

**UNIVERSITY OF MARYLAND
MEDICAL CENTER
ORAL MAXILLOFACIAL SURGERY
Resident Selection, Evaluation, Promotion and Dismissal**

I. Purpose

To establish a formal policy for the selection, evaluation, promotion and dismissal of Oral Maxillofacial Surgery Program residents.

II. Scope

This policy will apply to the University of Maryland Medical Center's (UMMC) Oral Maxillofacial Surgery Program. All information contained in this policy shall be absolute criteria for the selection, evaluation, promotion, and dismissal of residents. Other general information can be found in the UMMC Graduate Medical Education (GME) Policies on Resident Eligibility, Selection, and Participation in Educational Activities (GMS-D), Evaluation, Performance Management, and Advancement of Residents (GMS-G), and Due Process Hearing Procedure (GMS-C), available for viewing at URL: www.umm.edu/professionals/gme/policies.

III. Definitions

Resident – refers to all interns, residents and subspecialty residents (fellows) enrolled in an UMMC sponsored post-graduate training program.

Post-Graduate Training Program – refers to a residency or fellowship educational program, accredited by the ACGME, equivalency or other accreditation body requirements recognized in the State of Maryland, for purposes of clinical education.

IV. Resident Selection

Applicants with one of the following qualifications are eligible for appointment to post-graduate training programs:

- A. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- B. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
- C. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 1. Have received a currently valid J-1 visa and certificate from the Educational Commission for Foreign Medical Graduates ECFMG or
 2. A United States citizen or permanent resident with a certificate from the ECFMG
 3. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- D. UMMC's graduate medical education programs are open to all qualified candidates without regard to sex, sexual orientation, race, age, religion, color, national origin, disability or veteran status. All eligible residency Programs sponsored by the Institution agree to participate in the National Resident Matching Program to fill all entry level positions, or to participate in another national matching plan, where applicable. Programs and the Sponsoring Institution agree to adhere to the terms and conditions of the NRMP or another national matching plan. Each program establishes a process for interviewing, evaluating, and selecting candidates for allocated positions consistent with UMMC Employment policies. Selection of qualified candidates is based on:

1. Preparedness
2. Ability
3. Aptitude.
4. Academic credentials.
5. Communication skills; and
6. Personal qualities, such as motivation and integrity.

Applicants who are invited for an interview are provided with a copy of the Applicant Communication Package either in writing or via electronic means by the sponsored program. The Applicant Communication Package includes information about the terms, conditions, and benefits of appointment, including financial support, vacations, parental, sick and other leaves of absence, professional liability insurance, health benefits to include hospitalization, health, and disability, and other insurance provided for the residents and their families; and the conditions under which call rooms, meals, laundry services and additional support are provided.

Before accepting a resident, who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident and will provide same when requested to do so by another program for those residents who may leave the program prior to completion.

All programs must adhere to the respective ACGME or other accrediting body residency/fellowship eligibility requirements and the specialty prerequisites for training, as described in UMMC Policy GMS-D.

V. Resident Evaluation

The Program Director is responsible for facilitating and coordinating the evaluation of residents using feedback from the faculty and the required Clinical Competency Committee (CCC) ,

The Program Directors working closely with the faculty and the program's CCC establishes objective criteria and an Evaluation Plan for advancement of residents based on demonstrated readiness and competence. The Program Director and faculty working with the CCC, provides each resident with routine feedback through a comprehensive assessment system that complies with ACGME, equivalency or other accreditation body requirements.

Each program's Evaluation Plan and assessment system includes, but is not limited to verbal, written, formal or informal feedback based on multiple assessment methodologies (e.g., rotation evaluations, in-service examination or scores, performance/logging of procedures and cases) and include multiple evaluators (e.g., faculty, peers, patients, self and other professional staff). The Evaluation Plan includes formative and summative (final evaluation) of each resident's performance. The Evaluation Plan documents progressive resident performance improvement appropriate to each resident's educational level. Each program implements an evaluation process that is timely in providing feedback to the resident; provides evidence of a semi-annual evaluation of performance at a minimum, and more frequently when required to do so by accreditation bodies; and documents formative as well as a summative evaluation (final) upon the resident's completion of the program that documents the resident's performance during the final period of education in competency-based format. The summative evaluation verifies the resident has demonstrated sufficient competence to enter practice without direct supervision; and is maintained by the program/department as part of the resident's permanent record.

The Program Director is responsible for communicating its departmental/programmatic policy for evaluation of the residents to all residents, faculty and the CCC.

The Program Director will provide timely verification of residency or fellowship training and education and summative performance evaluations for residents and fellows who leave the program before completion.

VI. Resident Promotion (includes graduation)

To be promoted to the next year of training (includes graduation), the Program Director and CCC must confirm that each resident's performance satisfactorily addresses the competencies and/or Milestones (where applicable). To this end, the residents are expected to achieve satisfactory performance outcomes commensurate with their training and educational level as follows:

Patient Care and Procedural Skills

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care;

Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles; and

Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

In addition, to be certified as completing the Post-Graduate Training Program, the resident must: complete all requirements for the CODA and ACGME, equivalency or other accrediting body and demonstrate and document competency in all required procedures (if any are applicable).

VII. Resident Dismissal

- A. VOLUNTARY TERMINATION/RESIGNATION: If a Resident desires a termination of employment, a letter of resignation should be submitted to the Program Director stating the reason for the action wherever possible. An interview may be requested by the Program Director.
- B. INVOLUNTARY TERMINATION: The Post Graduate Training Program may elect to terminate a resident's employment prior to the established contract expiration date due to: academic or professional (gross) misconduct; endangerment of the health or safety of others, including patients, employees, or other persons; unsatisfactory performance; abandonment of position/employment. Residents with academic or professional difficulties are identified early. Discussions are documented in the resident's file and an appropriate educational remediation plan is developed based on the resident's needs, e.g., tutoring, adjusted clinical supervision, schedule changes, other health or medical evaluation and testing, etc. The entire portfolio is taken into account such that weakness in an area will be addressed by appropriate remediation and feedback in that area. The resident's progress is closely monitored by the Program Director, the CCC and designated faculty. The intent is to have a proactive plan of remediation. The results of this intervention are three-fold:
1. If remediation is successful, the resident will be promoted to the next year of training (or graduate) and receive a satisfactory rating on the CODA / ACGME promotion/graduation evaluation.
 2. If progress is made but remediation is incomplete, the resident will be given the correlating (ex. below expectations, marginal, unsatisfactory, etc.) rating on the CODA / ACGME promotion/graduation evaluation.
 3. The resident may be promoted to the next year of training (or graduate) with an accompanying Letter of Deficiency signed by the Program Director and acknowledged by the Director of GME (see GMS-G, Evaluation, performance Management, and Advancement of Residents) or may be required to complete a specified number of months at the current training level before being considered for promotion.
 4. If remediation is unsuccessful or if progress is inadequate, the resident will be dismissed from the program. The Program Director, with advice and recommendations of the CCC, shall notify the resident in writing of the decision to terminate employment. All letters of termination must be signed by the Program Director with an acknowledgement signature by the Director of GME.
 5. Exceptions for FMLA-related Absence, Accommodation of Disability, and Maryland Earned Sick and Safe Leave Act:
University of Maryland Medical System is committed to complying with all federal and state laws that address leave from work and to providing reasonable accommodations for qualified individuals with disabilities. Absence or lateness that is the result of a qualifying reason under the Family and Medical Leave Act (FMLA), disability under the Americans with Disability Act ("ADA"), pregnancy-related disability, or Maryland Earned Sick and Safe Leave Act may qualify for an exemption from this policy. In most circumstances, a staff member is required to comply with his/her department's call-out policy, regardless of the reason for the absence.

If you believe that resident/fellow performance concerns were related to absence or lateness is the result of a medical condition, disability, or pregnancy –related disability, the resident/fellow must inform the program director or Human Resources so that we can determine whether the absence or lateness should be excluded from consideration as a performance concern under this policy. If the resident/fellow believes that he/she has incurred an absence or lateness occurrence despite informing the program director or Human Resources of a qualifying medical condition, disability under the ADA, pregnancy-related disability, or Maryland Earned Sick and Safe Leave Act, please contact Human Resources or a member of the management team.

- C. **NON-RENEWAL OF CONTRACT OR NON-PROMOTION:** A written notice of intent not to renew a resident's contract or not to promote a resident or not to give credit for some or all of the training that has been completed will be provided by the Program Director no later than four months prior to the end of the resident's current contract. However, if the primary reason(s) for the non-renewal or the non-promotion occur(s) within the four months prior to the end of the contract, include the significant worsening of a problem previously identified, the Program Director will provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract.
- D. **DUE PROCESS:** The institution's Due Process Appeal Procedure (GMS-C) allows the resident to contest academic or other disciplinary action that could result in suspension, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, dismissal from the program, or any other action that could significantly threaten a resident's intended career development.
- E. The following matters are excluded from consideration under the Due Process Appeal Procedure:
 - 1. Complaints alleging discrimination or harassment on the basis of race, gender, color, creed, sex, national origin, disability, age, sexual orientation, gender identity, military status, marital status, for engaging in protected activity, or any other status protected by law. Complaints of this nature should be referred to the UMMC's Human Resources Department for investigation.
 - 2. Complaints pertaining to salary, fringe benefits, or other broad areas of financial management and staffing;
 - 3. Complaints regarding individual rotational or other faculty evaluations.
 - 4. Interpersonal conflicts.

Please refer to GMS-Z Grievance Procedure (Complaint Procedure) for additional guidance related to exclusions.

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