

GUIDE TO DEVELOPMENT OF A CLINICIAN'S PORTFOLIO

This Portfolio is for faculty members who are involved in CLINICAL WORK as their primary duty. The rationale for development of this document is that it can be difficult to recognize scholarly contributions if the delivery of clinical care represents the major portion of a faculty member's academic effort.

Before you start, you should note the following: The Portfolio, if properly formatted and kept up to date, can be easily inserted into the "Request for Promotion and/or Tenure: Required Materials and Format". Scholarship is required for promotion in this tract. Scholarship includes, but is not limited to, research. Definitions and expanded list of examples for scholarship relating to clinical practice are outlined in documents available on the Office of Faculty Affairs website:

<http://www.southalabama.edu/com/facultyaffairs/pdf/scholarship.pdf>

DETAILS OF SPECIFIC SECTIONS

1. **CLINICAL SERVICE.** In this section, you should document all clinical care activities, and whether or not it occurs with learners present. A good source for some of this information is the business manager of your department.

a. **PATIENT CARE ACTIVITIES:** This may be documented as RVUs or QA outcomes. It would be helpful to put this in context of national or regional performance standards in your discipline.

b. **PATIENT EVALUATIONS:** This section should include a summary of your patient care evaluations. For purposes related to promotion and tenure, it might be useful to request and maintain an annual summative report. A summary of performance over the last 5 years should be included in the promotions document.

2. **TEACHING, ADVISING AND MENTORING:** This section is for documentation of your contributions to medical education and training responsibilities. Training and mentoring of medical students, residents, and postdoctoral fellows clearly lies in this category.

a. **COURSE INVOLVEMENT:** This material can be derived from the Annual Evaluation Report.

b. **MENTORING:** Document only those trainees (medical students, residents and/or fellows) for whom you were the major advisor or mentor. When you list trainees, please include the inclusive years of training (e.g., 1999-2003 or 2003-present), and note the nature of your involvement.

c. **EDUCATION AT THE BEDSIDE:** Learners may include pre-professional, and professional students, as well as residents and fellows. As this educational activity is often "under recognized", it is important that your efforts are adequately documented. Identify care delivered, the number of students involved (approximately), over what time frame, and the number of contact hours. It would be best to prepare and maintain an annual summative report for each year you are with the University.

3. DOCUMENTATION OF SCHOLARSHIP

a. **PUBLICATIONS:** This should include (listed separately) published, peer-reviewed articles, unpublished (in press or submitted) contributions, abstracts, textbooks or other published materials. For each article, chapter or book, list the complete citation. For other materials, give a brief

description of the content and target audience. If not apparent from the title or author list, give a description of your role in the development of these materials.

b. **INTRAMURAL ACADEMIC ACTIVITIES:** This section should include evidence documenting excellence and/or scholarship, for projects that will not appear elsewhere. This section will be an important part of your packet. Each project should be tracked separately, including: objectives, progression towards the objectives, your role, and documentation of outcomes. Examples of how completed or yet to be completed projects might be listed within the promotions packet follow:

Project: Development of Clinical Practice at Battered Women's Shelter

Dates: June 1997 – Ongoing

Involvement: Volunteer June 1997 – June 1998

Medical Director July 1998 – Ongoing

Member, planning committee July 1998 – Ongoing

Problem: Battered and abused admitted to the shelter needing routine medical care but no usual source of care. Utilizing ER for ongoing care

Desired Outcome: Develop convenient usual source of care

Process: Through series of meetings developed ambulatory patient care clinic staffed through USA Family Medicine and community physicians to provide care

Outcomes: ER visits down 67%, Immunization rate 100% on leaving facility, ongoing funding secure

Documentation (in Appendix) Annual Report 2004 (discussion of project), ER visit data 1997 to present, Letter of Support Penelope House Board

Project: Improve access to healthcare for women with severe cervical dysplasia

Dates: June 1999 – Ongoing

Involvement: Staff physician champion June 1999 – Ongoing

Member, HGSIL working group Jan 2000 - Ongoing

Problem: Women with severe cervical dysplasia seen in USA system were not receiving needed follow-up care due to lack of insurance coverage

Desired Outcome: Obtain care for women with cervical dysplasia

Process: Work with Children's and Women's Hospital and Alabama Medicaid to provide funding for needed services

Outcomes: Working group continues to wrestle with problem, 46% of women with HGSIL in USA system now receive needed care (up from 33%).

Documentation (in Appendix) Letter, USA C&W Hospital, Letter, Alabama State Medicaid, Newspaper article, Progress report from committee June 2004

Because the committee will have to evaluate this information in isolation, ALL necessary information should appear in the Appendix and strong letters of explanation and support should accompany it.

c. **EXTRAMURAL SUPPORT:** List in chronological order all grants and contracts awarded to you as principal investigator for clinical care or clinical investigations. Cite the organization awarding the grant, the grant number, project title, percent effort, total funding period (i.e., 1998-2001), and total direct costs for the complete grant period. If you have contributed to similar funding proposals as a co-principal or collaborating investigator, these should be listed separately, using the same format.

4. PROFESSIONAL CONTRIBUTIONS

a. **INVITED PRESENTATIONS:** List invited talks germane to your professional work. These could include Grand Rounds, CME presentations or presentations to professional groups or community leaders or policy makers regarding clinical techniques, how to provide good clinical care, or improvement of care delivery, for example.

b. **PROFESSIONAL RECOGNITION AND LEADERSHIP:** Document your participation in professional journals or professional societies which focus upon clinical care, including those emphasizing clinical education. This could include professional awards, ad hoc journal peer review, membership on editorial boards or journal editorships, participation in society committees, and/or leadership of professional societies. Participation in development of testing materials for evaluation of medical student performance (e.g., the National Board of Medical Examiners) would be appropriate to include here. For each, you should note the group, your role, and inclusive years of appointment. Leadership positions are particularly important to document.

5. **ADMINISTRATION ASSOCIATED WITH CLINICAL CARE:** In this section, you should document any committee work, clinical directorships, etc. relating to clinical care. For each role, include the inclusive dates of participation and, if appropriate, include a brief comment on your role.