

University of Maryland Medical Center's Program in **Oral & Maxillofacial Surgery** Clinical Competency Committee (CCC) Description and Responsibilities

Members:

Gary Warburton	(Department Chairman)
John Caccamese	(Department Vice Chairman)
Donita Dyalram	(Program Director & CCC Chair)
Joshua Lubek	(Fellowship Director)
Nicholas Wilken	(Faculty)

Overview:

The Clinical Competency Committee (CCC) is primarily a faculty advisory group appointed by the Program Director to assist in evaluating program residents' clinical competency based on the CODA/ACGME requirements, and/or other applicable and objective measures of performance. The CCC is comprised of no fewer than three (3) members of the program faculty. Faculty from other programs and non-physician faculty are permitted to serve on the CCC at the discretion of the Program Director as long as they are actively involved in resident education. Faculty mentors for residents, where identified, may contribute to CCC discussions, but typically will not participate in CCC deliberations about their resident mentee. The Committee is established as a medical review committee, as described in Section 1-401 of the *Health Occupations* Article of the Annotated Code of Maryland.

Purpose:

The CCC actively monitors, evaluates and provides reporting on program residents as they advance through the training program and provide constructive feedback based on this assessment system. The goal of the CCC is to assure that residents are progressing at each training level so that they are prepared to practice core specialty and/or subspecialty professional activities without supervision upon successful completion of the program.

Composition of the CCC

The Program Director appoints program faculty members, including core faculty to the CCC. Faculty appointed to the CCC observe and evaluate the residents in multiple and varied experiences and environments and are actively involved in resident education. Faculty are knowledgeable about CODA/ACGME requirements and/or other objective measures of performance (e.g., end of rotation evaluations, multi-source evaluations, self and peer evaluations, in-training test scores, attendance records, among other evaluation

tools). Others eligible for appointment to the CCC are faculty from other programs and non-physician members of the health care team. The CCC is chaired by the Program Director.

Responsibilities of the CCC

1. Reviews and understands the CODA/ACGME requirements and/or other applicable and objective measures of resident performance;
2. Assesses and discusses each resident's evaluations and performance no less frequently than semi-annually;
3. Uses applicable and objective measures of resident performance that includes, but is not limited to:
 - Feedback from faculty evaluations for each rotation or educational assignment at the completion of the assignment;
 - Feedback using multiple methodologies (eg., in-training test scores, attendance records, entrustable professional activities, OMSITE, procedural skills) and multiple evaluators (e.g., faculty, peers, patients, self, other healthcare professionals);
 - Feedback based on the objective assessments of competence in:
 1. Patient care and procedural skills,
 2. Medical Knowledge,
 3. Practice Based Learning and Improvement,
 4. Interpersonal and Communication Skills,
 5. Professionalism, and
 6. Systems Based Practice.
4. Establishes thresholds of performance that require remediation and provides recommendations on resident progress to the Program Director based on areas of concern (if any) identified. Progression may include promotion, remediation, and dismissal, and/or non-renewal of the resident's contract.
5. Monitors each resident's performance through the continuum of their educational training.

Responsibilities of the Program Director

1. The Program Director has the final authority to make determinations about actions that will be taken based on the CCC's recommendations about each resident's performance.
2. The Program Director has the final authority to make determinations about changes to the educational program based on the CCC's recommendations.
3. The Program Director or designee provides formal feedback to each resident no less frequently than semi-annually.
4. The Program Director provides the final summative evaluation of each resident's performance.
5. The Program Director assures that residents have appropriate access to review their final evaluations and feedback when they desire to do so. Residents do not have access to the CCC's confidential meeting minutes.

Confidentiality of Proceedings

The Committee is established as a medical review committee, as described in Section 1-401 of the *Health Occupations* Article of the Annotated Code of Maryland.

The proceedings, records and files of the Committee are confidential. They are not discoverable or admissible in evidence to the maximum extent permitted by law.

Due Process

Actions taken by the Program that could result in dismissal from the program, non-renewal of a Resident Agreement, non-promotion of a resident or fellow to the next level of training, or other action which could significantly threaten the resident's or fellow's intended career development (e.g., extension of or termination from program, denial of promotion or training credit) are subject to UMMC's Performance Management and Due Process Hearing Procedure. *See* Policy GMS-C.