UNDERSTANDING THE CLINICAL EXCELLENCE PATHWAY: Definitions, Determinants and Documentation

Definitions:
The Clinical Excellence Pathway was created as a separate mechanism 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, or outstanding service to a Department, the College of Medicine, and OSU. Faculty members in the Clinical Excellence Pathway typically devote 90% 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

Some examples of accomplishments that might be deemed worthy of consideration for promotion in this pathway include:

- Expanded referral network, catchment area, demonstrations of consultation, referral of complicated patients
- Clinical care quality outcome metrics that exceed internal norms and/or national standards
- Operational improvements that make practice more efficient, effective, easier to access, or more cost effective
- Innovations that improve delivery of care, such as developing new techniques, implementing new technology, better patient engagement

Please consult your Department’s criteria for more details.

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**

In the circumstance where individuals are assigned major responsibilities (90% time or greater) for clinical care and clinical administrative activities, faculty members may seek promotion for excellence in
activities categorized as “scholarship of practice” (or “scholarship of application”). The clinical time commitment of these individuals may not allow the achievement of personal national recognition for their accomplishments; however, their unique contributions serve to enhance the national recognition of the Medical Center or their assigned hospital. For these individuals, their contribution to the regional and national recognition of the Medical Center may serve as a proxy for individual national recognition. Metrics should include consistent rankings among the Nation’s elite in the Castle-Connolly or U.S. News Physicians Survey, or similar (Best Doctors, Inc). At a minimum they should demonstrate:

a) Referral patterns from beyond the typical distribution for their discipline (demonstrates a reputation external to our organization as “best in class”).
b) Referral of the most complex and sickest patients (identifies those physicians with clinical skills beyond their peers).
c) Multiple lines of evidence supporting excellence in clinical performance, including clinical measures such as quality indicators, mortality metrics, complication rates, and patient satisfaction rates where performance measures can easily be internally and externally benchmarked for comparison.
d) Establishment of quality improvements or systems-based changes that result in enhancement of the care provided to OSU Medical Center patients.
e) A sustained track record of exemplary clinical leadership and unique program development within the institution.
f) Demonstration of dissemination of peer reviewed data and expertise in the form of Grand Rounds, clinical practice guidelines, seminars, podcasts, websites, small group activities with peer reviewed data and internal benchmarking.
g) Demonstration of collaboration with researchers and educators in the department and beyond.

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 a level of excellence and a record of impact beyond the usual physician’s scope or sphere of influence. Promotion will not be granted purely on the basis of length of service to the institution or satisfactory job performance.

One of the most important measures of excellence in the scholarship of practice would be evidence that activities or innovations of an individual faculty member have contributed to a change in the scope and the nature of practice in his or her own discipline. Another piece of evidence could be the development of new and innovative approaches to the clinical management of challenging clinical problems. Other examples of evidence that may be used to document excellence in the scholarship of practice include:

The standards for excellence in the scholarship of practice will vary from Department to Department. If a Department wishes to propose promotion to Associate Professor for individuals with heavy (90% or greater) clinical responsibility without national recognition, specific metrics must be carefully detailed in the Department’s Appointment, Promotion and Tenure document. 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.

**PROFESSOR, CLINICAL EXCELLENCE PATHWAY**

The awarding of promotion to the rank of Professor in the Clinical Excellence Pathway must be based upon convincing evidence that that the candidate’s work has developed a national impact and recognition for clinical excellence and innovation since being appointed to the rank of Associate Professor. Metrics should include consistent rankings among the Nation’s elite in the Castle and Connelly or U.S. News
Physicians Survey or similar (Best Doctors, Inc). They should receive patient referrals from throughout the United States. National awards for clinical excellence and innovation are clear indicators of achievement.

To assist the faculty members seeking promotion in the Clinical Excellence Pathway, it would be of value for each department to define and record expected accomplishments which are specific for that discipline, to either amplify or supplement the determinants detailed in the College of Medicine document. The availability of department-specific standards would greatly simplify the work of the faculty eligible to vote for promotion.

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, in addition to the usual mechanism of submitting the standard dossier to document accomplishments for promotion, the College is introducing the concept of the Clinical Excellence Essay for those seeking promotion in the Clinical Excellence Pathway. The essay is 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 essay is limited to 1000 words, and should be submitted as an attachment to the official dossier. The following document serves as the template for the Clinical Excellence Essay:
Promotion on Clinical Excellence Pathway: The Clinical Excellence Essay

Faculty Member Name: ______________________

Department/TIU: __________________________

Date of Submission: __________________________

Current Academic Rank:

___ Assistant Professor
___ 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 the Medical Center and why is it important? (Think about: the before vs. the after; and your personal actions/role/contribution relative to self vs. team.) [Max 300 words]

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. [Max 300 words]

3. Who has benefited or what has been improved as a result of the work you described above in #1? (e.g. on what patient group, health care colleagues, department/program, or hospital system) [Max 150 words]

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 leaders could attest to the impact? [Max 200 words]
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—e.g., 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, the letters must 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.