Title: Clinical Competency Committee Policy

Index Number: OBSGYN-Residency Program-008

Scope of application: Housestaff


1. **Purpose**

1.1. A Clinical Competency Committee (CCC) was established at the Department of Obstetrics and Gynecology as mandated by the Accreditation Council for Graduate Medical Education International (ACGME-I) that requires that each Graduate Medical Education (GME) training program must have a CCC to assess and evaluate the residents’ performance in the program in each of the six ACGME core competencies.

1.2. The role of the CCC is to:

1.2.1. Consider all of the evaluations and make an overall decision on how the resident is progressing, and which competencies have been met and which need to continue to work toward.

1.2.2. To increase the chances for a more balanced summary evaluation of each resident.

2. **Policy**

2.1. The committee will serve as an advisory board to the Program Director with regards to all resident issues including, but not limited to: feedback, evaluation, curriculum organization, promotion, remediation, certification, disciplinary action, chief resident selection, special awards and recommendations.

3. **Composition**

3.1. The members of the CCC are appointed by the Program Director and approved by the Chairperson.

3.2. The CCC consists of:

3.2.1. Program Director

3.2.2. Departmental Chair

3.2.3. Two faculty members (One of whom is the Chair of the CCC)

3.2.4. 7 North (main Obstetrics and Gynecology) floor Nurse Manager

4. **Responsibilities**

4.1. Members of the CCC are expected to provide honest and thoughtful evaluations of the competency level of trainees. They are responsible for reviewing all assessments of each trainee at least semiannually, and for determining each trainee’s current performance level by group consensus.

4.2. The CCC consensus decision will initially be based on existing, multi-source assessment data and faculty member observations.

4.3. The committee is responsible for making recommendations to the Program Director on promotion, remediation and dismissal based on the committee’s consensus decision of trainees’ performance of each trainee semiannually. However, the Program Director has final responsibility for the evaluation and promotion of trainees.

4.4. The committee should inform, when appropriate, the Program Evaluation Committee (PEC) of any potential gaps in curriculum or other program deficiencies.
that appear to result in a poor opportunity for trainees to progress in each of the competencies.

4.5. The Program Director or designee(s) must provide feedback to each trainee regarding his/her progress in each of the competencies. This feedback must be documented in the trainee’s file at least semiannually.

4.6. The committee is also responsible for providing feedback to the Program Director on the timeliness and quality (e.g., rating consistency and accuracy) of faculty’s documented evaluations of trainees, in order to identify opportunities for faculty training and development.

4.7. Finally, the committee is responsible for giving feedback to the Program Director to ensure that the assessment tools and methods are useful in distinguishing the developmental levels of behaviors in each of the competencies.

5. Meetings

5.1. The CCC meets two to three times per year.
5.2. The CCC meetings are minuted. The minutes include names of all residents being reviewed and all CCC members in attendance.
5.3. Special Meetings: The Program Director will call special meetings when an extraordinary situation arises involving the residency program or an urgent matter arises regarding a resident.

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6. **Signatures**

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<th>Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
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