**Clinical Portfolio, College of Medicine 2022-2023 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. **Clinical Billing Activity.** *The following chart should be completed and expanded as available.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** |  | **2021-22** | **2020-21** | **2019-20** | **2018-19** | **2017-18** |
| 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.*

1. **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)*
	1. **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.*
3. **Patient satisfaction scores** *(insert or summarize)*
	1. **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:*
		1. *Timeliness of access*
		2. *Experiences with doctor communication*
		3. *Patient centered care – experiences with shared decision making*
		4. *Patient centered care – experiences with getting needed information*
		5. *Overall satisfaction with the care provided*
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:*

1. **Self-improvement activities.** *Improvement of your knowledge or clinical practice skills through CME courses, maintenance of certification activities, and passing credentialing or board examinations.*
2. **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.*
3. **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.*
4. **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.*
5. **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.*
6. **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.*

1. **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*

1. **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.*

1. **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.*