



UNDERSTANDING THE CLINICAL EXCELLENCE PATHWAY: Definitions, Determinants and Documentation

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Definitions:

The Clinical Excellence Pathway was created as a separate pathway within the OSU College of Medicine Promotion and Tenure process to reward outstanding clinical service by select members of the College of Medicine's Clinical Faculty. The concept was first introduced for discussion during the 2011-2012 academic year; the term was used to refer to the Scholarship of Practice as defined in Boyer's classifications of scholarship. In the revised Appointment, Promotion and Tenure document (approved by the College of Medicine during the 2012-2013 academic year) the Clinical Excellence Pathway was formally incorporated as a part of the Clinical Track.

This pathway is specific for faculty members who focus on exemplary clinical care unique areas of emphasis in patient management. These faculty may build signature clinical programs and/or serve as preferred providers developing a regional or national reputation for clinical service expertise. Faculty members in the Clinical Excellence Pathway typically devote 80% or more of their effort to patient care or administrative service. This pathway is clearly intended to reward clinical **excellence**, not simply clinical **competence**.

Determinants:

Clinical excellence includes the application of knowledge to: populations, systems and operations, and the delivery of outcomes of quality, efficiency/effectiveness/ease and value. An essential component of determining achievement in this pathway would be the ability to demonstrate outcomes of excellence, which are:

- Beyond routine and loyal service
- Beyond volume metrics
- Beyond mere conduct of an activity

To assist the faculty members seeking promotion in the Clinical Excellence Pathway, each department has defined and recorded expected accomplishments which are specific for that discipline, to either amplify or supplement the determinants detailed in the College of Medicine Appointment, Promotion, and Tenure document.

Please consult your Department's criteria for details specific to your Department.

The official College of Medicine guidelines for promotion in the Clinical Excellence Pathway, as recorded in the latest version of the College's Appointment, Promotion and Tenure document are as follows:

Associate Professor, Clinical Excellence Pathway

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities; however, TIUs should define any deviations for the Excellence Pathway in their TIU Appointment, Promotion, or Tenure documents. These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of clinical practice or novel contributions to the advancement of the practice in their field. Local recognition for outstanding clinical care is a hallmark of qualification for Associate Professor on the Clinical Excellence Pathway. National recognition is not a requirement. The awarding of promotion to the rank of associate professor on the clinical excellence pathway must be based upon convincing

evidence that the candidate has demonstrated outstanding clinical outcomes, and a record of impact relating to clinical care. Promotion will not be granted purely on the basis of length of service to the institution, clinical productivity, or satisfactory job performance. The specific clinical criteria for excellence will vary from TIU to TIU. A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document clinical effort in the years leading up to promotion on this pathway.

These faculty are expected to support the research and teaching mission of the TIU, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that candidates will meet all of the examples below, but meeting only one will not satisfy the demonstration of collective impact of excellence.

Examples of excellence may include, but are not limited to:

1. Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, complication rates, turnaround times, readmission rates, process improvements, reduction in health disparities, improvements in community health outcomes and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison. TIUs should incorporate mechanisms to recognize new and emerging methods of dissemination including websites, social media, etc. Clinical productivity metrics (e.g. wRVU) per se, are not sufficient for supporting excellence in clinical performance.
2. Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to, the number of cases referred for a second opinion, patients referred from other states or other regions within Ohio.
3. A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care.
4. Evidence that physicians from other medical centers come to OSU/NCH for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
5. A record that demonstrates the faculty member has been invited to lecture locally, regionally or at other hospitals, academic medical centers or statewide professional societies.
6. Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted within the Medical center or by other institutions or practices.
7. Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the Medical Center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology, better patient engagement

8. Evidence that the faculty member participates as an instructor or involved with the development of education activities at local or state levels that are in person, virtual, or web-based.
9. Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings.
10. Receipt of awards from local, state, national organizations for clinical excellence.
11. Participation in the development of institutional or statewide practice guidelines.
12. Operational improvements that makes practice more efficient, effective, easier to access, or more cost effective.

PROFESSOR, CLINICAL EXCELLENCE PATHWAY

Faculty members with predominantly clinical or clinical administrative responsibilities may be considered for promotion based on clinical excellence. Ordinarily these faculty have 80% or greater clinical and/or clinical administrative responsibilities; however, TIUs should define any deviations for the Excellence Pathway in their TIU Appointment, Promotion, or Tenure documents. These faculty have distinguished themselves by having particularly outstanding clinical outcomes. These faculty are recognized for the scholarship of practice or novel contributions to the advancement of the practice in their field. State and national recognition for outstanding clinical care is a hallmark of qualification for Professor on the Clinical Excellence Pathway. The awarding of promotion to the rank of professor in the clinical excellence pathway must be based upon convincing evidence that the candidate has demonstrated a sustained and enhanced level of excellence in clinical care and has developed a national impact and recognition since being appointed to the rank of associate professor. Mentorship of junior faculty is an expectation for faculty being considered to the rank of professor.

Promotion will not be granted solely on the basis of length of service to the institution, time in rank, clinical productivity, or satisfactory job performance. The specific clinical criteria for excellence will vary from TIU to TIU. A faculty member who qualifies for promotion on this pathway should have supportive annual evaluations that document increasing clinical impact and performance since achieving the rank of associate professor. These faculty are expected to support the research and teaching mission of the TIU, but the focus of the promotion review is on demonstration of clinical excellence. The documentation and demonstration of outcomes or impact is required. It is not expected that any candidate will meet all of the examples below but meeting only one will not satisfy the demonstration of collective impact of excellence.

Examples of excellence may include, but are not limited to:

1. Multiple lines of evidence supporting excellence in clinical performance, including discipline relevant clinical measures such as, but not limited to quality indicators, mortality metrics, reduction in health disparities, improvements in community health outcomes, complication rates, turnaround times, readmission rates, process improvements and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison. Clinical productivity metrics (e.g. wRVU) per se, are not sufficient for supporting excellence in clinical performance.

2. Preferred provider recognition. Referral patterns or other metrics that indicate acknowledgment of a faculty member's expertise such as, but are not limited to the number of cases referred for a second opinion, patients referred from other states or other countries.
3. A record that demonstrates that a faculty member is frequently consulted by physicians from outside the OSU system for advice about patient care.
4. Evidence that physicians from other medical centers outside of Ohio come to OSU/NCH for training specifically by the faculty member, or request proctoring at their home institution by the faculty member.
5. A record that demonstrates the faculty member has been invited to lecture nationally at hospitals, academic medical centers or national professional societies.
6. Clinical program development. Evidence that a faculty member has developed a new program or led improvements in an existing program and that subsequent to those innovations the success of the program has materially improved, or the program has been duplicated or adopted within the Medical center or by other institutions or practices.
7. Evidence that a faculty member has developed clinical innovations that have been adopted by other physicians within or outside the Medical Center. For example, innovations that improve delivery of care, such as developing new techniques, implementing new technology, better patient engagement
8. Evidence that the faculty member participates as an instructor or involved with the development of education activities at the state or national level that are in person, virtual, or web-based.
9. Selection for inclusion in physician rankings such as Best Doctors, Castle-Connolly, U.S. News Physicians Survey or similar rankings.
10. Receipt of awards from state or national organizations for clinical excellence.
11. Participation in the development of national practice guidelines.
12. Operational improvements that makes practice more efficient, effective, easier to access, or more cost effective.

Documentation:

Documentation of clinical excellence must be clear in the dossier. When evaluating individuals for promotion, the following questions are pertinent:

- How has the individual **changed** practice? Think about the baseline vs. now. Think about specific actions. If part of a team, what **did this individual specifically** contribute?
- How has success been measured? What **tangible** results or outcomes have resulted from this effort? Cite comparison with benchmarks when possible.
- Who is the **beneficiary** of this work? What patient group, hospital system or group of colleagues has been impacted by this work?

Because of the unique nature of clinical excellence scholarship, the narrative section in the dossier are especially important for those seeking promotion in the Clinical Excellence Pathway. The narratives are to be prepared **by the faculty member** as a way of describing the various activities which qualify for recognition as clinical excellence, and verifying that these activities are congruent with the department's overall plans and expectations—in other words, documentation that the activities of the individual are in close alignment with departmental goals and contribute to overall **organizational** excellence. The following document serves as a guide to develop the information in the narratives.

Promotion on Clinical Excellence Pathway: Personal Contribution to OSU

Department/TIU: blank

Faculty Member Name: blank

Date of Submission: blank

Current Academic Rank: Write Assistant Professor or Associate Professor

For candidates pursuing promotion on the Clinical Excellence Pathway, the following format will help guide the candidate in presenting his/her achievements.

1. How have you advanced patient care, programs, or clinical operations of OSUWMC and why is it important? (Think about: the before vs. the after; and your personal actions/role/contribution relative to self vs. team.)
2. How have you measured the success? What tangible results or outcomes have resulted? When possible, provide specific outcomes/metrics achieved and attributable to you.
3. Who has benefited, or what has been improved, as a result of the work you described above in #1? (example: on what patient group, health care colleagues, department/program, or hospital system)
4. How have you distributed/shared your enhancements? Have others adopted your changes to patient care, programs, or clinical operations? Who is most aware your accomplishments? Which OSUWMC leaders could attest to the impact?

Link to this document: [Clinical Excellence narrative template \(osu.edu\)](#)

CLINICAL EXCELLENCE FAQs

Can performance of clinical activities really be considered a form of scholarship? What is meant by “the scholarship of practice?”

The concept of “scholarship” has undergone revision in recent years, stimulated initially by the work of Ernest L. Boyer (“Scholarship Reconsidered: Priorities of the Professoriate,” 1990). Boyer describes four types of scholarship, one of which he calls “the Scholarship of Application.” Boyer states, “New intellectual understandings can arise out of the very act of application—whether in medical diagnosis, serving clients in psychotherapy, shaping public policy, creating an architectural design, or working with the public schools. In activities such as these, theory and practice vitally interact, and one renews the other.” In recent years, the term “scholarship of practice” has been considered as an alternative term for “scholarship of application.”

How can we distinguish between people who are just “doing their job” from those who are “achieving clinical excellence?”

The focus must be on whether the individual’s performance can be considered unusually good—beyond the ordinary—worthy of special recognition. If an individual has been hired to achieve a specific task (e.g., improve the outreach and efficiency of a specialty clinic), can the performance of that task be considered “clinical excellence” if that is exactly what the person was hired to do? The answer is **YES** if the actual performance of that activity was done in exemplary fashion (e.g., attracted patients from areas outside of Franklin county not often “captured” by other clinics; achievement of patient scheduling efficiencies that exceed the norm; documentation of high levels of patient satisfaction that exceed benchmarks), and if the data support this conclusion. Furthermore, the evidence might show that the individual succeeded when others had failed to accomplish the same task. So, just as with other considerations for promotion, it is the **excellent performance** that “counts” even if the individual was hired to do this particular “job.”

Can an individual be rewarded for “clinical excellence” if the recognition for this activity is only “local”—i.e., not regional or national?

Yes. The standard is achieved by comparing the individual’s accomplishments against established benchmarks—example, a demonstrated significantly lowered complication rate for an invasive procedure (when compared with published results); development of a new protocol which substantially changes the practice pattern for multiple physicians, resulting in improved efficiency of a particular clinic.

The College of Medicine Promotion and Tenure document states that for individuals considered for promotion to Associate Professor on the Clinical Excellence Pathway, “their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition.” How is this measured?

If the individual’s accomplishments can be shown to be an important contribution to the overall goal of national recognition for the division, department or College, then the individual may qualify for promotion to Associate Professor. However, the department must clearly document this contribution in the materials submitted to support promotion. Note that the document states “**may** serve,” not **must** serve as a proxy.

How is promotion to Professor on the Clinical Excellence Pathway different from promotion to Associate Professor?

To qualify for Professor on the Clinical Excellence Pathway, **individual** national impact and/or recognition is, in general, required. No longer can the individual’s local contributions to the overall goals of the division or department serve as “a proxy for individual *national* recognition” as permitted in the

case of promotion to Associate Professor. The department must submit materials which document the individual's national impact or recognition. In most circumstances, when a unit achieves national recognition for excellence, the individual(s) responsible for the excellent performance are recognized nationally as well. Absence of recognition on the part of the individual(s) would be considered most unusual; however, in this circumstance, promotion to professor for the individual might still be entertained.

Must particular guidelines for a specific activity exist in the Department's P & T document for an individual to be judged "excellent" in the performance of that activity?

No. It would be impossible to describe all of the possible scenarios for achieving clinical excellence. The department Promotion and Tenure committee may reward an individual for excellence in an activity not previously recognized in the department's (or the College's) documents. In this circumstance, the letters from the department must provide a clear description of the activity and the rationale for considering the individual's performance as worthy of recognition (and promotion). On the other hand, inclusion of more specific guidelines for Clinical Excellence in the Departmental document would make the job of the eligible faculty (and the College) easier.

Does the activity which merits recognition for clinical excellence need to be unique?

No. The performance of a standard activity (e.g., performance of a particular diagnostic study or a standard invasive procedure) can qualify for "clinical excellence" based on the **quality** of that performance, or the effective application of best practices, not necessarily the unique nature of the activity.

Can higher than usual numbers of performance of a particular activity be considered "clinical excellence."

Usually **NOT**. Sheer volume (e.g., RVUs) does not in itself constitute "excellence" and does not qualify for promotion, unless the outcomes, or the patient satisfaction, or some other parameter can also be shown to exceed benchmarks. The rewarding of promotion is **value based, not volume based**. Promotion is granted for **clinical excellence, not just clinical competence**.

Are there any special rules for external letters for the Clinical Excellence Pathway?

Yes. Five external letters are still required, but they do not necessarily have to come from professors at other academic institutions. In fact, the letters could be from non-physicians or even from non-"academics," as long as the individuals are at a senior level and have the qualifications to assess the quality of clinical performances. For Associate Professor, the letters could come from local or regional sources; for professor, at least two of the letters should be from national sources. The requests for external letters should clarify the type of "scholarship" that is being evaluated and provide information about the non-traditional nature of promotion in this pathway.