To the extent possible, substandard performance will be progressively managed. Nothing in this policy should be interpreted as limiting or prohibiting UH or one of its programs from taking action prior to the end of a period of remediation or utilizing the steps of remediation outside the order noted in this policy when the circumstances warrant such action. In addition to informal counseling that occurs as part of the educational process, formal actions that may be taken to address substandard performance include:

- Formal Counseling
- Probation
- Non-promotion
- Non-renewal or Termination.

4.1.1 Formal Counseling

Formal counseling is often initiated after less formal measures to address substandard performance (e.g., verbal counseling) have not remedied the area(s) of concern. Formal counseling may also be used by a program director as an intermediate step if a Resident has made progress on probation but has not remediated the issues identified sufficiently to be returned to good standing in the program. If the program director has determined that a Resident's substandard behavior merits formal counseling:

1. The program director may seek the counsel of the program's Clinical Competency Committee (CCC) regarding the decision to place the Resident on formal counseling. The program director has the ultimate authority to determine if the Resident is placed on formal counseling.
2. The program director will endeavor to choose a fair and objective faculty mentor for the Resident. If a suitable faculty mentor is not available within the Resident's program or department the program director must discuss the selection of a suitable mentor with UH's DIO. The mentor must meet with the Resident at least monthly and document each meeting; an email to the program director is sufficient. Documentation should include, at a minimum, the date and substance of the meeting and be saved in the program's Resident training file.
3. The program director must meet with and inform the Resident that s/he is being placed on formal counseling. The discussion must outline the deficiency(ies), remediation measures,

faculty mentor, frequency of mentor meetings, and specific behavior(s) and/or performance that is/are expected by a defined date.

4. The program director must document in writing the decision to place the Resident on formal counseling. See the Written Documentation section below.
5. Subsequent substandard performance by Resident formerly on formal counseling, but returned to good standing, may result in the Resident being placed on probation or being non-promoted, non-renewed or terminated without an additional period of formal counseling.

4.1.2 Probation

If the Resident's performance has not sufficiently improved with formal counseling or is too serious to be addressed by formal counseling, the program director may recommend probation. If so:

1. The program director must seek the counsel of the program's CCC regarding the recommendation to place the Resident on probation or extend the probationary period. The program director has the ultimate authority to determine if the Resident is placed on probation.
2. Resident may be placed on probation for up to six consecutive months and any exceptions must be approved by the DIO. Program directors can start Resident on a period of probation as short as one month and extend the probation as many times as they believe is appropriate within the six-month time frame depending on the individual facts and circumstances of each case. Prior periods of probation interspersed with a period of return to good standing or formal counseling in the program do not count toward the six consecutive month time limit for probation.
3. The program director will endeavor to choose a fair and objective faculty mentor for the Resident. If a suitable faculty mentor is not available within the Resident's program or department the program director must discuss the selection of a suitable mentor with UH's DIO. The mentor must meet with the Resident at least monthly and document each meeting; an email to the program director is sufficient. Documentation should include, at a minimum, the date and substance of the meeting and be saved in the program's Resident training file.
4. The program director may require a Fitness for Duty Evaluation if s/he feels the Resident is a safety risk to patients, themselves or others. (See UH's *Fitness for Duty Evaluation Institutional policy*).
5. The program director must meet with and inform the Resident that s/he is being placed on probation. The discussion must outline the deficiency(ies), remediation measures, mentor, frequency of mentor meetings, and specific behavior(s) and/or performance that is/are expected by a defined date.
6. The program director must document in writing the decision to place the Resident on probation. See the Written Documentation section below.
7. At the end of the probationary period, the program director must evaluate the Resident's performance based on a number of factors that must include faculty evaluations and mentor meeting summaries and may include other sources of information such as Milestones assessments and multi-source evaluations. The program director must seek the counsel of the program's CCC in determining the outcome of the probation. The program director has the ultimate authority to determine if the Resident is removed from probation. The program director may:
 - a. end the probation;
 - b. extend the probationary period (up to a total of six consecutive months);
 - c. require other informal remediation;
 - d. place the Resident on formal counseling;
 - e. offer the Resident a last chance agreement;
 - f. not promote the Resident to the next level of training;

- g. not renew the Resident's training agreement; or
 - h. terminate the Resident.
8. If the Resident has successfully completed the remediation plan and her/his performance has sufficiently improved to the expected level, the probation shall be ended. The program director must inform the Resident of this outcome and document the outcome in writing. See the Written Documentation section below.
 9. If the Resident has not successfully completed the remediation plan and/or performance is not at the expected level, the program director must meet and inform her/him of the probation outcome and document the outcome in writing. See the Written Documentation section below.
 10. If the Resident is on probation at the end of the academic year s/he will not be promoted to the next level of training until s/he is no longer on probation. An exception to this may only be made by UH's DIO.
 11. A Resident who is placed on probation or not promoted because they are on probation may file a complaint or grievance as described in UH's *Complaints and Grievances by Resident Regarding the Educational or Professional Environment Institutional* policy.
 12. Subsequent substandard performance by Resident formerly on probation, but returned to good standing, may result in non-promotion, non-renewal or termination without an additional probationary period.

4.1.3 Non-Promotion

If a Resident's performance is not at the expected level, a program director may decide not to promote her/him to the next level of training.

1. The program director must seek the counsel of the program's CCC regarding the decision not to promote the Resident including the timeframe to delay promotion and a majority of all CCC members must concur with the decision to not promote the Resident and the timeframe to delay promotion. The vote of the CCC must be documented.
2. The chair of the department must be notified regarding a decision not to promote a Resident and the timeframe to delay promotion.
3. The program director must meet with the Resident to inform her/him of the non-promotion decision.
4. The program director must document in writing the decision not to promote the Resident. See the Written Documentation section below.
5. Written notification of non-promotion must be given to the Resident at least 4 months prior to the end of the academic term. However, if the reason(s) for not promoting occurs within the four months prior to the end of the term, the program director is only required to provide the Resident with as much prior notice as circumstances reasonably allow.
6. A Resident who is not promoted may file a complaint or grievance as described in UH's *Complaints and Grievances by Resident Regarding the Educational or Professional Environment Institutional* policy.

4.1.4 Non-renewal or Termination

A program director may recommend to not renew a Resident's training agreement or to terminate a Resident.

1. The program director must seek the counsel of the program's CCC regarding the non-renewal or termination recommendation. The program director may pursue non-renewal or termination of the Resident if there is concurrence by a majority of all CCC members. The vote of the CCC must be documented.

2. The chair of the department must be consulted regarding a non-renewal or termination decision and UH's DIO must be notified of the decision.
3. The program director must meet with the Resident to inform her/him of the non-renewal or termination decision. For terminations, the program director must give the Resident an opportunity to discuss the reasons for dismissal prior to termination.
4. The program director must document in writing the non-renewal or termination decision. See the Written Documentation section below.
5. Written notification of non-renewal or termination must be given to the Resident. Notification of non-renewal must be given at least 4 months prior to the end of the academic term. However, if the reason(s) for non-renewal occurs within the four months prior to the end of the term, the program director is only required to provide the Resident with as much prior notice as circumstances reasonably allow.
6. A Resident who is terminated or whose training agreement is not renewed may request an appeal of the decision by following the procedures set forth in the UH *Appeal of Adverse Academic Decisions* policy.
7. If a training agreement is not renewed, on the last day of employment programs will collect from the Resident any equipment including, but not limited to, pagers, ID badges, keys, smartphones, parking cards, laptops follow all other applicable termination policies and procedures (revocation of e-mail and IT systems access, etc.).

4.1.5 Egregious Conduct

Unsafe practice or egregious conduct must be promptly addressed to maintain patient and staff safety and/or to protect the interests of UH. Examples include lying, violation of a UH or any affiliates privacy or security policies, aggressive or intimidating behavior toward patients or staff, actions or statements that violate the harassment or discrimination policies of UH or any of its affiliates, or ordering a test or medication that is not medically indicated to harass a patient.

1. If the program director or UH's DIO believes a Resident poses a threat to patient safety, themselves or others or her/his conduct is egregious, the Resident may be removed from patient care and placed on administrative leave pending an investigation.
2. If the Resident is placed on an administrative leave of absence, the Resident is relieved of all work-related responsibilities. Resident will continue to receive pay and benefits while on administrative leave. Time spent away from training while on administrative leave may be considered by the program in determining whether credit will be given for a rotation.
3. Based on the circumstances, the program director or UH's DIO may require the Resident to undergo a Fitness for Duty Evaluation. Failure to submit to a Fitness for Duty Evaluation or drug and alcohol testing is grounds for immediate termination.
4. Within 24 hours of the decision to place the Resident on administrative leave, the program director, UH's DIO or his/her designee must inform the Resident that s/he is being placed on administrative leave.
5. The program director or UH's DIO or his/her designee must document in writing the decision to place the Resident on administrative leave. See the Written Documentation section below.
6. At the discretion of UH's DIO, UH will notify the affiliated hospitals' security and information services that the Resident is on administrative leave until further notice. Once the investigation is concluded, UH will notify the same entities of the outcome.
7. At the conclusion of the investigation, UH's DIO or the program director in consultation with UH's DIO, may end the administrative leave and:
 - a. determine that the Resident can return to work with no additional action taken;
 - b. place the Resident on other informal remediation;
 - c. place the Resident on formal counseling;
 - d. place the Resident on probation;
 - e. suspend the Resident without pay;

- f. offer the Resident a last chance agreement;
 - g. not promote the Resident to the next level of training;
 - h. not renew the Resident's training agreement; or
 - i. terminate the Resident.
8. At the end of the administrative leave the program director, UH's DIO or his/her designee must inform the Resident of the outcome of the leave and document it in writing. See the Written Documentation section below.
 9. If the administrative leave has ended and additional action will be taken, the program director, UH's DIO or his/her designee must meet with the Resident, inform her/him of the outcome and document the outcome in writing in accordance with written documentation requirements.

4.1.6 Denial of Resident Credit for a Rotation

If the program director plans to deny the Resident credit for a rotation the program director must:

1. obtain the input of the CCC and majority of all CCC members must concur with the decision to deny credit; and
2. provide written notification of the denial of credit to the Resident. See the Written Documentation section below.

4.1.7 Written Documentation

Each action outlined in Section 4.1 must be documented in writing.

1. The document must include:
 - a. a statement that specifies the decision or outcome;
 - b. the reason(s) for the decision or outcome (e.g., Resident deficiencies);
 - c. if appropriate, the date the program director met with the Resident;
 - d. if appropriate, the term;
 - e. if appropriate, the remediation or educational plan;
 - f. if appropriate, a list of materials shared with the Resident;
 - g. if appropriate, a description of specific behavior(s) and/or performance that is/are expected by the end of the term or to be promoted;
 - h. if appropriate, the faculty mentor name;
 - i. if appropriate, that credit for a rotation(s) will not be given
 - j. for probation: a statement that if s/he is on probation at the end of the academic year s/he will not be promoted to the next level of training until s/he is no longer on probation;
 - k. for formal counseling, probation, non-promotion or denial of rotation credit: information regarding the right to file a complaint or grievance;
 - l. for non-renewal or termination: information regarding the right to request an appeal of the non-renewal or termination decision as described in UH's *Appeal of Adverse Academic Decisions Institutional* policy;
 - m. for administrative leave: statements that the Resident will continue to receive pay and benefits while on administrative leave, may be required to make up the time not on service due to the administrative leave and must leave the premises and may not access patient records or work in any capacity until directed to do so or the leave has been rescinded; and
 - n. The program director or UH's DIO or his/her designee must sign and date the document.
 - o. Resident may sign a statement acknowledging that they have reviewed and received the document and their signature does not necessarily imply agreement with the statements in the document or the action being taken.

2. A copy of the document should be saved in the program's Resident training file.
3. The Resident must be provided with a copy of the signed document.
4. The program must provide UH's DIO with a copy of the signed document to be filed in the UH Resident file.

4.2 APPEAL OF ADVERSE ACADEMIC DECISIONS

Resident may appeal Non-renewal or Termination decisions.

4.2.1 APPEAL PANEL

1. UH shall establish a subcommittee of the GMEC whose members shall serve as panelists on appeals. The Subcommittee shall have at least twelve members. The members shall be comprised of Program Directors or other UH physicians and individuals who are familiar and experienced in the education and supervision of Residents.
2. The members of the Subcommittee are appointed by UH's Designated Institutional Official (DIO) and shall serve on the committee for three years. Subcommittee members may serve additional three year terms at the discretion of UH's DIO.
3. When an appeal is requested, three panelists will be assigned to serve on the appeal panel. To avoid a potential conflict of interest, panel members may not be from the same department as that of the Resident's training program.
4. If there are multiple requests for appeals, the Subcommittee may determine that more than one appeal shall be heard on the same day.
5. UH GME, HR and legal staff shall provide support to the Subcommittee and appeal panels.

4.2.2 THE APPEAL PROCESS

1. UH Resident who has been terminated or whose training agreements will not be renewed may request an appeal of the decision. The issue for the appeal panel is whether the Program Director had a reasonable basis for the decision to not renew or terminate the Training Agreement. The panel shall not conduct a *de novo* review of the Program Director's decision.
2. To the extent a termination decision is based on a non-academic institutional policy violation, a violation of law, or the decision of a non-UH institution as the basis for the termination or non-renewal, the appeal panel should look to the institutional policy owner, court/enforcement agency or the non-UH organization as the decision maker regarding the facts and application of the law or policy at issue. The appeals panel does not have jurisdiction to review the underlying facts or application of policy or law in such situation, but rather to determine whether the violation was determined to exist by the institutional policy owner, court/enforcement agency, or non-UH organization. The appeals panel is entitled to rely on any statement from such institutional policy owner, court/enforcement agency, or non-UH organization that a violation exists.
3. To appeal an adverse action, a Resident must submit a written request for an appeal to his or her Program Director and to the DIO within fourteen business days of receiving written notification of the Program Director's decision. Any request for appeal must include a statement of the adverse action being appealed and the grounds supporting the request of an appeal.
4. The Resident may submit documentation in support of his/her positions. Copies of this submission shall be given to the appointed appeal panel members.
5. Additionally, the appointed appeal panel members shall be given copies of the Resident's training file and UH's file.

6. The appeal hearing shall be held within four weeks of the written request for an appeal. A postponement of the appeal may be granted at the discretion of UH's DIO based on the facts and circumstances known at the time of the request.
7. Requests for postponement should be made at the earliest possible opportunity to UH's DIO.
8. Resident must notify the appeal panel at least four business days prior to the hearing of his/her request to bring a faculty advocate.
9. The Program Director must notify the appeal panel at least four business days prior to the hearing of his/her request to have another faculty member address the panel.
10. When an appeal panel convenes, it will adhere to the following guidelines established for hearings:
 11. Each panel shall determine which of the three panel members will be responsible for chairing the appeal and drafting the report.
 12. Both the Resident and the Program Director are expected to appear before the panel.
 13. The Resident and the Program Director shall each have up to thirty minutes to present to the panel. The panel may grant additional time as it sees fit.
 14. Legal counsel shall not be permitted to appear, however either party may consult with his/her legal counsel prior to the hearing.
 15. At its discretion, the panel may allow the Resident to have a faculty advocate speak who may also have up to thirty minutes to present to the panel.
 16. At its discretion the panel may allow the Program Director to have one additional faculty member address the panel who may also have up to thirty minutes to present to the panel.
 17. The appeal panel shall deliberate in closed session.
 18. The panel may determine to reconvene later if it is necessary to continue its deliberations and make its recommendations.
 19. Each appeal panel reserves the right to request additional information that it deems necessary to reach its conclusions and recommendations.
 20. The appeal panel shall submit its written report and recommendations to accept, reject, or modify the decision of the program to UH's DIO within one week of the hearing. The report shall include: a brief summary of the facts found; pertinent findings of the panel; and recommendations to UH's DIO.
 21. UH's DIO makes the final decision.
 22. The written recommendations of the appeal panel and the decision of UH's DIO shall be part of the Resident's training file maintained by the program and shall be released upon request for future applications for licensure, clinical privileges, or certification to the extent permitted by law.

4.3 Denial of Certificate of Completion

The Program Director may recommend the Resident be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of training. The recommendation, if approved by the DIO/Director of GME, should allow for the Resident to receive notification in writing by the Program Director as soon as possible and if possible at least twelve (12) weeks prior to scheduled completion of program; however, documented extenuating circumstances may result in a shorter notice period.

4.4 COMPLAINTS AND GRIEVANCES BY RESIDENT REGARDING THE EDUCATIONAL OR PROFESSIONAL ENVIRONMENT

UH is committed to providing a professional learning environment and supportive culture for all Residents. This policy describes the procedure to use regarding Resident concerns that may arise during training regarding unfair treatment by the faculty, staff or another Resident. Such complaints and grievances include, but are not limited to, evaluations, probation, non-promotion to the next level of training or the professional environment.

4.4.1 DEFINITIONS

1. **Complaint:** An oral statement provided by a Resident member to the Program Director, UH's Designated Institutional Official (DIO), or other member of the UH staff expressing dissatisfaction with some aspect of the program, a faculty member, a member of UH staff, another Resident member or other program related issue which has resulted in a negative impact to the complainant.
2. **Grievance:** A written statement provided by a Resident member to the Program Director, UH's DIO or other member of the UH staff expressing dissatisfaction with some aspect of the program, a faculty member, a member of UH staff, another Resident member or other program related issue which has resulted in a negative impact to the complainant.

4.4.2 COMPLAINT AND GRIEVANCE PROCESS

Resident concerns, complaints and grievances regarding the work environment, evaluations, probation, or non-promotion to the next level of training should be addressed using the following process:

1. Resident should address concerns or complaints with the appropriate person(s) in a professional manner.
2. Resident may raise concerns either verbally or in writing to his/her Program Director. If the complaint is provided verbally, it is the responsibility of the individual receiving the complaint to summarize the complaint in writing and request the Resident member to confirm that the summary accurately reflects the substance of their concern.
3. If the Resident does not feel comfortable raising an issue with his/her Program Director, or if there is dissatisfaction with the Program Director's response or action, the Resident should contact the Division Chief or Chair of the Department.
4. If the complaint remains unresolved after taking the above steps, the Resident should report his/her complaint or grievance to UH's DIO. If UH's DIO identifies a conflict in his/her ability to resolve the matter, s/he will designate an alternate person to review and manage the matter. UH's DIO may consult with other faculty, the Program Director, the Chair of the Department or other senior leaders of UH to gain additional insight and to facilitate a resolution of the complaint.
5. The decision of UH's DIO (or alternate) regarding the disposition of the complaint or grievance is final.

4.4.3 EXCLUSIONS

1. Complaints and grievances relating to decisions of non-renewal and termination.
2. Complaints and grievances of Resident employed by UH relating to alleged acts of sexual harassment and/or harassment or discrimination based upon sex, race, color, religion, ancestry or national origin, age, disability, marital status, parental status, sexual orientation, veteran status, citizenship status, or other protected group status are covered by UH policies.

4.5 ACTIONS REPORTABLE TO THE MEDICAL BOARD

4.5.1 The GME Office on behalf of the Hospital President must report to the State Medical Board of Ohio a Disciplinary Action taken against a Resident within sixty (60) days of the date the Resident Appeals Panel Chair confirms the decision in writing. This includes: any action resulting in the revocation, restriction, reduction, or termination of the Hospital's authorization for the Resident to provide health care services for violations of professional ethics, or for reasons of medical incompetence, medical malpractice, or drug or alcohol abuse; a summary action; an action that takes effect notwithstanding any appeal rights that may exist; and, an action that results in a Resident surrendering their health care services responsibilities while under investigation and during proceedings regarding the action being taken or in return for not being investigated or having proceedings held.

4.5.2 Exceptions to this reporting requirement: A Resident's personal issues, a desire to change to a different training program or training facility, or exceptional difficulty in the residency program may result in Non-renewal of Resident's Contract, Denial of a Certificate of Completion, or a Resident's resignation or withdrawal from the program. Where any one of these actions meets all of the following criteria, no report will be made to the State Medical Board: (a) Resident and Program Director mutually agree to the Non-renewal of Resident's Contract, Denial of a Certificate of Completion, or a Resident's resignation or withdrawal from the program; and (b) the action is not for the purpose of avoiding a Disciplinary Action or investigation.

5. EVALUATIONS

5.1 EVALUATION OF FACULTY

All Residents are required by the appropriate accrediting body to complete periodic anonymous evaluations of the faculty with whom they work. The number of faculty evaluations each Resident completes will vary depending on service assignments and/or the size of the attending staff. Faculty evaluations, are an important component of the professional review of each faculty member.

5.2 EVALUATION OF RESIDENT PERFORMANCE

Residents will receive multisource evaluations and will review Clinical Competency Committee summary of their performance with their program director. They will receive summative feedback at the end of each academic year.

6. STANDARDS OF CONDUCT

6.1 RESIDENT SUPERVISION

Pursuant to the applicable UH Medical Center's Medical Staff Rules and Regulations, Residents are assigned patient care responsibilities commensurate with the individual's level of training, experience and capability. In all matters of an individual patient's care, Residents are supervised by the attending physician or an appropriate Licensed Independent Practitioner (LIP) with appropriate clinical privileges who maintains responsibility for the care of the patient. Each Program is expected to maintain a written program-specific supervision policy to assist Resident in identifying their individual patient care responsibilities and identifying which physician or LIP is actively supervising each Resident. Lines of responsibility are expected to be structured around the following institutional policy and the respective ACGME Common requirement and specialty-specific Program Requirements:

- A. "Direct" Supervision: applies when a supervisor is physically present with the Resident and patient;
- B. "Indirect" Supervision where "Direct" Supervision is Immediately Available: applies when a supervisor is on site and immediately available to physically provide "Direct" Supervision";
- C. Indirect Supervision where "Direct" Supervision is Available: applies when a supervisor is not on site but is available by phone or electronic means AND is available to travel on site to provide "Direct Supervision" to the Resident; and
- D. Oversight: applies when a supervisor is only available to provide feedback but not real time support during care delivery.
- E. Residents should follow the observed handoff protocol at each training site.

Supervisory authority is expressed as a progressive hierarchy of criteria developed based on skill, education, and achievement of milestones; and may involve attending physicians, other house staff, and qualified LIPs as determined specifically by each Program and its faculty in accordance with any applicable laws and ACGME (including Residency Review Committee) guidelines. No PGY-1 may be supervised other than through Direct Supervision or Indirect Supervision where Direct Supervision is Immediately Available. Any questions regarding what a particular Department's or Program's supervision policy is should be first directed to the Resident's faculty supervisor, then to

the Program's Director, and then to the GME office for assistance in clarifying particular roles. All Residents are expected to clearly understand their roles, and the extent and limit of their scope and authority with respect to patient care responsibilities, and are expected to ask when in doubt.

Attending physicians and LIPs will supervise Residents in a manner consistent with the mandates of the Resident's ACGME program requirements and in a manner consistent with all Federal and State laws, rules and regulations. Supervision does not imply constant observation, but incorporates appropriate elements of observation as determined necessary by Programs to optimize patient safety and overall quality of care. Any incidents involving quality of care shall be reported as articulated in the Clinical Practice UHHS System wide policies and other UHCMC policies.

The Responsibilities of Attending Physicians are as follows:

- Clinical faculty at UH are responsible for the quality of professional services to patients including patients under the care of trainees
- Faculty responsibilities include:
 - Direct Supervision – the supervising attending is physically present with the trainee and patient or concurrently monitoring the patient via telecommunication technology
 - Indirect Supervision with Direct Supervision immediately available such that the supervising attending is immediately available to the resident for guidance and is available to provide appropriate direct supervision
 - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback after care is delivered

The House Staff Credentialing Database can be found here:

<https://intranet.uhhospitals.org/ClinicalProfessional/MedicalStaff/UHCaseMedicalCenter/GraduateMedicalEducation/Residents/Search.aspx>

The recommendations below are meant to be the minimum applied across all UH Departments. There will be flexibility for Departments to set stricter policies as appropriate.

6.1.1 Escalation of Care

The following policy provides examples of scenarios where a Resident or fellow must communicate with the attending physician responsible for a patient's care. This communication should occur whenever a Resident recognizes a problem threatening the safety of a patient, visitor or employee.

Triggers for notification of attendings:

URGENT Communication – within 1 hour

- Patient admission to the hospital or service with complex/unstable conditions identified by program level escalation of care policy
- ED discharges for conditions identified by program level escalation of care policy
- Ambulatory pages with acute issues or change in status
- Change in patient status
 - Transfer of patient to the ICU
 - Cardiac arrest or other significant change in hemodynamic status or respiratory arrest
 - Unexpected significant change in clinical status
 - Level 2 Code White/Rapid Response
 - BAT protocol activation

- Code Blue
- Death – unexpected
- Need for emergent/urgent consultation/procedural or invasive surgery intervention

Semi-urgent Communication – within 6 hours

- ED discharges for conditions identified by program level examples of semi-urgent conditions
- Routine admissions
- PASS reports
 - Injury to patient (fall, laceration)
 - Medication errors requiring clinical intervention
 - Assault, threat, workplace violence
 - Equipment failure affecting clinical care with need for intervention
- Patient or Family Issues
 - Patient and/or their family members request to see or speak to the attending physician
 - Patient or family wish to lodge a complaint
 - Patient leaving AMA
 - Patients who are newly made DNR/DNI
 - Any decision regarding change in code status
 - Ethical and legal issues

Follow up Reporting/Documentation:

6.1.1.1 If the reason for the escalation involves a patient incident or an emergency, the incident must be documented in the patient record. Documentation in the patient record must be factual, objective, complete and accurate. It will reflect date and time matter was identified, an objective description of the event, assessment and documentation of the patient’s condition, actions taken and the patient’s response and outcome.

6.1.1.2 Documentation of the incident and/or initiation of the escalation process must be entered on a PASS Report, and it must reflect a comprehensive description of the event. Complete documentation must include specifically the time of the event, time of notification, name of person who was notified, the information communicated, the response and outcome.

6.1.1.3 If the Resident initiating the escalation process does not perceive the resolution of the concern, problem, or emergency as satisfactory, a request for review should be submitted to the next level on the chain of command.

6.1.2 Relationships in the Workplace

UH Employees and affiliated physicians may not have a supervisory relationship with a family member or anyone with whom they have a close personal or romantic relationship. See also policy HR-13

6.2 CLINICAL AND EDUCATIONAL WORKHOURS

6.2.1 Clinical and Educational Work Hours

UH strives to meet the institutional and program requirements of the Accreditation Council of Graduate Medical Education (ACGME) to ensure that the learning objectives of its residency programs are not compromised by excessive reliance on Residents to fulfill patient care service obligations of the hospital, attending physicians, physician practices or faculty. Providing Residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and Resident well-being. Didactic and clinical

education has priority in the allotment of Residents' time and energies. Clinical and Educational Work Hours assignments recognize that faculty and Residents collectively have responsibility for the safety and welfare of patients.

- A. "Clinical and Educational Work Hours" includes all clinical and academic activities performed on behalf of UHCMC, including time spent on rotations away from the UHCMC primary clinical site, whether moonlighting internally on behalf of UHCMC or performing duties required by a Resident's training program ("Program"), or whether for extra pay or not. Each site you work at on behalf of UHCMC is referred to in this manual as a "Training Site." Any location you perform work that is (1) not required by your Program, AND (2) not on behalf of UHCMC (i.e., UHCMC is not acting as your employer), is not considered a Training Site.
 - 1. "Training Site" include any location where the Resident engages in required educational activities. Before starting a rotation Resident should check with their programs educational coordinator to ensure an appropriate program letter agreement or other arrangements is in place for that Training Site. Any questions about whether or not a location qualifies as a Training Site should be addressed with the GME office.
 - 2. "Clinical and academic activities" are defined as activities involving patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time during in-house call, research time required by the Program, and scheduled academic activities such as conferences.
 - 3. "In house call" is defined as those Clinical and Educational Work Hours beyond the normal workday when Residents are required to be immediately available on site inside of the assigned institution (UH Cleveland Medical Center or other applicable Training Site).
 - 4. Program required or strongly encouraged attendance at conferences, journal club, and other ancillary activities constitute Clinical and Educational Work Hours.
 - 5. Clinical and Educational Work Hours do not include reading and preparation time spent away from the Training Site.
- B. Clinical and Educational Work Hours must be limited to 80 hours per week when averaged over a four-week period inclusive of all in-house call activities, extra duty, fellow independent practice and all moonlighting.
- C. Residents must be provided at least 1 out of 7 days free from Clinical and Educational Work Hours and any on call services (whether in house or at home), when averaged over a four-week period. "One day" is defined as one continuous 24-hour period. At home call cannot be assigned on these free days.
- D. Residents shall not exceed twenty-four (24) hours of continuous duty in the hospital. No additional clinical responsibilities may be assigned after twenty-four (24) hours of continuous in-house duty, unless otherwise consistent with applicable accreditation program requirements. All Residents must have at least fourteen (14) hours free of duty after twenty-four (24) hours of clinical assignments.

6.2.2 On-Call Activities

The objective of on-call activities for PGY 2 and above Residents is to provide Residents with continuity of patient care experiences throughout a twenty-four (24) hour period.

- A. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- B. "At-home call" (a/k/a "pager call") is defined as call taken from outside a Training Site.
- C. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each Resident.

- D. When Residents are called into the hospital from home, the hours Residents spend in-house are counted toward the 80-hour limit. Physicians have a responsibility to return to work rested, and thus are expected to use time away from work to get a adequate rest. In support of this goal, residents are encouraged to prioritize sleep over other discretionary activities.
- E. Other requirements regarding time off between work periods have been modified to support resident education and patient safety by permitting programs increased flexibility to develop schedules that work best at the local level.
- F. The Program Director and the faculty must monitor the demands of at-home call in their Programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

6.2.3 Monitoring

All Programs are required to monitor Clinical and Educational Work Hours using a method as may be approved from time to time by the Graduate Medical Education Committee (GMEC) and overseen by the GME office. Residents are required to log Clinical and Educational Work Hours on a weekly basis (daily preferred) to the Program Coordinator via the residency management software (e.g. Residency Management System). Clinical and Educational Work Hours reporting will be discussed periodically. Any communication of violations will require an explanation and will result in a meeting between the DIO and Program Director to address the cause of and remedy for the violation. Requests for approval to petition the ACGME for a duty hour exception is made by the Program Director to the DIO; and if approved, the petition to the ACGME must be made pursuant to its requirements.

6.3 EXTRA DUTY, MOONLIGHTING & FELLOW INDEPENDENT PRACTICE

6.3.1 Extra Duty

At UHCMC, any activity performed by a Resident that is in excess of what is minimally required by the Resident's Program Director, the GMEC, the GME Office, and the ACGME to complete a Resident's training is considered "Extra Duty". Extra Duty is considered to be part of a Resident's Program (and thus not Moonlighting) if (1) it is in furtherance of a Resident's training in their Program, (2) performed on behalf of UHCMC, (3) created by and subject to the oversight of the Program and Resident's Program Director, (4) supervised by a faculty member (for clinical work), (5) in excess of the minimum Program requirements and (6) part of a Resident's typical program related experience. For example, acting as a chief Resident for a Program, or picking up an additional shift during a rotation to meet a staffing need that also furthers a Resident's competency in their program (as determined by the Resident's Program Director) may be considered to be Internal Extra Duty that is considered to be part of a Resident's Program. Residents must not be required to engage in "Extra Duty."

Extra duty performed on behalf of UHCMC that is not subject to oversight by an attending physician and/or a resident's program or in furtherance of a competency required by the program is considered "Internal Moonlighting" by ACGME and is subject to the requirements of the Moonlighting section below.

Subject to all approvals required by UHCMC, any Extra Duty pay shall be paid in accordance with fair market value rates as determined by the UHHS Authorized Representative as defined in accordance with UHHS System wide policy PT-5.

Extra Duty not approved in accordance with this Policy Manual can result in (1) the immediate termination of a Resident's employment, and/or (2) the removal of the Resident from their Training Program. The Resident has the responsibility to seek appropriate approvals for Extra Duty, and the Program Director has the responsibility to approve Extra Duty.

To assist the Resident and Program Director, the Resident and Program Director may utilize the "Application for Internal Extra Duty with Pay" attached hereto as APPENDIX A (as amended from time to time by the GME Office).

It is anticipated that UHCMC may develop and maintain, as amended from time to time, a rate sheet authorizing standardized pay grade for Extra Pay that will be signed and dated by the appropriate UHCMC administrators, approved as to form by an individual in the UHHS Law Department, and communicated or posted to the Residents.

6.3.2 Moonlighting

Any work performed and paid by any other organization than UHCMC (e.g., University Hospital Health System, University Hospitals Medical Group, University Hospitals Physician's Services, any UH community hospital, Southwest General, MetroHealth, and any other employer outside of UHCMC) is considered to be "Moonlighting".

Moonlighting is discouraged because it clearly competes with the opportunity to achieve the full measure of the educational objectives of the residency. Additionally, the added time burden takes a way from study because it reduces rest and the ability for a more balanced lifestyle. Nevertheless, Residents may wish to use their time away from their training program to meet financial obligations.

Moonlighting must not interfere with the ability of the Residents to achieve the goals and objectives of their Program. The Program Director must monitor Resident performance to assure that factors such as Resident fatigue are not contributing to diminished learning or performance, or detracting from patient safety. The Program Director must monitor the number of hours and the nature of the workload of Residents engaging in moonlighting experiences. Any adverse effects will result in the removal of the Resident from the ability to participate in Moonlighting experiences by the Program Director. Residents must not be required to engage in "Moonlighting."

At UH, Moonlighting is NOT permitted if:

- A. The Resident has not received the prior written consent of their Program Director.
- B. The Resident is a foreign national and holds a visa of any kind that does not permit work for employers other than UHCMC.
- C. The Resident does not have a full medical license and individual DEA number (not hospital provided) that would permit them to Moonlight. For Internal Moonlighters, this means that Residents on Ohio Medical Board Training Certificates may only Moonlight in the event they have appropriate levels of supervision and their Program Director has verified that the Resident has the appropriate level of training and competence to perform Moonlighting activities. For External Moonlighters, only Residents who have unrestricted Ohio Medical Board licenses (e.g., are not on Training Certificates) and DEA licenses may Moonlight.
- D. The Resident is working for a UH employer (i) without an appropriate contract approved by the UH Law Department directly with that UH organization and/or, (ii) has not secured their own documentation of malpractice insurance coverage (professional liability coverage) to cover the External Moonlighting experience.
- E. The Resident is working for a non-UHCMC employer and the Resident has not secured their own malpractice insurance coverage (professional liability coverage) and they have not received prior approval from the UH Department of Insurance and Risk Management that such coverage is sufficient to cover Resident's professional liability for the External Moonlighting. The Main Contact number for the UH Department of Insurance and Risk Management is (216) 767-8531.
- F. The Resident is a PGY 1.
- G. By doing so, the Resident will exceed their Clinical and Educational Work Hours. See Section 6.2.1 of this Manual regarding Clinical and Educational Work Hours.

Moonlighting not approved in accordance with this Policy Manual can result in (1) the immediate termination of a Resident's employment, and/or (2) the removal of the Resident from their Training Program. The

Resident has the responsibility to seek appropriate approvals for Moonlighting, and the Program Director has the responsibility to appropriately approve Moonlighting in accordance with institutional policy.

It is anticipated that UHCMC may develop and maintain, as amended from time to time, a rate sheet authorizing standardized pay grade for Extra Pay that will be signed and dated by the appropriate UHCMC administrators, approved as to form by an individual in the UHHS Law Department, and communicated or posted to the Residents.

6.3.3 Fellowship Independent Practice

Certain ACGME fellowships permit a portion of a fellow's time to be spent in independent practice activities in their core specialty in order to enhance maturation and competence in such core specialty. At UH, such moonlighting that is an expected activity for the fellowship is anticipated and accommodated as part of such fellow's total stipend and does not constitute Extra Duty or merit extra pay to the Resident for such activity. Programs shall inform fellow candidates prior to the match of expectations regarding independent practice activities.

6.4 HIPAA, HITECH and MEDIA STATEMENTS

6.4.1 HIPAA/HITECH

The Health Insurance Portability & Accountability Act ("HIPAA") and Health Information Technology for Economic & Clinical Health Act ("HITECH") create national standards for maintaining the privacy and security of patients' protected health information (PHI). Consistent with HIPAA, we only use, disclose or discuss patient-specific information with others when it is necessary for treatment, payment or health care operations purposes, or when such disclosure is authorized by the patient or is required or authorized by law. We protect the confidentiality of PHI, whether that information exists in oral, written or electronic form. UH maintains and safeguards both paper and electronic medical and financial records to ensure that PHI is not shared with anyone except the patient; the patient's validly designated personal representative, surrogate or executor; or other third parties who present a valid written authorization signed by the patient; or as required or authorized by law.

The intentional, inappropriate access or disclosure of PHI will result in disciplinary action up to and including termination. Residents are expected to read and understand policies related to the privacy and security of PHI including, but not limited to:

- PH-3, Permitted Uses and Disclosures of PHI
- PH-4, Authorizations for Use and Disclosures of PHI
- PH-5, PHI Enforcement: Safeguards, Mitigation, and Sanctions
- PH-6, Minimum Necessary Standard for accessing PHI
- PH-8, Faxing PHI
- PH-21, Privacy and Security of Non-Electronic PHI
- PH-23, Psychotherapy Notes
- PH-24, Use and Disclosure of PHI for Treatment, Payment, or Healthcare Operations
- PH-27, Workstation Use
- PH-28, Breach Notification
- PH-29, Disposal, Removal or Re-Use of Equipment Containing PHI
- IS-1, Internet Use
- IS-9, Passwords, Creation and Revision
- IS-14, Acceptable Use of UH Electronic Assets
- IS-15, UH Network and Systems Access
- IS-16, Computer Device Use
- GM-76, Social Media Usage

- GM-78, Email Communication of PHI between Patients and Healthcare Providers and Internal Communications Containing PHI

6.4.2 Statements to the Media

No Resident shall give out any information relative to the Hospital or concerning any patient in the Hospital to a representative of the press. Such communications are issued by Corporate Communications. See also Release of Information and Media Relations, UH Policy GM-41.

6.4.3 Internet Policy

6.4.3.1 Failure to comply with the UH policies on computer use, electronic data security, and the internet policy can subject workforce members to criminal penalties, including fines and imprisonment, as well as UH sanctions up to and including termination.

6.4.3.2 Patients have the right to absolute privacy of their clinical records. All access should be by clinical care providers only and for the purpose of patient care. Your access to computer systems generally, and electronic health records in particular, may be tracked and recorded. Never share your user credentials with anyone else. Always lock or logout of unattended computers.

6.4.3.3 Confidential patient types may also be present on UH computer systems. These VIP, employee, and psychiatric patients have shielded access and present the user with a warning screen requesting documentation of the reason for access to the patient record. Both the access and the reason the record was entered will print in a report to the Chief Medical Officer Office.

6.4.3.4 If you become aware of any security breach, report it immediately to the IT&S Helpdesk by calling (216) 844 3327.

6.5 REPORTING ISSUES & ADVOCACY EFFORTS

- A. Residents have a responsibility to alert their faculty and other appropriate institutional authorities about any aspect of patient care they perceive to be substandard.
- B. Residents, acting as individuals or through their selected representatives, will be accorded appropriate opportunities to register their concerns about the educational environment, their working conditions, and/or the learning resources available to them. Likewise, they will be kept informed about any planned or potential changes in the resources that may affect the quality or nature of the institution's training programs.
- C. UH is committed to assuring that Residents are able to report concerns without fear of retaliation. No retaliation will be taken against any person who makes a good faith report of a suspected compliance violation, and UH will maintain, as appropriate, confidentiality and anonymity with respect to such reports. Residents may report issues by:
 1. Contacting the Program Director
 2. Meeting with the Manager of GME office;
 3. Meeting with the DIO;
 4. Contacting the peer-selected Resident Forum representatives of a Residents Program or contacting the GME Office to ask that a concern be discussed at Resident Forum;
 5. Contacting the UH Compliance & Ethics Department to report violations of law and policy directly to the facility's Compliance Officer, UH's Chief Compliance Officer, via a web report

at <http://uhhospitals.org/ethics>, or confidentially to the UH Compliance Hotline at 1-800-227-6934;

6. Contacting Human Resources to address employment related issues; and/or
7. Bringing a formal grievance pursuant to the procedure outlined in Section 4.5.2 of this Manual.

6.6 COMPUTERS & ELECTRONIC DATA See UH System wide policies

6.7 MARKETING & COMMUNICATIONS

Because of your constant relationship with patients and their visitors, your role in establishing a positive reputation for the Hospital is important. Patients are seldom qualified to judge the technical quality of medical care they receive. To patients, the most important thing is usually the personal concern of each individual they contact in the Hospital. The patients are extremely conscious of the many little things that add up to kindness, sympathy and understanding. UH, through the compassion and caring of its physicians, nurses, and support staff, has consistently achieved excellent patient satisfaction ratings.

The Hospital's Marketing and Corporate Communications Department (MCD) is responsible for handling inquiries and requests from newspapers, magazines, and radio and television stations. Refer any such request to MCD. During evening and night shifts, the Nursing Supervisor on duty may release basic condition reports, as permitted by law, on public record cases. Other requests should be referred to the MCD staff person on call.

6.8 COMPLIANCE AND ETHICS AND SAFETY TRAINING

The Compliance and Ethics Program at UH is a comprehensive strategy to ensure employees and medical staff comply with applicable rules, regulations, and laws, as well as the Corporate Code of Conduct and Corporate Integrities Guidelines. As a new Resident, and annually, you are required to complete Compliance Training. Pursuant to standards and regulations from Joint Commission (JC), Ohio Department of Health (ODH) and Occupational Safety & Health Administration (OSHA), as well as other governmental agencies, all UHCMC employees must participate in an annual Safety In-service each calendar year.

6.9 DRESS CODE

Dress, grooming, and an overall professional appearance are important aspects of patients' expectations, and project an image of quality healthcare. Residents, as well as all hospital employees, must abide by the UH policy on Professional Appearance. When scrubs are worn outside of clinical areas, a white coat or similar cover-up should be worn.

6.10 PROFESSIONAL BEHAVIOR

It is the duty of all workforce members to promote standards of professional behavior. UH will not tolerate disruptive behaviors that may lead to undermined morale, diminished productivity, ineffective or substandard care/service or distress to others. The UH policy on Professional Behavior, provides written standards for setting a positive UH professional image and a healthy work environment.

6.11 PHYSICIAN IMPAIRMENT

To provide a safe environment, UHCMC Residents have a responsibility to report to work in a fit condition. The care of our patients requires excellent performance by all staff at all times. Residents are required to meet the Hospital's requirements for Fitness for Duty as determined by Employee Health.

The determination that a Resident may need a Fitness for Duty evaluation will be based upon their work performance, and any other indicators observed by supervisory or non-supervisory personnel. Program Directors

shall consult with Human Resources and Employee Health for information about requesting a Fitness for Duty evaluation.

The Graduate Medical Education wellness webpage <https://uhcommunity.uhhospitals.org/GraduateMedicalEducation/Pages/Wellness.aspx> offers resources, education and self-inventory options for identification and management of fatigue, addiction, burnout and depression.

6.12 DUTY TO INFORM

Residents shall immediately notify the Residency Program of

- A. any notice or other information that relates to or may effect in any way Resident's license to practice medicine in Ohio or any other state in which Resident is licensed;
- B. any notice or other information regarding any notice, information, decision or action that relates to or may effect in any way Resident's Drug Enforcement Administration Registration number; or
- C. any information which Resident has reason to believe may lead to: (1) a claim against the professional liability insurance maintained by UHCMC on Resident's behalf; or (2) termination, modification or suspension of Resident's license to practice medicine in Ohio or any other state in which Resident is licensed.

7. BENEFITS & INSURANCE MATTERS

7.1 PROFESSIONAL LIABILITY INSURANCE

The Hospital furnishes professional liability insurance to Residents without cost to them. This insurance covers Residents during the time they are acting within the scope of their duties as Residents (Not moonlighting) on behalf of UH, following schedules that have been issued by their Program Directors. Residents are covered for legal actions relating to their residency training, which may be initiated after they leave the program (whether through a tail insurance policy or other means as determined by UH). In the event of insolvency, UH will ensure that such coverage continues through the period of insolvency and beyond. See Section regarding moonlighting.

7.2 HEALTH and WELLBEING BENEFIT PROGRAM

UH believes that wellbeing is comprised of many facets – including physical & emotional, educational & professional, financial and personal. These components impact your overall sense of wellbeing.







At UH, we have a deep sense of caring – not only for our patients, but for our employees and their families as well. UH Wellbeing programs support and motivate our employees, who are devoted to taking care of others, to take care of themselves.

Institutional support can be found at www.MyUHhr.org.

Exercise	Engagement	Education
Stay active to improve your overall physical and mental health	Serve your community and enhance your connection to it	Learn how to take better care of your specific health needs

When you complete wellbeing activities in all three wellness areas, each quarter, you and your spouse can each earn:

- **Up to \$150 HealthyUH Wellness Incentives** if you are enrolled in the UH medical plan, or
- **15,000 HealthyUH Wellness Points** (equivalent to \$75) if you or your spouse are not enrolled in the UH medical plan.

 <p>S.M.A.R.T Training</p> <ul style="list-style-type: none"> • An eight-week interactive workshop designed to help improve your ability to react positively to stress 	 <p>Mindfulness Training</p> <ul style="list-style-type: none"> • An eight-week interactive workshop designed to improve your ability to focus and positively impact your overall health 	 <p>UH OptiWeight</p> <ul style="list-style-type: none"> • A seven-week nutrition, physical activity, and behavioral modification educational program
 <p>Tobacco Knockout (TKO)</p> <ul style="list-style-type: none"> • A six-week program available to help you quit smoking 	 <p>UHDance4Fitness</p> <ul style="list-style-type: none"> • A six-week fitness program teaching participants synchronized dance movements to all genres of music 	 <p>Diabetes Program</p> <ul style="list-style-type: none"> • Provides enhanced preventive care for the UH Medical Plan so members with diabetes get clinically recommended care.

- **Graduate Medical Education Support**

The GME office has a dedicated webpage (<https://uhcommunity.uhhospitals.org/GraduateMedicalEducation/Pages/Tools-for-Residents.aspx>) on wellness where residents can access various wellness tools.

- Residents may become members of the Association of Residents & Fellows (ARF). ARF membership is voluntary and all residents and fellows are encouraged to join. ARF discusses issues affecting resident life. ARF seeks to promote harmonious and collaborative relationships amongst hospital administration, residents, faculty and staff as well as enhance the resident wellness through advocacy and social activities.
- The GME office with resident input sponsors an annual Resident and Fellow Appreciation Week where residents have the opportunity to participate in daily wellness activities and shared meals.

- The GME office provides on call meal funds to residents taking overnight in-house call.
- All residents are required to complete a learning module on sleep, alertness, and fatigue mitigation.

- **Program Support**

- There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program is required to have policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the Resident whom is unable to provide the clinical work.
- Residents have the opportunity to attend ROUTINE medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments (including the person who to direct notice to). No more than 60 days prior notice can be required for routine appointment, and the Residents must provide as much advance notice as circumstances reasonably allow.
- Programs may ask but not require that Residents schedule appointments during specific time-periods, rotations, months or seasons because they work better for the program.
- Residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a Resident colleague or a faculty member displaying signs of fatigue, burnout, depression, substance abuse, suicidal ideation or potential for violence.
- All policies must be prior approved by the GME office and may not supersede any established GME or institutional policy.

7.3 CONTINUATION OF MEDICAL COVERAGE: COBRA

On termination of your contract with UHCMC, you may arrange for continued coverage under the Consolidated Omnibus Budgeted Reconciliation Act ("COBRA"), which guarantees an employee the right to uninterrupted coverage by their employer's medical insurance for up to 18 months after termination. Regular coverage ends on the last day of the month in which you leave the employ of UHCMC. If you elect to continue coverage, you must pay the entire cost. Information on COBRA is available through the HR Services (877-471-7522).

8. TIME-OFF BENEFITS

8.1 LEAVES OF ABSENCE

The Program Director will discuss with the Residents the implication the leave of absence will have on their program completion and the Residents eligibility for applicable board examinations in advance of a LOA (if circumstances permit) or as soon as is reasonable (if circumstances do not permit).

See HR-70 UH Policy on Leaves of Absences, as well as the following UH policies relative to other leaves or time off:

- HR-19 – Family and Medical Leave of Absence (FMLA)
- HR-79 – Jury Duty
- HR-80 – Bereavement Leave

Residents in an ACGME accredited training program will be provided with a minimum of six (6) weeks of approved medical, parental and caregiver leave(s) of absence with pay for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME accredited program (“GME Paid Leave”). GME Paid Leave applies only to Residents training in programs accredited by the ACGME in an accredited track (including any 1 year programs). GME Paid Leave taken in 1 year programs may extend the period of training required to complete a program.

Residents/fellows are eligible for the GME Paid Leave starting the day they are required to report to the organization.

The organization will provide residents/fellows with the equivalent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.

Residents/Fellows will be allowed to preserve a minimum of one week of paid time off for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken.

ACGME-accredited programs must provide 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 boards.

8.2 TIME OFF

Paid Time off must be no less than 20 days annually. The program to which the Resident is enrolled will provide program specific policy details. Time off should be scheduled as far in advance as reasonably possible, and in consultation with your Program Director. All policies should be prior approved by the GME office and may not supersede any established GME or institutional policy.

The Program Director to which the Resident is assigned will provide information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a Resident's eligibility to participate in examinations by relevant certifying board(s). If you have taken time off, it may extend the training period, as necessary, to comply with appropriate accreditation guidelines.

8.3 SHORT-TERM DISABILITY

If you are disabled beyond seven consecutive days, you may be eligible for short-term disability benefits. If you are eligible and your claim is approved, you will be paid as indicated in the Short-Term Disability policy. Make sure you are aware of your obligations under the Short-Term Disability policy.

Time away from your Program for Short-Term Disability may extend the training period, as necessary, to comply with appropriate accreditation guidelines.

8.4 MATERNITY/PATERNITY LEAVE

8.4.1 It is the Resident's responsibility to notify the Program Director (and apply for a leave of absence through the Reed Group or its successor organization as described in the applicable HR policy described below) at least 30 days in advance of an anticipated maternity/paternity leave. If a Resident is eligible for FMLA, up to twelve weeks of maternity and paternity leave is available and may result in extension of training. UH policy covers the FMLA process. FMLA must be applied for at the same time a maternity/paternity leave is requested. It begins on the date of birth of a child or placement of an adopted child in the home. Parental leave includes birthing and non-birthing parents and adoptive/foster parents. The Resident will have the option to either use the balance of their paid time off or go unpaid.

- A. Maternity Leave. Residents receive full pay for the first seven days following the birth. Thereafter, Resident may be eligible for a leave of absence under Short-Term Disability, or Medical Leave or Personal Leave (See UH Policies HR- 19 and HR 70).
- B. Paternity Leave. Residents receive one week of time off in accordance with UH Policy HR-70.

8.4.2 Time taken off for a maternity/paternity leave and/or FMLA may extend the training period, as necessary, to comply with appropriate American Board of Medical Specialty (ABMS) guidelines.

- A. ABMS Member Boards establish requirements for candidates to become eligible for Initial Certification, including standards of training. Leave policies apply only to Member Boards with training programs of 2 or more years duration. This applies only to Member Board eligibility requirements for Initial Certification and does not supersede institution or program policies and applicable laws.
- B. Allows for a minimum of 6 weeks of time away from training for purposes of parental, caregiver and medical leave at least once during training while preserving one week of permitted vacation without extending training. Member Boards must allow all new parents, including birthing and non-birthing parents, adoptive/foster parents, and surrogates to take parental leave.

8.5 ADDITIONAL LEAVE OF ABSENCE CONSIDERATIONS

Leaves of absence in addition to those noted above are available in accordance with UH policies and procedures and your program.

A personal leave (which may include leaves for medical, maternity or other reasons in excess of periods that may be covered by other policies) is an unpaid absence, for up to thirty (30) days approved by the Program Director, for the purpose of the Resident addressing personal matters. If a resident is not eligible for FMLA or a Medical Leave of Absence, a personal leave will be applied for any maternity or medical leave of absence. The personal leave is not a Disciplinary Action and cannot be taken in lieu of remediation or a Disciplinary Action. If the Resident qualifies, and FMLA is more appropriate, FMLA may be taken (see UH FMLA Policy HR-19, which shall apply to all aspects of the FMLA process). FMLA cannot be used to extend a personal leave. A personal leave may extend training.

9. INSTITUTIONAL POLICIES

9.1 POLICY AND PROCEDURE MANUALS

All UH System wide policies are available online. Division and department-specific manuals contain guidance concerning standing orders for each clinical service, medications, laboratory and X-ray routines, isolation, fluid intake, transfusion, and infusion procedures, permits and legal forms, visiting regulations, and many other policies, guidelines and routines pertinent to your professional activities. Program manuals contain the specialty-specific curriculum and academic requirements to complete residency. These manuals should be reviewed at the start of your clinical service. Residents are held responsible for the performance of their duties in conformance with these policies and routines. The manuals are also available online, as are Department order sets and clinical care pathways.

9.2 CHAPERONES DURING INTIMATE EXAMINATIONS

See Chaperones during Intimate exams, UH Policy GM-34 for definitions and application of the UH policy.

9.3 COMMUNICABLE DISEASES

See Communicable Diseases in the Workplace for Health Care, UH Policy IC-10.

9.4 LEGAL MATTERS

Residents may periodically receive requests for information regarding a legal claim, or potential claim, involving a patient and the Hospital. If you receive such a request you should immediately contact your Residency Program Director and the Hospital's Law Department (216-767-8050). The Resident is not to provide any written or verbal response to such a request without a authorization. This will ensure compliance with the Hospital's procedures for release of information only to authorized persons. Residents may not witness wills or other legal documents for patients. Requests for such assistance should be referred to the Administration Offices or the Nursing Supervisor in charge. See UH Policy GM-20 relative to Subpoenas and Court Orders and Legal Services.

9.5 E-MAIL RECORD RETENTION

Residents shall only use UH e-mail accounts for all communications related to their employment at UH. See UH Policy GM-1.

Employees, including Residents, who use email, the Intranet or the Internet inappropriately will be subject to corrective action according to UH Policy HR-72.

10. MEDICAL RECORDS

The importance of complete and accurate medical records and an orderly and efficient system of charts control (to assure accessibility) cannot be overemphasized.

10.1 GUIDELINES FOR DOCUMENTATION IN THE MEDICAL RECORD

Residents are reminded that medical records are legal documents, and the physicians may at some future date be cross-examined in court under oath on the notes they have written. Personal opinions, or non-medical judgments, should not be expressed in the medical record on any matters except those that pertain to the medical care of the patient. See policies UH Policy EMR-1 Master Integrated Interdisciplinary Documentation and Charting in the Electronic Medical Record and UH Policy EMR-2 Master EMR Order Management for complete rules on medical record documentation.

10.2 GUIDELINES FOR ENTRIES INTO THE MEDICAL RECORD

It is your responsibility to know and understand all of the rules relative to medical records.

Failure to complete records in a timely manner will result in the Resident being subject to suspension or other ramifications. Delinquent records while a Resident may be an impediment to obtaining privileges, throughout one's professional career. See UH policy GM-93.

10.3 PHYSICIAN ORDERS

Residents may write patient care orders if they have a training certificate or full and unrestricted license issued by the Ohio State Medical Board but shall do so only in accordance with Program policy and supervising physician requirements (e.g., any countersignature requirements, etc.).

The Electronic Medical Record ("EMR") is used for order entry. Those authorized to enter orders in the EMR must enter their own orders directly into the EMR. The Program Director is the source for details relative to who can give and accept orders and the circumstances under which a Resident's orders may be verbal, telephonic, written or faxed and otherwise in accordance with applicable hospital policy (see e.g., Rainbow Policy 6.14.16, Orders, Verbal, Telephone, Fax)

Residents are prohibited from writing any order for themselves, a member of their immediate family, relatives, or those who are not their patient.

10.4 PRESCRIBING CONTROLLED SUBSTANCES

Residents are required to register as a delegate with the Ohio Automated Rx Reporting System. Residents who prescribe controlled substances have to know and understand multiple laws, regulatory policies, professional attitudes, and ethics about those prescription practices. Under no circumstances should Residents prescribe controlled substances over the telephone for any patient, unless the Resident personally knows the patient as a result of providing medical treatment to them as part of the Resident's training program. In addition, prior to prescribing any controlled substance over the telephone, the Resident should first review the patient's medical record to verify any pharmacy's, patient's, or other individual's request for the prescription.

11. HOSPITAL RESOURCES, PATIENT CARE RELATED MATTERS

11.1 PATIENTS RIGHTS AND RESPONSIBILITIES

UH recognizes that all patients have basic individual rights and responsibilities; and, as such, will endeavor to support and respect the basic human dignity of each patient as well as the civil, constitutional and statutory rights of each patient. UH respects the patient's right to participate in decisions about their care, treatment, and services, and to give or withhold informed consent. The patient or designated surrogate may exercise their rights without fear of coercion, discrimination or retaliation. See UH Policy PR-1 on Patient Rights & Responsibilities.

11.2 DEATH OF PATIENTS

A Resident may pronounce a patient dead. The pronouncing physician (either the Resident or the attending physician) will make the appropriate notations on the medical record along with any pertinent information including resuscitative attempts or medications administered. Residents are responsible for making a notation of the exact time of death on the medical record, along with any pertinent information, resuscitative attempts or medications administered, as well as notifying the patient's attending physician of the death of the patient. See also hospital specific policy regarding management of death.

11.3 SERVICE TO INPATIENTS

Residents assigned to inpatients units must evaluate admissions or transfers to critical care areas within appropriate timeframes. Residents should refer to their Program's escalation of care policy. Residents must evaluate inpatients and write progress notes at least daily. When a patient is seen with an attending, the Resident should chart that in the progress note.

Residents should answer pages as soon as possible, and respond to emergency consultations and Emergency Department requests in a timely manner. Residents are encouraged to consult with an attending or senior Resident any time they are uncertain about a patient care issue.

11.4 RADIATION SAFETY

The applicable radiology professional at each hospital is responsible to ensure that any equipment or medical procedures that use ionizing radiation do so safely and that the Hospital complies with all federal, state and local regulations that pertain to radiation. All Residents will receive basic instruction regarding radiation safety during an orientation period. If you will be mainly in the departments of Radiology, Radiation Oncology and Operative Services and/or participate in or be a passive observer in fluoroscopic procedures, you must comply with state regulations which require specialized training in fluoroscopy radiation safety. All staff who are occupationally exposed to ionizing radiation on a regular basis, and whose occupational exposure is likely to exceed 10% of the annual limit, must wear a dosimeter. See UH Policy CP-120.

11.5 VISITORS

The hours and regulations for visiting are published and given to all patients. Recommendations for individual exceptions to the regulations should be made to the Nursing Supervisor. Residents have the obligation to discuss and answer questions about a patient's condition with those who have a legal right to know. Information concerning a patient is privileged and confidential and should not be divulged to anyone except individuals specifically designated by the patient. Non-designated friends, relatives and visitors are not entitled to such information, but their inquiries must be handled in a friendly and tactful manner. See Verification of Identity and Authority Before Disclosing PHI. See UH Policy PR-11. Please check with the nurse in charge if you are unsure what can be shared and with whom.

11.6 CHILD PROTECTION PROGRAM AND CHILD ABUSE AND NEGLECT

See UH Policy CP-61.

11.7 INTERPRETER AND HEARING SERVICES

See UH Policies CP-57 and CP-58.

11.8 DINING OPTIONS

Food services are available 24/7. Please contact the local hospital GME office for specific locations and operating hours.

11.9 SOCIAL WORK SERVICES

Social Workers are assigned throughout the hospital to assist patients and their families with personal, emotional, marital, family, or other problems that are often related to illness and their ability to gain maximum benefit from health care services. In addition to counseling, social workers collaborate with physicians, nurses, and other health care workers in medical care plans for patients. With their thorough knowledge of available health and welfare resources in the community, they can help with arrangements for rehabilitation services, care in the home, nursing homes, tutoring, specialized infant and children's services, or other post-hospital assistance. The social worker must be notified in case of child abuse, or when an infant is to be discharged to a child caring agency or institution. See the applicable hospital policy relative to Social Work Services.

12. RESIDENT RESOURCES & ACTIVITIES

12.1 ACCESS TO LIBRARIES

Residents will receive access to the University Hospitals core library and to the affiliate medical school libraries at hospital orientation.

12.2 RESIDENT PARTICIPATION ON HOSPITAL COMMITTEES

All Residents are encouraged to participate on institutional committees. Residents may also be asked to serve on committees recognized by ACGME.

12.3 RESIDENT FORUM

The Resident Forum (RF) is a subcommittee of the Graduate Medical Education Committee (GMEC). Any Resident may raise matters concerning administration of graduate medical education at UHCMC before the RF for discussion. There is time to discuss confidential concerns and if determined appropriate, the RF may raise the matter at GMEC or to the GME office/DIO. The RF also provides a means for administration to discuss programmatic issues of mutual importance to both the administration and the Residents, and an avenue to solicit meaningful contribution

from the Residents to UH. The RF shall contribute to the quality of the educational environment and the provision of care by Residents. The RF is an official sub-committee of the GMEC.

12.4 ON-CALL ROOMS

Every effort is made to ensure acceptable accommodations in a pleasant and restful environment to Residents while on call. It is the responsibility of that program to assign its rooms to Residents and students, as needed.

12.5 UNIFORMS AND LAUNDRY

The official uniform for Residents is a white lab coat worn over appropriate attire. The Hospital will furnish each Resident with two lab coats on the day of orientation. Residents requiring scrubs must consult their individual training departments for instructions on obtaining them.

12.6 HOSPITAL-ISSUED SCRUB SUITS

Hospital issued scrubs may be worn only while carrying out specific clinical responsibilities. Entity-laundered uniforms are not to be worn out of the facility except in extreme circumstances (e.g., replacement scrubs for cases of contamination, exposure, etc.).

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ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE RESIDENT MANUAL (THE "MANUAL"). BY SIGNING BELOW, I FURTHER ACKNOWLEDGE AND AGREE THAT I READ AND UNDERSTAND THE MANUAL AND AGREE, AS A CONDITION OF MY RESIDENCY, TO BE BOUND BY AND COMPLY WITH THE MANUAL.

Name of Resident

Signature of Resident

Date

Program

APPENDIX A
APPLICATION FOR INTERNAL EXTRA DUTY WITH PAY ("Application")

This Application is based upon a template drafted by the UH Law Department as approved in Sept 2013. Blank lines should be appropriately filled in but the language cannot be modified in anyway without Law Department approval. This template, if unchanged, does not require UH Law Department Approval. Each fully executed Application should be saved with each Resident's employment file, a copy sent to the GME office, and a copy uploaded to UH's then current contract management system as articulated in the applicable UH policy.

Resident Information
(completed by Resident)

Name: _____
 Training Program Name: _____
 PGY Level: _____
 Ohio License #: _____
 DEA #: _____

On Visa*?: Yes No

If Extra Duty is Internal, how many hours will be reported as
 Clinical and Educational Work Hours per week? _____

Salary/pay¹ \$ _____ / hour day month

Person/Co. Paying Resident ("Paymaster"):

Internal Extra Duty Information
(completed by Resident)

Name of Site: _____
 Site Address: _____

Schedule (if known):

Day	Hours
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____

Resident Signature: _____ Date: _____ Dates of Extra Duty: __/__/__ through __/__/__

Brief description of Extra Duty:

Extra Duty that is not properly approved can result in the immediate termination of the Resident from their Training Program, and inappropriate approval of Extra Duty by the Program Director may also result in appropriate discipline of the Program Director in accordance with the applicable UH policies. Internal Extra Duty is considered a part of a Resident's contract of employment with UH.

By signing below, the Program Director certifies that they have confirmed with the UHHS Authorized representative (if other than themselves) that the Extra Duty pay is consistent with Fair Market Value in accordance with the requirements of UHHS Policy PT-5.

Approved _____ Date _____

Name: _____

Title: Program Director, _____

¹ For Extra Duty performed on behalf of UHCMC, Resident should be paid according to the rates set forth in advance by the UHHS Authorized Representative as defined by UHHS Policy PT-5

APPENDIX B – Title IX Notice of Nondiscrimination

University Hospitals is committed to fostering a climate free from discrimination on the basis of sex. This policy is strictly enforced by University Hospitals, and alleged violations receive prompt and equitable attention and appropriate corrective action. University Hospitals takes steps to eliminate sex discrimination, to prevent the recurrence of sex discrimination, and to remedy the effects of sex discrimination, as appropriate.

Discrimination occurs when a behavior or policy has the same purpose or effect of restricting or denying an individual's or group's access to opportunities, programs, or resources, on the basis of sex, in a manner that interferes with an individual's working and academic environments. University Hospitals will not, on the basis of sex:

- Treat one person differently from another in determining whether such person satisfies any requirement or condition for the provision of such aid, benefit, or service;
- Provide different aid, benefits, or services or provide aid, benefits, or services in a different manner;
- Deny any person any such aid, benefit, or service;
- Subject any person to separate or different rules of behavior, sanctions, or other treatment;
- Apply any rule concerning the domicile or residence of a student or applicant, including eligibility for in-state fees and tuition;
- Aid or perpetuate discrimination against any person by providing significant assistance to any agency, organization, or person which discriminates on the basis of sex in providing any aid, benefit or services to students or employees;
- Otherwise limit any person in the enjoyment of any right, privilege, advantage, or opportunity.

Discrimination on the basis of sex in employment is permissible in situations where sex is a bona fide occupational qualification reasonably necessary to the normal operation of University Hospitals. Note that the federal regulations regarding Title IX include certain exceptions that do not constitute discrimination on the basis of sex.

Individuals who believe they may have witnessed or been subjected to discrimination on the basis of sex are encouraged to make a report with the Title IX Coordinator. Any person may report sex discrimination, including sexual harassment, whether or not the person reporting is the person who has been subject to the conduct that constitutes sex discrimination or sexual harassment. This could be done in person, by mail, by telephone, or by electronic mail using the contact information listed below. Such a report can be made at any time (including during non-business hours) by using the telephone number, email address, or by sending mail to the office address listed below.

Title IX Coordinator
UH Management Services Center
3605 Warrensville Center Road
Shaker Heights, OH 44122
Phone: (216) 286-7420
Email: TitleIXSupport@UHhospitals.org

Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 1350 Euclid Ave., Suite 325, Cleveland, Ohio 44115.