

2007-2008 Group on Faculty Affairs  
AAMC Listserve Queries & Responses

**Query: Evaluation of Clinical Excellence**

*Question from Linda McLaughlin, Stanford ([deasy@stanford.edu](mailto:deasy@stanford.edu)):*

The School of Medicine is reviewing their method of **evaluation of clinical excellence**. If you have a process which works well at your institution, would you be so kind as to share the following:

- your process, and
- your tools

I am attaching the "Evaluation of Clinical Excellence" form we use currently during the faculty reappointment and promotion process. We welcome your examples of effective clinical assessment approaches.

**2.76 EVALUATION OF CLINICAL EXCELLENCE**

Person Being Evaluated: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Status of Evaluator:     Faculty                       Consulting/Referring MD             Trainee  
                                  Student                             Nurse                                     Other

<p>Unaware or unconcerned about recent progress and controversies in area of expertise and related areas of medicine Uninformed about dangerous side effects or complications of proposed tests or treatments</p>	<p><b><u>CLINICAL KNOWLEDGE</u></b></p> <p>EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p>1 2 3      4 5 6      7 8 9 □ □ □      □ □ □      □ □ □</p> <p><input type="checkbox"/> Insufficient contact to judge</p>	<p>Well read and up to date in area of clinical expertise Excellent foundation in area of expertise and related fields of medicine</p>
<p>Hasty, arbitrary and inconsistent clinical decision making Unaware or unconcerned about the potential impact, complications or outcomes of the decisions Inappropriate consultations Unaware of technical/clinical limitations</p>	<p><b><u>CLINICAL JUDGMENT</u></b></p> <p>EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p>1 2 3      4 5 6      7 8 9 □ □ □      □ □ □      □ □ □</p> <p><input type="checkbox"/> Insufficient contact to judge</p>	<p>Thoughtful, consistent, logical, defensible clinical decision making Able to analyze effective decision making for peers, trainees and staff Highly respected for clinical judgment about complex or difficult cases Effective consultations</p>
<p>Technically inept Ineffectively teaches technical/procedural skills to trainees</p>	<p><b><u>PROCEDURAL SKILLS, if relevant</u></b></p> <p>EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p>1 2 3      4 5 6      7 8 9 □ □ □      □ □ □      □ □ □</p> <p><input type="checkbox"/> Insufficient contact to judge</p>	<p>Technically adept Effectively teaches technical/procedural skills to trainees</p>
<p>Less than expected volume of patients Not available for clinical duties as expected</p>	<p><b><u>CLINICAL PRODUCTIVITY</u></b></p> <p>EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p>1 2 3      4 5 6      7 8 9 □ □ □      □ □ □      □ □ □</p> <p><input type="checkbox"/> Insufficient contact to judge</p>	<p>Appropriately high volume of patients High availability for urgent referrals Develops new programs/services /techniques</p>
<p>Frequent misinterpretations or missed diagnoses Frequent or avoidable complications Very dissatisfied referring physicians and patients</p>	<p><b><u>CLINICAL OUTCOMES/RESULTS</u></b></p> <p>EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p>1 2 3      4 5 6      7 8 9 □ □ □      □ □ □      □ □ □</p>	<p>Highly successful practice Very satisfied referring physicians and patients Recognized as local authority in specific area/field Few if any avoidable complications</p>

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<p>Dysfunctional behaviors in dealing with peers, staff, trainees and patients: arrogance, hostility, disrespect Questionable ethics</p>	<p style="text-align: center;"><input type="checkbox"/> Insufficient contact to judge</p> <p style="text-align: center;"><b><u>PROFESSIONAL HUMANISM</u></b></p> <p style="text-align: center;">EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p style="text-align: center;">1 2 3      4 5 6      7 8 9 □ □ □    □ □ □    □ □ □</p> <p style="text-align: center;"><input type="checkbox"/> Insufficient contact to judge</p>	<p>Highly professional in all relations with peers, staff, trainees and patients Respectful of others Effective bedside manner Ethical, high integrity</p>
<p>Ineffective in written and oral communications with peers, staff, trainees and patients: brusque, tardy, inarticulate, hostile, inflammatory, incomplete communication</p>	<p style="text-align: center;"><b><u>COMMUNICATION</u></b></p> <p style="text-align: center;">EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p style="text-align: center;">1 2 3      4 5 6      7 8 9 □ □ □    □ □ □    □ □ □</p> <p style="text-align: center;"><input type="checkbox"/> Insufficient contact to judge</p>	<p>Communicates clearly to peers, staff, trainees and patients regarding instructions, tasks and expectations Approachable as problems arise Prompt, courteous, accurate and articulate in requesting and responding to consultation requests</p>
	<p style="text-align: center;"><b><u>OVERALL CLINICAL EXCELLENCE</u></b></p> <p style="text-align: center;">EXPECTATIONS: ⇐BELOW—MEETS—EXCEEDS⇒</p> <p style="text-align: center;">1 2 3      4 5 6      7 8 9 □ □ □    □ □ □    □ □ □</p> <p style="text-align: center;"><input type="checkbox"/> Insufficient contact to judge</p>	

Additional comments relevant to this evaluation:

**Responses:**

*From Laura Schweitzer, Bassett ([laura.schweitzer@bassett.org](mailto:laura.schweitzer@bassett.org)):*

This is one of the toughest facets of faculty accomplishments to document. Good luck!

The following is an excerpt from the Touro College of Medicine promotion and tenure document that I just wrote and is like those at Louisville and Upstate. Tracy Eells at Louisville probably has the most experience with the application of these criteria.

C. Excellence in clinical service

1. Promotion to Associate Professor

In addition to the criteria for proficiency in clinical service as stated in Section I. C. excellence in clinical service is best demonstrated by a documentation of a significant clinical assignment and a major responsibility for (i.e., leadership role in, leadership does not require formal recognition by a title) a clinical program. Excellence in clinical service implies more than just providing good patient care, it requires the extra effort required of a major contributor to innovation in clinical care for which some tangible evidence must be presented. Peer and supervisory reviews of the clinical service must be obtained and should support the rating of excellence. The clinician should have obtained support for the program through for example, significantly increased revenues, new patient referral streams, grants, contracts etc. An emerging regional reputation should be documented by referral streams or invitations to speak in the area of clinical expertise. Reviews by the recipients of the service (for example colleagues, referring physicians or collective reviews such as patient satisfaction inventories) must also be sought and should support the rating of excellence.

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In disciplines where this is not possible because practice is primarily hospital based and for others in similar circumstances, for example for most pathologists, emergency medicine physicians, hospitalists and anesthesiologists, some other form of innovation or leadership will be evidenced at minimum through the letters of evaluation by peers, supervisors including the chair, nurses and some other objective measures of adherence to high quality standards.

2. Promotion to Professor

In addition to the criteria specified in this appendix, Section II. C. 1., for promotion to Professor based on excellence in clinical service, extra-university leadership in clinical service or other significant recognition as a national expert must be demonstrated. Scholarship must also be demonstrated (scholarship is defined in this appendix Section III.3). National recognition in this area is evidenced by participation in extramural clinical initiatives (examples: election to national committees or boards, invitations as a visiting professor for clinical activity, participation in subspecialty board review or test development committee, invitation to be an accreditation [RRC, ACGME or LCME] site visitor). Invitations to serve in these capacities must be submitted as documentation of this level of national involvement