



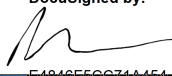
# RESIDENT MANUAL



**University Hospitals Cleveland Medical Center  
Resident Manual**

**Effective July 1, 2022**

**Approved by Graduate Medical Education Committee on July 1, 2022**

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## **1. INTRODUCTORY STATEMENTS**

### **1.1 INSTITUTIONAL COMMITMENT**

As part of their mission in providing health care services, University Hospitals Cleveland Medical Center (“UHCMC”) and University Hospitals Health System (“UH” or “University Hospitals”) recognize 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, responding to the community needs and the assurance of future generations of health care professionals necessary to continue to deliver 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 committed to excellence in its GME programs and 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 family 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 organized 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 to Residents opportunities 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 the 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.

The GME programs will emphasize coordinated delivery of care with a community orientation. Special emphasis will be placed on training primary care providers. 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 House Staff as you begin your career in medicine.

This Manual has been prepared to provide you with general information about the 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 “house staff,” and “postdoctoral fellow,” or “fellow,” may apply to you, but are referred to collectively as “Resident.” Residents have an obligation to the patient care program of UHCMC and to the effectiveness of the educational program to which they have been appointed.

The most important criterion of the service of 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, to advance knowledge regarding the cause, to prevent and treat disease and disability, and to educate men and women 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 of UHCMC (as well as appointments to the staffs of the other UH hospitals) are made by the Board of Directors of that 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 Director of GME. This committee monitors the accreditation of each residency and fellowship program sponsored by UHCMC and has responsibility for advising all aspects of residency education. GMEC consists of Program Directors, senior hospital administrators, and Representatives.

The membership on the Committee shall represent Residency & Fellowship Program Directors, residents and fellows, and quality personnel. The Committee shall meet periodically as determined by the Director of Graduate Medical Education (“DGME”) and otherwise in accordance with the ACGME requirements for Sponsoring Institutions and other applicable accreditation requirements and is chaired by the DGME or a DGME designee.

To establish and implement policies that affect all residency 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 encourages 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 UHC. 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 communicate 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.

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 obey or observe, but does not in itself contain every obligation a Resident must obey 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 (3) letters of reference, a Dean's letter, USMLE/COMLEX scores, 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) (only applicable for programs approved by Accreditation Council for Graduate Medical Education).
  2. Graduates of COCA (Commission on Osteopathic College Accreditation) accredited colleges of osteopathic medicine in the U.S.
  3. Graduates of medical schools outside the U.S. and Canada who meet one of the following qualifications (only applicable for programs approved by Accreditation Council for Graduate Medical Education):
    - a. Have a currently valid certificate issued by the Education Commission for Foreign Medical Graduates (ECFMG).
    - b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
  4. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME accredited medical school (only applicable for programs approved by Accreditation Council for Graduate Medical Education).
  5. 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;
  6. Eligible for a training certificate and/or unrestricted license to practice medicine in the State of Ohio.
- B. Selection Qualification of Applicants
1. Programs in UHCMC select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, 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 attempted COMLEX 3 or USMLE Step 3 prior to starting their final year of residency training.
  2. All Residents must have successfully passed COMLEX 3 or USMLE Step 3 to graduate residency training.
  3. All fellowship candidates must have passed USMLE/COMLEX Step 3 prior to the initiation of fellowship training and employment in an accredited 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-I 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.

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 visa holders may not moonlight.

## **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.

A trainee who de-commits prior to the start of training shall not serve in an ACGME program for a period of twelve (12) months following the date of the breach. A trainee who breaches the trainee contract during their training shall not serve in an ACGME or AOA-approved internship or residency until the beginning of the following training year (typically effective on or about July 1st).

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 should consult with their Program Director to determine all requirements to graduate have been fulfilled, and the Program Director should determine and notify the resident of their eligibility to sit for requisite boards corresponding to applicable specialty. Additionally information on specialty boards may also be found online at [www.abms.org](http://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 UHCMC intends to reduce the size of, or close, 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 sometime 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 should 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 should 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 know before the end of December, so that their present program has sufficient flexibility to change their Match allotment and recruit from the Match.

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 if the resident intends on changing their training field of interest, they 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

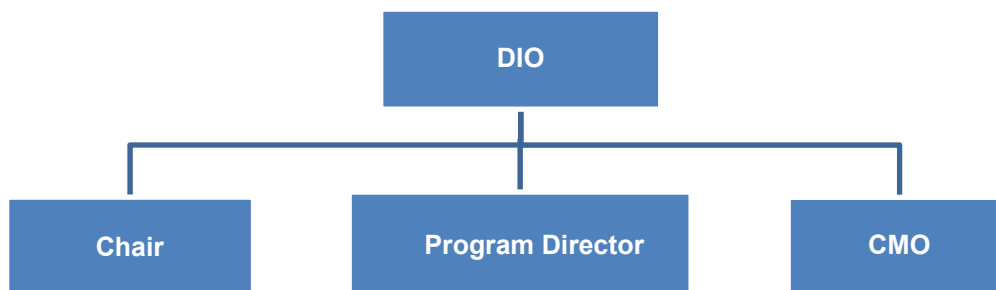
- Patient safety
- Safety of faculty and staff
- Supply of available faculty and house staff for clinical and educational duties
- Extent/impact of damage to the physical plant/facilities
- Extent/impact of damage to clinical technology and clinical information systems
- Extent/impact of damage to communication 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 clinical needs of the institution and the safety of the Residents.
    - 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. Chief Medical Officer
      - ii. DIO
      - iii. A Committee of the GMEC
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 Department Chairs
    - iii. Individual Program Directors
  - 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 GME Executive Committee 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 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.
  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 program is not permanently closed, but a resident decides to permanently transfer to another institution, the costs of salary and benefits will be the responsibility of the accepting institution and not 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, 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 5.3 - Extra Duty and Moonlighting.

### **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. You must also complete an I-9 form at orientation and provide supporting documentation of identity and eligibility to work in the United States. You 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. You are expected to wear your I.D. badge at all times while on duty. The proper way to wear your badge is above your 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  
Memorial Day

Independence Day  
Labor Day

Thanksgiving 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 prove proof of application for licensure.

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. A temporary DEA number, which is issued to each Resident by the Hospital and terminates at the conclusion of the Resident's training, is a combination of the Hospital DEA and the Resident's unique alphanumeric suffix. 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 you 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. Please help the Police Department provide 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 the Employee Assistance Program (EAP) to discuss any personal issue that may be causing problems at work or home. 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). EAP is a counseling/referral service available to Residents and/or their immediate household members, whose personal problems are affecting their sense of well-being and/or their job performance. EAP services are private and confidential, in accord with state law and institutional policies.



Although there is no cost for EAP costs associated with referral resources outside of EAP are the individual's responsibility and may be covered in part or in whole by your health insurance. An EAP clinician will meet with you, answer your questions, and help develop a plan to deal with issues of concern. Call 216-844-1982, or 216-844-4948, to schedule an appointment.

### **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.), exposure surveillance 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 area, be asked to have other 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 ACADEMIC AND PROFESSIONAL DISCIPLINARY ACTIONS**

- A. Disciplinary Actions include Suspension, Probation, Dismissal, Non-renewal of the Resident's contract, and Denial of a Certificate of Completion. These actions are utilized for serious situations of academic incompetence or unprofessional conduct requiring definitive actions, and should follow the process in Section 4.2, below.

Neither the residency program nor Graduate Medical Education is under any obligation to pursue a remediation action prior to recommending a Disciplinary Action. An academic Disciplinary Action becomes a permanent part of the Resident's training record, if permitted by Section 4.1.3(D) entitles the Resident to due process through the Resident Appeals Process.

- B. Where a Resident receives notice of a Disciplinary Action under the terms in this Manual, inclusive of any amendments to this Manual that are in effect on the date of receipt of the notice, this Manual shall govern, irrespective of any later amendments or revisions to the Manual.

#### **4.1.1 Suspension**

A Resident may be suspended from all program activities and duties by their Program Director, Site Director or DIO/Director of GME. Program suspension may be imposed for conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with UHCMC or UH policies, procedures, Code of Conduct, federal health care program requirements, or conduct threatening to the well-being of patients, other Residents, faculty, staff, employees or the Resident.

- A. Summary Suspension. The suspension of all or any portion of the privileges of a Resident, effective immediately upon imposition, whenever action must be taken immediately in the best interest of patient care or the Hospital.
- B. Automatic Suspension. An automatic suspension is imposed and effective immediately upon action by the Ohio State Medical Board that results in revocation or suspension of the Resident's license or temporary certificate. During the suspension, the Resident will be on "unpaid leave status" and, in order to continue health benefits, will need to pay the premium directly since, in the absence of a paycheck, deduction of that premium is not possible. If the license or temporary certificate is reinstated, the Resident may apply for readmission into the program.

#### **4.1.2 Probation**

Probation is a notification to the Resident that dismissal from the program can occur at any time during or at the conclusion of the probationary period. In some cases, remedial actions are utilized prior to placement on probation; however, a Resident may be placed on probation without prior remediation action if recommended by the Clinical Competency Committee and accepted by the Program Director. Probation is typically the final step before dismissal occurs. However, dismissal prior to the conclusion of a probationary period may occur if there is further deterioration in performance or additional deficiencies are identified or if grounds for suspension or dismissal exist.

#### **4.1.3 Dismissal**

If the DIO determines that a Resident's deficiency is of sufficient gravity to warrant dismissal, the Resident may be dismissed without first being offered an opportunity for remediation.

- A. A Resident may be dismissed from the Residency Training Program for serious acts which include but are not limited to the following:
  1. Serious acts of incompetence;
  2. Non-disability related impairment;
  3. Failures in academic performance as described in Section 5.2
  4. Falsifying information; and
  5. Noncompliance with UH policies.
  6. Failure to pass USMLE/COMLEX Step 3 within the specified program parameters.
- B. The Resident may be subject to immediate dismissal upon the occurrence of any of the following events:
  1. Material breach of the Resident's contract, any Policy set forth in this Manual, or any applicable policy of UHCMC or any UH Hospitals affiliate rotation site or subsidiary at or for which Resident is providing services, expressly including, but not limited to any organizational integrity or compliance program or policy of any such entity;
  2. Conviction (including guilty plea or plea agreement) for a felony or the Resident's agreement to a consent decree or other judicial order or administrative settlement with respect to fraud or abuse or misconduct involving activities regulated by any governmental health care or accreditation agency;
  3. Failure to obtain or properly maintain any professional license or any privilege, membership or right to practice at UHCMC or any UH Hospitals affiliate rotation site or subsidiary if such license, privilege or right is necessary for the Resident

to fulfill duties assigned to Resident under their Resident's Contract, this Policy Manual or otherwise by their Program Director;

4. Any suspension, revocation, restriction on or loss of any professional license or of any privilege, membership or right to practice at UHCMC or any UH Hospitals affiliate rotation site or subsidiary (except for suspensions purely as a result of an administrative cause);
5. Evidence of noncompliance with any recommendations related to alcohol, substance or drug abuse;
6. Refusal to take drug test;
7. Resident is the subject of an allegation of any of the following violations:
  - a. Health care fraud or abuse;
  - b. Financial fraud;
  - c. Patient abuse;
  - d. Violent crime, including domestic/child abuse;
  - e. Theft or illegal use or possession of drugs;
  - f. Sexual misconduct, sexual harassment or other forms of harassment or intimidation; or
  - g. Any similar violations that are criminally or civilly proscribed.
8. Resident has been consistently or materially disruptive, or consistently or materially fails to work cooperatively with UHCMC or other UHCMC Resident(s), whether or not such other Resident(s) are members of the Resident's assigned Department, or engages in conduct that brings, or threatens, discredit to the reputation of UHCMC or any of its Residents;
9. Resident's failure or refusal to provide UHCMC with any information reasonably requested by UHCMC and necessary for UHCMC to evaluate whether Resident is in violation of Resident's contract or this Policy Manual;
10. Resident becoming debarred, excluded, suspended or otherwise determined to be ineligible to participate in federal or state health care programs or in Federal procurement or non-procurement programs (collectively, "Ineligible"), or convicted of a criminal offense that could result in Resident becoming Ineligible;
11. If applicable, Resident's failure to maintain a visa status that permits Resident to work for UHCMC;
12. Serious acts of incompetence or misconduct.
13. Failures of professionalism including:
  - a. Conduct that is detrimental or potentially detrimental to Hospital patients or employees;
  - b. Demonstrated inability to work with others or behavior that is reasonably likely to be disruptive to Hospital operations;
  - c. Activities or professional conduct reasonably likely to be in violation of the Medical Staff Bylaws, Medical Staff Rules and Regulations, or Hospital policies and procedures;
  - d. Deficiencies in attendance, punctuality, and availability; or

- e. Failure or inconsistency in adhering to institutional standards of conduct, rules and regulations, and hospital and clinic rules with respect to scheduling, charting, chart completion, and record keeping.
- C. The Resident does not need to be on suspension or probation for dismissal to take place.
- D. The Resident only has due process rights of an appeal as provided in Section 4.5.1 for Dismissal related to the infractions in Section A (1 – 5) above.

#### **4.1.4 Non-renewal of Resident's Contract**

- A. If a Residency Program Director/Clinical Competency Committee, determines that a Resident is not meeting the standards of the program, they may make a recommendation for non-renewal of the Resident's contract.
- B. The Program Director/Clinical Competency Committee must submit the recommendation for non-renewal in writing to the Director of GME and will include the basis on which the action is being taken. If the DIO/Director of GME determines that there is sufficient reason not to renew the appointment, they will notify the Program Director, who will endeavor to inform the Resident in writing no later than four months prior to the end of the Resident's current contract. In accordance with applicable accreditation guidelines, if the primary reason(s) for non-renewal occur(s) within four months prior to the end of the contract, UHCMC will make every effort to ensure that the program provides the Resident as much written notice of the intent not to renew as circumstances will reasonably allow prior to the end of a Resident's appointment.

#### **4.1.5 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 at least six (6) weeks prior to scheduled completion of program; however, documented extenuating circumstances may result in a shorter notice period.

### **4.2 DISCIPLINARY ACTION PROCESS**

#### **4.2.1 Recommendation**

The Residency Program Director, or DIO/Director of GME may recommend dismissal, non-renewal of the Resident's contract, or denial of a certificate of completion of training. The recommendation will be made in writing, accompanied by any written documents necessary to support the recommendation, and will be filed with the Office of the DIO/Director of GME. In any of the above situations where summary suspension is warranted, the recommendation to the DIO should follow immediately thereafter.

#### **4.2.2 Review of Disciplinary Action Recommendation.**

- A. If the DIO rejects the Disciplinary Action, it will not be instituted. If the DIO/Director of GME imposes no other sanction or action, the record of the event will be maintained in the Resident's file.
- B. If the DIO/Director of GME upholds the recommendation, they will notify the Program Director who will inform the Resident in writing, either in person or by

certified mail, return receipt requested, of the Disciplinary Action. The notice must specifically state the grounds for the Disciplinary Action and inform the Resident of any right of appeal as set forth below, in the Resident Appeals Process. If applicable, the writing also informs the Resident that they may appeal the decision by submitting within ten (10) calendar days after receiving the notice, a written request to the DIO either in person or by certified mail, return receipt requested, for a hearing before an Appeals Panel.

- C. The action shall become effective immediately. If the Resident will not be permitted any clinical privileges, nor be permitted to attend Conferences or Rounds, then:
  - 1. The Resident's keys, entry cards, and hospital ID cards will be turned in and IS logins and pass codes will be disabled.
  - 2. Any Disciplinary Action that results in loss of privileges that are later be reinstated may result in an extension of the Resident's educational program.
  - 3. Any Disciplinary Action (except for Automatic Suspension which results from an Ohio State Medical Board action) that results in loss of privileges will result in the Resident's salary and benefits continuing through the Resident Appeals Process only so long as the Resident properly files an appeal no later than ten (10) calendar days after receipt of the written notice of the recommendation of the DIO.

#### **4.3 ACTIONS REPORTABLE TO THE MEDICAL BOARD**

4.3.1 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.

4.3.2 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.

#### **4.4 NON-ACADEMIC CORRECTIVE ACTIONS**

Residents are also subject to UHCMC's and UH's policies and procedures. Copies of all applicable policies and procedures are available on the UH Intranet.

#### **4.5 RESIDENT DUE PROCESS**

##### **4.5.1 Resident Appeals Process**

The Resident Appeals Process affords the Resident a means to exercise their right to due process when a Disciplinary Action is taken against the Resident. Dismissals related to those infractions outlined in Section 4.1.3, B (1 -10) are not appealable.

- A. An appeal of the Program's decision to take a disciplinary action may be requested by the Resident/fellow against whom the disciplinary action was taken.
- B. A written request for an appeal must be submitted to the DIO within ten (10) days of learning of the action. If the Resident/fellow does not make a timely appeal, the decision of the Program Director/Clinical Competency Committee regarding the disciplinary action is final and will be implemented.
- C. Upon request for an appeal, the DIO shall appoint an Appeal Committee. The Appeal Committee shall be composed of the following individuals from a department different from the requesting Resident: two (2) full-time faculty members familiar with GME, and one (1) Resident from a separate training program.
- D. No later than ten (10) business days after receipt of the Resident's/fellow's request for an appeal, the DIO or designee notifies the Resident/fellow of the date, time and place of the Appeal Meeting by regular and certified, return receipt requested, mail.
- E. The Appeal Meeting will be held no fewer than twenty (20) business days and no more than thirty (30) business days after receipt of the Resident's/fellow's request for an appeal. If the Resident/fellow fails to attend without good cause, they will have been considered to have withdrawn the request for an appeal. If the Program Director fails to attend without good cause, the Appeal Meeting will proceed.
- F. The Appeal Meeting will be attended by the 3 committee members, the Resident/fellow and Program Director. No attorneys or legal advisors are permitted to be in attendance. The Resident/fellow may have a faculty advisor or other support person present if they choose. The support person may not be an attorney and will not be permitted to actively participate unless requested by the Chairperson of the Appeal Meeting. The Chief Medical Officer of the Resident's hospital employer shall preside over the Appeal Meeting.
- G. The Appeal Committee will be provided with a copy of the Resident's/fellow's file. No later than five (5) days before the Meeting, the Resident/fellow and Program Director may submit any additional relevant documentation and the name of their witness to the Committee members. The Committee shall share this information with the Resident or Program Director as appropriate and interview others in order to gather all relevant information.
- H. All evidence shall be submitted and witnesses identified in writing to the Chairperson of the Appeal Meeting no later than midnight EST on the date five days prior to the hearing date in order to allow time for review by the other party. Evidence discovered or witnesses identified after the date five days prior to the hearing should be reported immediately to the Chairperson of the Appeal Meeting, together with an explanation of its relevance and why it could not have reasonably been identified at an earlier date. The Chairperson of the Appeal Meeting shall, in their sole discretion, determine the admissibility of the late-discovered evidence or witness, taking into account (i) the importance of the evidence or witness for the presenting party's case; (ii) the ability of the presenting party to have discovered it earlier; and (iii) such other factors as the Chairperson of the Appeal Meeting considers important to ensure a fair outcome. No evidence or witnesses shall be presented in the Appeal Meeting unless identified in accordance with this Section and, with respect to late-identified evidence or witnesses approved for inclusion by the Chairman of the Appeal Meeting.

1. The Chairperson of the Appeal Meeting may limit the number of witnesses. Any limit shall be applicable to both the Resident/fellow and the Program Director.
  2. During the Appeal Meeting, the Resident/fellow will be given an opportunity to submit written and/or oral responses to evidence, including witness statements, in support of their appeal and may call witnesses with substantive knowledge of the case. The Program Director may also submit additional written and/or oral response to evidence in support of the disciplinary action, and may call witnesses with relevant knowledge of the case.
- I. The Appeals Panel will have an opportunity to separately ask questions of the Resident/fellow and Program Director without the other party present. The Chairman will establish a time limit for the presentations at the Appeal Meeting and communicate such time limits to the participants. On conclusion of the Appeal Meeting, the committee will deliberate without the Program Director and the Resident/fellow. A simple majority is required for the Appeals Panel decision. The Panel members shall make their determination upon the preponderance of the evidence. A preponderance of the evidence means that the information or evidence provided is more likely than not to be true.
  - J. Within five (5) business days of the Meeting, the Sponsoring Institution will send to the Resident/fellow and the Program Director, by regular and certified, return receipt requested, mail, a letter that confirms the decision, and affirms, modifies or reverses the disciplinary action. Such letter will also be copied to the Committee and Chairperson via method as determined by the Sponsoring Institution.
  - K. The decision of the committee is final and binding, and cannot be further appealed.
  - L. The Rules of Evidence that govern proceedings in a court of law will not apply at any stage of the appeal or meeting.

#### **4.5.2 Resident Grievance Process**

This procedure affords the Resident a means to exercise their right to formally file a Grievance related to the work environment or issues related to the program or faculty. It is available to all Residents who are members of the Resident Staff of UHCMC; it is not applicable to Residents who are on rotation at UHCMC from affiliated institutions.

- A. If a Resident has reason to believe that established Hospital policies and procedures, including applicable personnel policies (with the exception of any action, policy, practice or procedure connected with the periodic evaluation of a Resident, or a Disciplinary Action or appeal, as set forth in this Manual) were denied or were erroneously applied to them, or if a Resident has a problem (collectively, hereinafter a "Grievance") with any employee of the Hospital, any member of the Hospital's Medical Staff, or any other individual affiliated or associated with the Resident's residency training program, the Resident may file a Grievance, in accordance with the following:
  1. The Resident must make an appointment to discuss the Grievance with the Manager of Graduate Medical Education ("Manager of GME") of the respective hospital. The Manager of GME explains the established policies and procedures to assist the Resident in determining whether a formal Grievance should be filed. The Resident maintains authority over the final decision as to whether a Grievance exists and/or whether a formal Grievance is filed.

2. If, after discussing the Grievance with the Manager of GME, the Resident believes that a Grievance exists, then the Resident must submit a written notice of the Grievance (the "Grievance Notice") to the Manager of GME and the Resident's respective Program Director. The Grievance Notice must be set forth in reasonable and sufficient detail, an explanation of the Resident's Grievance. The Manager of GME may provide copies of all Grievance Notices to the Resident's Program Director and Site Director, the DIO/Director of GME, the UH Law Department and Human Resources. If due to the nature of the Grievance, the Resident reasonably believes that it is inappropriate to file Grievance with the Program Director, the Resident must submit the Grievance directly to the DIO/Director of GME.
3. The Program Director (or DIO) will meet with the Resident to discuss the Grievance. A written response will be provided to the Resident by the Program Director within ten (10) business days after the receipt of the Grievance Notice, unless the Resident otherwise agrees. All agreements to extend the ten (10) day response period must be in writing.
4. If the Resident is not satisfied with the Program Director's resolution, the Resident must submit the Grievance Notice to the DIO/Director of GME within five (5) business days of receiving the response.
5. The DIO/Director of GME will meet with the Resident to discuss the Grievance. A written response will be provided to the Resident by the DIO/Director of GME within ten (10) business days after receipt of the Grievance Notice unless the Resident otherwise agrees. All agreements to extend the ten (10) day response period must be in writing.
6. If the Resident is not satisfied with the DIO/Director of GME's resolution, the Resident must submit the Grievance Notice to Human Resources within five (5) business days of receiving the response, for investigation and follow up. Human Resources will provide a written response to the Resident after their investigation is complete and within a reasonable time after receiving the Grievance Notice.

The confidential processes for reporting potential violations of the UH Code of Conduct, UH policies, GME policies or the law are other mechanisms for the Resident to make a report. The GME/Compliance Hotline is available at all times. The Residents have the ability to file a confidential report under Title IX and/or to file incident/PASS report. All phone numbers are available on the GME Intranet. See UH Policy Making Compliance and Ethics Reports.

## **5. EVALUATIONS**

### **5.1 EVALUATION OF FACULTY**

All Residents are required by the appropriate accrediting body to complete periodic 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 A RESIDENT'S ACADEMIC 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.

### 5.2.1 Academic Standards

Resident evaluations will be based, in part, on the Resident consistently meeting the academic standards of the Residency Training Program, as well as the standards and policies of the Hospital. At any time during the Residency Training Program, the Clinical Competency Committee, or the Residency Program Director may determine that the Resident is not meeting the standards of the program, or the profession for reasons that may include, but are not limited to:

1. Patient care;
2. Medical knowledge;
3. Practice-based learning and improvement;
4. Interpersonal and communication skills;
5. Professionalism (including meeting program standards, timely entry to case logs, recording duty hours, etc.); and
6. Systems-based practice.

### 5.2.2 Performance Alert

A. When a Resident receives a Performance Alert it is an opportunity for the Resident to address expected standards that need improvement. A Performance Alert is not reportable to the State of Ohio Medical Board; it is not a Disciplinary Action; it cannot be appealed; and it may become part of the Resident's permanent file.

1. Performance Alert. A Performance Alert is the formal written notification to a Resident concerning areas of marginal or unsatisfactory performance. The Clinical Competency Committee or the Program Director may recommend a Performance Alert.
2. Remediation. A remediation period is an opportunity for the Resident to correct academic deficiencies and to develop and demonstrate appropriate levels of proficiency for patient care and advancement in the program. Being placed in remediation is notice to the Resident of their failure to progress satisfactorily as reflected by evaluations and/or other assessment modalities. It is not to be used in lieu of a Disciplinary Action.
  - a. Remediation may include, but is neither required nor limited to, one or more of the following:
    - (1) Limitations or restrictions on the amount and level of the Resident's patient care activities;
    - (2) Repeating one or more rotations;
    - (3) Participation in a special program;
    - (4) Continuing scheduled rotations with or without special conditions;
    - (5) Supplemental reading assignments;
    - (6) Attending undergraduate or graduate courses and/or additional clinics or rounds;
    - (7) Extending training or repeating a year of training; in situations such as:

- i. Overall unsatisfactory performance during the entire academic year;
  - ii. Overall unsatisfactory performance for at least 50% of rotations during the academic year; or
  - iii. Cumulative time off in excess of amount permitted by the relevant Board or the training program during the current academic training year.
  - iv. The Resident will be notified of their requirement to repeat the academic year at least six (6) weeks prior to the end of the academic year.
- (8) Referral to the Employee Assistance Program (see UH Policy HR-85 which shall apply to all aspects of the referral, process and determination).

- b. If remediation is required, the Resident shall be informed in a meeting with the Residency Program Director. The Resident's deficiencies will be identified, a remedial program plan will be established, and a frame for completion of the remedial program will be discussed, documented and signed by the Resident. A copy of the remediation plan will be given to the Resident, and a copy will be placed in the Resident's file. At the end of the remedial period, the Resident will receive a summative evaluation.
- c. The remediation measure(s) assigned and the period of time that the measures remain in place are determined by the Program Director or their designee. During or following a period of remediation, any Resident who fails to correct a deficiency may be dismissed.

## **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. 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.

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:**

- A. 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.
- B. 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.
- C. 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.

**6.2 CLINICAL AND EDUCATIONAL WORK HOURS**

**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 receiving training for your UHCMC program, 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 duties, 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 permitted by applicable accreditation. 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 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 Graduate Medical Education Committee (GMEC). 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. Residence 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/Director of GME 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.

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 away from study because it reduces rest and the ability for a more balanced lifestyle. Nevertheless, many Residents 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 should 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.***

***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.

## **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 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**

- A. 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.
- B. 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 log out of unattended computers.
- C. 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.
- D. 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 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 Corporate Health or Employee Assistance.

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 the EAP Coordinator for information about requesting a Fitness for Duty evaluation.

Call 216-844-4948, for consultation or to schedule an appointment with an EAP coordinator. The GME Wellness intranet page, <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**

Resident 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 UHCMC, 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 UHCMC). In the event of insolvency, UHCMC will use best efforts to ensure that such coverage continues through the period of insolvency and beyond. See Section 5.3.2 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](http://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><b>S.M.A.R.T Training</b></p> <ul style="list-style-type: none"> <li>• An eight-week interactive workshop designed to help improve your ability to react positively to stress</li> </ul>	 <p><b>Mindfulness Training</b></p> <ul style="list-style-type: none"> <li>• An eight-week interactive workshop designed to improve your ability to focus and positively impact your overall health</li> </ul>	 <p><b>UH OptiWeight</b></p> <ul style="list-style-type: none"> <li>• A seven-week nutrition, physical activity, and behavioral modification educational program</li> </ul>
 <p><b>Tobacco Knockout (TKO)</b></p> <ul style="list-style-type: none"> <li>• A six-week program available to help you quit smoking</li> </ul>	 <p><b>UHDance4Fitness</b></p> <ul style="list-style-type: none"> <li>• A six-week fitness program teaching participants synchronized dance movements to all genres of music</li> </ul>	 <p><b>Diabetes Program</b></p> <ul style="list-style-type: none"> <li>• Provides enhanced preventive care for the UH Medical Plan so members with diabetes get clinically recommended care.</li> </ul>

- **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 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.
- 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.

### **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.

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 will 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**

Time off is granted and scheduled at the discretion of the Program to which the Resident is assigned. Time off allowance is determined within the Program. Note that, unlike other UH employees, Residents do not accumulate paid time off (PTO). Time off time should be scheduled as far in advance as reasonably possible, and in consultation with your Program Director.

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 one 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 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, as well as an embarrassment, 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. Orders need not be countersigned by the supervising attending physician. Additional order writing delineations are described in the Medical Staff Rules and Regulations and Policies and Procedures.

The Electronic Medical Record ("EMR") must be used for order entry. Those authorized to enter orders in the EMR must enter their own orders directly into the EMR. See Program Director for details relative to who can give and accept orders and the circumstances under which a Resident's orders may be verbal, telephone, written and faxed.

Residents are prohibited from writing any order for themselves, a member of their immediate family, relatives, or those who are not their patient. All physician orders are entered electronically for all inpatients. Orders entered directly by the physician will automatically be signed electronically. Orders taken by nursing staff will be entered under the issuing physician's name and are to be electronically signed on-line by the issuing physician. In the event that EMR is unavailable, orders must be written clearly, legibly and completely in permanent ink and signed by the attending physician or Resident responsible for the patient's care. All orders written must be done so on Physician's Order Sheet and must include the date and time written, and the physician's or Resident's signature. Supplemental verbal discussion of orders between the physician and nurse or other professional is encouraged to provide clarity. Orders must be specific for diagnostic or treatment procedure and include generic name of medication. The time (when appropriate), frequency, duration, and date to be carried out should be included. For medication orders, dosage and route of administration must be noted.



## **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**

It is the duty of the Residents concerned to be present at every death occurring on their Service, if at all possible. 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. All possible aid and comfort should be shown to the family. When possible the most senior member of the care team should be responsible for notifying the family of death.

#### **11.2.1 Death on Hospital Premises**

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. See hospital specific policy regarding management of death.

### **11.3 DEATH CERTIFICATE**

Death Certificates are initiated outside the Hospital by funeral directors. Residents may only complete medical information on the death certificate; it must be signed by the attending physician. See hospital specific policy regarding management of death. If the case falls under the jurisdiction of the Coroner because of violence, casualty, occupational hazard or other cause specified by statute, the Mortician will assist in making the required report to the Coroner. If the Coroner claims jurisdiction, the Coroner will complete the death certificate.

The immediate cause of death, intervening causes of death and the underlying cause of death must be written in terms of acceptable causes of death. In general, causes of death are pathologic lesions, physical traumas (including therapeutic procedures), toxic exposures (including effects of therapeutics) or infections. Mechanisms of death, including congestive heart failure, asphyxia, or arrhythmia, should not be used when their cause is known. Under no circumstances should trite catch-all mechanisms such as asystole or cardiorespiratory arrest be used on a death certificate. No abbreviations are permitted in the causes of death. Death certificates must be completed in black ink only.

### **11.4 SERVICE TO INPATIENTS**

Residents assigned to inpatients units must evaluate admissions or transfers to critical care areas within appropriate timeframes. 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.

#### **11.5 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.

#### **11.6 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.

#### **11.7 CHILD PROTECTION PROGRAM AND CHILD ABUSE AND NEGLECT**

See UH Policy CP-61.

#### **11.8 INTERPRETER AND HEARING SERVICES**

See UH Policies CP-57 and CP-58.

#### **11.9 DINING OPTIONS**

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

#### **11.10 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 participate in institutional committees. Peer selected Resident Forum members 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, and there is time to discuss confidential concerns if determined appropriate, the RF will raise the matter at GMEC. 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 education and provision of care by the Residents. The RF shall operate as an advisory committee to 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 interns, Residents or students. Security measures other than those already in place are also the responsibility of the individual program.

### **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 (i.e. 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 any way 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)**

**Internal Extra Duty Information**  
**(completed by Resident)**

Name: \_\_\_\_\_  
Training Program Name: \_\_\_\_\_  
PGY Level: \_\_\_\_\_  
Ohio License #: \_\_\_\_\_  
DEA #: \_\_\_\_\_

Name of Site: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
\_\_\_\_\_

On Visa\*?: Yes  No

Schedule (if known):

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

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

Salary/pay<sup>1</sup>: \$\_\_\_\_\_ / hour day month

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

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, \_\_\_\_\_

<sup>1</sup> 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 individuals' 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.

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

IX-4 – Title IX – Supportive Measures; Complaint Resolution Process; Sanctions  
Owner: Title IX Office  
Revised: August 2021  
Uncontrolled document – printed version only reliable for 24 hours