

**CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY**

RESIDENT/FELLOW CLINICAL COMPETENCY COMMITTEE POLICY

Purpose

To establish guidelines for the creation and utilization of a Clinical Competency Committee (CCC) to assist individual programs in assessing areas of concern for residents/fellows having problems and identify weaknesses in educational curriculum, rotation schedules and supervision in the Conemaugh Memorial Medical Center resident/fellowship programs.

Applies To

All Conemaugh Memorial Medical Center Graduate Medical Education training programs.

Policy

- A. All residency and fellowship programs will implement clinical competency committees effective July 1, 2017 in accordance with ACGME requirements.
- B. Clinical competency committees will meet with a frequency that may exceed that required by the ACGME but not less than semi-annually.
- C. There must be a written description of the responsibilities of the Clinical Competency Committee.
- D. Outcomes of the clinical competency committee will be reported to ACGME in a frequency determined by ACGME and will start reporting as determined by ACGME.

Procedure

- A. Each program will have a CCC with a structure that meets ACGME requirements:
 - 1. CCC are appointed by the program director and must include three faculty; program director may participate on the CCC
 - 2. Chair of the CCC who is not the program director or chair of the respective department is encouraged
 - 3. Membership of the CCC will vary by department size but must include at least three faculty (as above).
 - a. Representatives from all divisions/services encouraged
 - b. Chief residents and or residents in final year of training are optional
 - c. CCC may include non-physicians
 - 4. Requirements for membership:
 - a. Must be actively involved in resident education
 - b. Must participate in committee deliberations regularly (50% of meetings)
 - c. Feedback must be constructive, consistent, and timely following meetings
- B. Function of the CCC
 - 1. Review all resident evaluations semi-annually that may include:
 - a. End of rotation evaluations
 - b. Direct observation skills i.e. Verification of Proficiency (VOP), mini-CEX, other procedural skills
 - c. 360° or multisource evaluations (nurses, colleagues, patients, other ancillary health care personnel)
 - d. Semi-annual evaluations by the program director

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- e. Attendance records for conferences
- f. Test scores
- g. Procedure log
- 2. Any other assessment information available Prepare and assure the reporting of Milestones
- 3. Make recommendations to the program director
 - a. Promotion
 - b. Remediation
 - c. Dismissal

References

CR: V.a. (Resident Evaluations)

GMEC Revised: 1/2016, 3/2018

GMEC Reviewed: 8/2013

Approved: 9/19/2013