

Clinical Portfolio, College of Medicine, 2019-20 Template

The purpose of this clinical portfolio is to provide documentation of clinical excellence for faculty who have a major clinical assignment. Information provided here should not duplicate what is already contained in other sections of the Promotion and Tenure packet. Rather, you should highlight and comment on the importance of some items (e.g. clinical publications, presentations), as well as providing the additional requested data that will establish excellence in patient care. For each of the following 12 components, please enter all information that is available for your clinical activities. You should state “none” or “not available” for elements not applicable in your circumstance. You may delete the instructions (presented in italics) prior to finalizing your portfolio. **Please limit the completed portfolio to 12 pages.**

1. Scope of clinical practice

a. **Clinical Narrative.** Candidates should compose a reflective statement that expands upon information provided in Sections #2 and 3 of the P&T packet. Use first person. Describe your primary practice setting, typical patient caseload, and how your clinical practice integrates with other clinical care practices, departments, educational efforts, or research activities. Highlight the impact of your clinical work e.g. through referrals because of your expertise, innovation of clinical skills, unique expertise in the region or broader and overall value to the institution.

b. **Clinical Billing Activity.** The following chart should be completed and expanded as available.

Year	2018-19	2017-18	2016-17	2015-16	2014-15
Clinical FTE					
RVU target					
RVU actual					
UHC target* for __clinical FTE					

May be obtained from the Department Administrator. Be sure the UHC (University HealthSystem Consortium) target for comparison is selected for a similar %clinical effort or is explained in a footnote to the table. If your department uses another national standard for comparison of workload expectations, substitute that standard for the UHC target and briefly describe the basis for its assessment. If your clinical FTE assignment includes leadership or administrative components that will not result in billable RVUs, adjust your actual clinical FTE to an “effective clinical FTE” and provide an explanation in a footnote. E.g. if you have 75% clinical assignment which includes 25% assignment to provide administrative oversight of an ICU beyond the time providing clinical care, base your RVU targets on a 50% clinical FTE and place an “” for each year with a clinical FTE that differs from the assignment listed in Section #4 (Assignment Since Last Promotion or Since UF Employment) of your packet.

c. **Supervisor’s Statement.** Include a letter or statement from your division chief or department chair addressing your clinical assignment and performance.

2. Evaluations (insert or summarize)

a. **Summary of clinical performance.** Highlight the chair’s assessment of clinical performance as contained in the annual letters of evaluation. This information may be presented as a descriptive summary or in table format.

- b. **Peer Evaluations.** *Include any available report(s) from at least one interdisciplinary evaluation (i.e. by peers, referring colleagues, nurses, therapists, etc). The evaluation should demonstrate evidence of excellence in clinical care through ratings of core competencies, such as: professionalism, collaboration, expertise in area, selflessness, demonstration of efficiency and cost-effectiveness of clinical care as outlined in the peer evaluation form or a 360° evaluation form. Ideally, this evaluation should be completed annually by a minimum of two evaluators. Insert evaluations forms here, or if many, summarize here and include the forms in Section #33 of the packet. These may be completed by any colleague or staff member.*

3. Patient satisfaction scores (insert or summarize)

- a. **Patient satisfaction data.** *Provide any available assessment of patient satisfaction with the quality of care rendered by the candidate. Metrics should be provided for the most recent five years, if available. This information is collected within UF clinics. The department or hospital may also obtain inpatient information. If individual-level data are not available, include any available information that is relevant to the candidate, such as overall scores for the specific inpatient or outpatient service or clinic location. Indicate your role within that setting, if group data are provided. Provide benchmark results for the department, if available. Questionnaires may cover such items as:*
- i. *Timeliness of access*
 - ii. *Experiences with doctor communication*
 - iii. *Patient centered care – experiences with shared decision making*
 - iv. *Patient centered care – experiences with getting needed information*
 - v. *Overall satisfaction with the care provided*
- b. **Other patient feedback.** *Additional sources of patient satisfaction feedback might include hospitalized patient satisfaction scores, and unsolicited patient feedback. Please label any direct patient comments under using heading “Unsolicited patient comments” and include the date received.*

4. Commitment to ongoing growth in clinical performance

Include any elements that indicate maintenance of skills, participation in certification processes, and participation in programs that advance the scope or skills of your practice in the field. Examples include:

- a. **Self-improvement activities.** *Improvement of your knowledge or clinical practice skills through CME courses, maintenance of certification activities, and passing credentialing or board examinations.*
- b. **New skills acquired.** *Development of new clinical or procedural skills. Providing unique techniques, procedures or skills for care within the department or institution. For patents and copyrights of clinical material refer to items already listed in Section #15 (Patents and copyrights), and describe how these enhance or have the potential to enhance patient care and improve outcomes.*
- c. **Role in new models of patient care.** *Development and implementation of new models of care delivery, clinical pathways, leadership of interdisciplinary teams or other creative activities designed to evaluate and improve the quality of medical care.*

- d. **Role in efficiency and quality of practice patterns.** *Include examples of practice reorganizations, analysis of health care delivery, improvements in access or cost-effectiveness or other creative interventions that have improved the health of populations, the efficiency of practice or the quality of care.*
- e. **Summary of creative works and activities related to patient care.** *Cite works and activities previously described in Section #14 (Creative Works or Activities) here if they are directly related to enhanced patient care.*

5. Quality of care metrics

*Insert any available measures of how you or your working group compares to expected performance for standards of clinical practice. Include evidence of excellence in the quality of patient care including compliance with discipline and departmental specific quality metrics that are based on established best practices and evidence **from published works or national guideline-establishing authorities**. These may include out-patient or inpatient measures over the most recent five years. If five years are not available, a minimum of three years is acceptable. Please provide benchmarks for reference groups for all reported metrics, if available.*

6. Clinical leadership

Provide a description of your role(s) as a leader in clinical practice within the institution or beyond. Examples include membership on departmental or hospital committees such as infection control, utilization review, medical directorships, or departmental physician director of quality. Describe each leadership role and how you positively influenced patient care programs. Additional indicators of clinical leadership include program building and mentoring junior faculty within the clinical practice setting. Building integrated programs that span other disciplines and departments should be highlighted

7. Professional Contributions

List significant contributions to professional societies, clinical task forces and state, national and or international agencies. Do not simply repeat the list of same memberships that are included in Section #26 (Membership and Activities in the Profession). Instead, describe your specific contributions to these local, regional, or national entities. Statements from leaders within these organizations may be included here. Indicate if the comments were unsolicited.

8. Clinical referrals **[Note: faculty members who practice only within the VA system or who practice only in hospital- based practices(hospitalists, radiologist, anesthesiologists) need not complete this section unless applicable]**

Document the number and type of clinical referrals to your specific practice from outside the immediate Gainesville or Jacksonville environs, if available. This may include an analysis of patient demographics from billing data and submission of letters from referring providers. You may also include data that demonstrates the impact of downstream referrals by you to other faculty members or clinical programs of patients outside the usual catchment region. This may include reporting of the number of patients referred over time to the institution for the faculty member's scope of practice such that increases in referrals can be attributed to the faculty member. If such measures are not available, state: not available.

9. Clinical Publications

Highlight those publications already listed in Section #16 (Publications) that have resulted in changes and improvement in clinical care. Do not copy all publications, rather indicate specific items by number from the listing in Section#16, and describe the impact of the publication. Also, list any clinically related scholarly publications and activities not included in Section #16 (Publications). These items may include locally produced patient information guides, written or web-based practice information for the clinical care team, and other products as distinct from externally published works.

10. Clinical Presentations

Highlight the presentations already listed in Section #17 (Lectures, Speeches, Posters, Presented at Professional Conferences) which specifically address clinical topics. Also include presentations in local and regional settings that address clinical quality improvement projects and indicate if they were part of an overall program that changed culture or practice within the UF Health Science Center.

11. Awards and Honors

Highlight any awards and honors already listed in Section #27 (Honors) relevant to clinical care and accomplishments. List all local, regional and national awards including patient recognitions, departmental acknowledgements and other citations for clinical accomplishments. Please list the criteria for the award or honor to provide context for the reviewers.

12. Other pertinent information

Provide documentation that supports clinical excellence not cited in other sections of this package. Examples may include patient testimonials, donations in honor of the clinician by a grateful patient, and other recognitions from peers or trainees. (Indicate if unsolicited by creating a heading "Unsolicited" for any included direct comments.