

Documenting Your Clinical Efforts In a Way that Counts

Analiz Rodriguez MD, PhD, MBA, FAANS

Associate Professor

Vice Chair of Research

Department of Neurosurgery

Winthrop P. Rockefeller Cancer Institute

UAMS

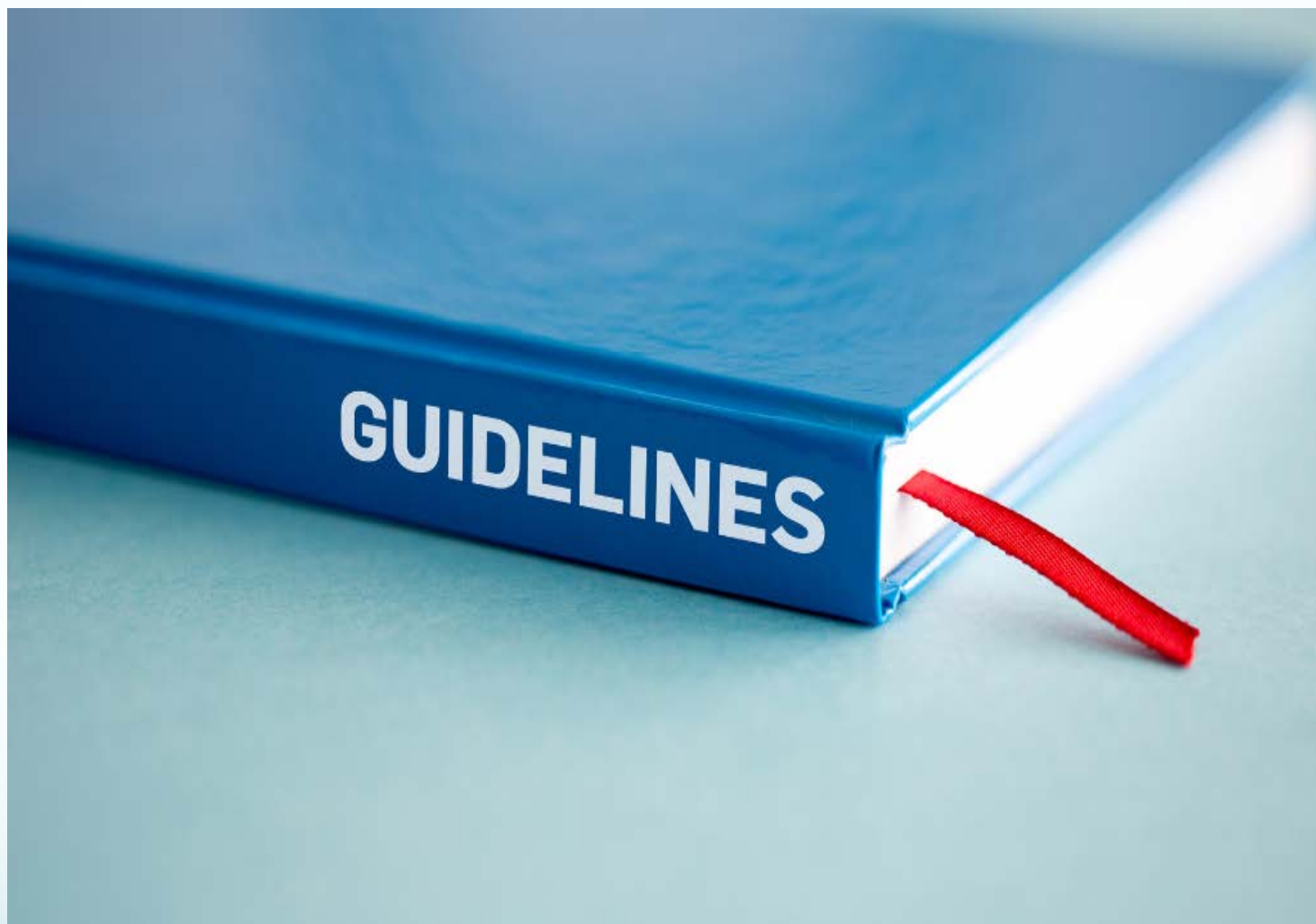
Nirvana A. Manning MD, FACOG

Professor

Chair, Department of Obstetrics and Gynecology

Service Line Director of Women's and Infants Service Line

UAMS



What is Your Distinct “Niche” Area in Clinical Service?



Clinical Service Pillars

Capturing evidence of dissemination activities





Clinical Activities Portfolio

- **Service Excellence**
- **Uniqueness of clinical practice**
- **Volume of patients/ RVUs**
- **Clinical leadership: UAMS, regional, national**
- **Community outreach activities**

Service Excellence



Narrative Statement of Clinical Service

- 1-3 page(s) *first-person* statement about your clinical service in the context of your clinical focus and expertise
- Describe your clinical activities and responsibilities in detail
- Written so that reviewers *outside* your discipline can understand your work (*avoid jargon!*)
 - “A really smart person in a completely different field can understand”
- To get a “picture” of who you are (*don’t assume they know you are a internist or a surgeon!*)

Example of Clinical Service

“As part of clinical service, I participated in a performance improvement project: Quality Oncology Practice Initiative (QOPI). I also coordinated and supervised a quality improvement project entitled “Distress Management in Cancer Patients” and participated in obtaining a Certificate of QOPI.

I rounded in inpatient service 12 to 14 weeks per year, from Monday through Friday. The number of inpatient daily census averaged around 25 complex patients at any given time.

At the same time, I start building my outpatient clinic in gastrointestinal, thoracic, and genitourinary cancers that staff 5 half-days each week. Subsequently, as outpatient activity increased, I was able to balance and adjust inpatient rounding. Now, my outpatient workload consists of approximately 12 to 18 patients per half-day clinic. In addition, I provide consultations on inpatient service, averaging 5 to 10 consults per week.

From July 2014 through April 2017 I saw over XXX new patients and conducted XXX follow up patient visits with a total of XXX outpatient visits.

The care of oncology patients requires evidence-based and multidisciplinary coordination of care. Hence, the need for a detailed approach to understanding the complexity of each patient’s problems that require coordination of a multi-subspecialist team.”

Example of Clinical Service

1. *“Attend consultation service (19-26 weeks on-call per year).*
 - *There has been a dramatic increase in the number of genetics consults since my arrival.*
2. *General Genetics clinics (3 per week).*
 - *I have dramatically altered the scheme by which I see patients in general genetics, which resulted in a 152% increase in clinical volume in one year.*
3. *Attending geneticist, Cleft, and Craniofacial Clinics (weekly).*
 - *This is one of the biggest cleft clinics in the State/US, and we have established genetics as a vital part of the effort.*
4. *Marfan syndrome clinic (2 days per month)*
 - *This clinic has grown in 3 years from 2 patients per month to 20+ patients per month*
5. *Genetics of hearing loss.*
 - *While not a separate discrete clinic, I have developed a clinical program for the genetic evaluation and testing for hearing impaired children and adults. Not only has this expanded and enhanced the clinical care for these patients, it has produced substantial research and educational opportunities as well.*
6. *Supervision of genetic counselors (several per month)”*

Optimal Patient Care

- Results of quality or utilization reviews
- Practice audits
- Health outcome studies that directly measure your performance in providing personal care to patients
- Attach supplemental information

Uniqueness of Your Clinical Expertize



Unique Skills

- Fellowship or other subspecialty training not otherwise widely available?
- Is there a specific technique or service only you provide?
- A specific patient population that you serve (language, etc)?
- Clinical case volume which contributes to residency minimum required numbers?
- New program you initiated

Scope of Clinical Activities

- Sites of practice
- Length of service
- Numbers of patients or procedures and responsibilities
- Describe your mastery of specific clinical techniques
- Document the number and type of clinical referrals to your specific practice from outside UAMS
- Clinical presentations
- Podcast, SIMS

Clinical Time Allocation

- Details on quantity and complexity of cases (productivity)
- Documentation of clinical activities from departmental, hospital or clinical records
- Check with your division chief or clinical division manager for documentation
- Reports related to patient outcome, quality, and safety (personal data from practice plan, hospital, or national data)

Volume of Patients/ High RVUs



Clinical Time Allocation - Quantity

- Reports related to the assessment of clinical productivity (RVUs, inpatient, outpatient, consults, OR)
- Present in a Table/Graph format
- Clinical RVUs
- Number of months on inpatient service
- Number of consults per month/per year
- Number of clinics outpatient

Clinical Service

- Be sure your % of clinical effort correlates to UAMS target in your P&T packet (**Look over guidelines!**)
- If your department uses another national standard for comparison of workload expectations, substitute that standard for the UAMS target and briefly describe the basis for its assessment.
- Documentation may be obtained from the Department Administrator
 - Metrics/Benchmarks may also be available through Cancer Institute

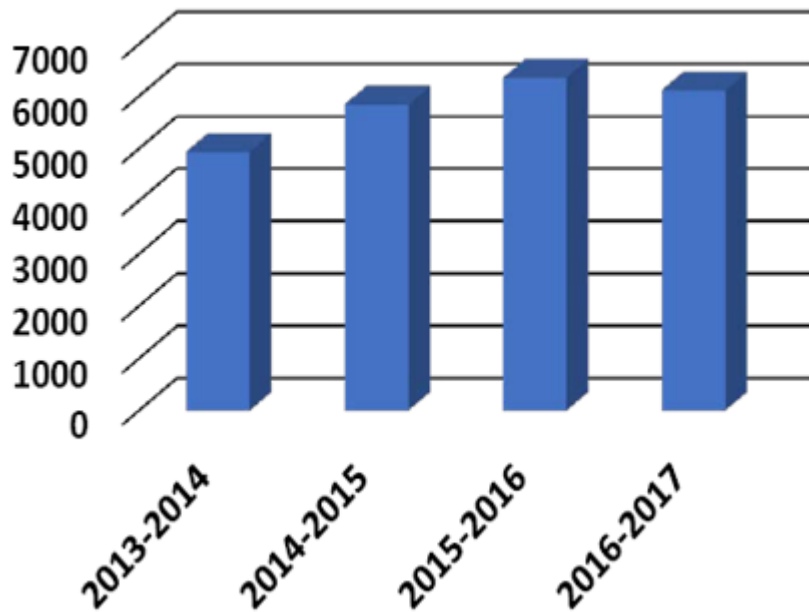
Clinical Time Allocation - Quantity

- 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 of providing clinical care, base your RVU targets on a 50% clinical FTE and place an “*” for each year with a clinical FTE that differs
- Correlate with Teaching and Education
 - If your schedule reflects a lot of time for research/administrative duties, then production in those categories should correlate.

Clinical Time Allocation - Quantity

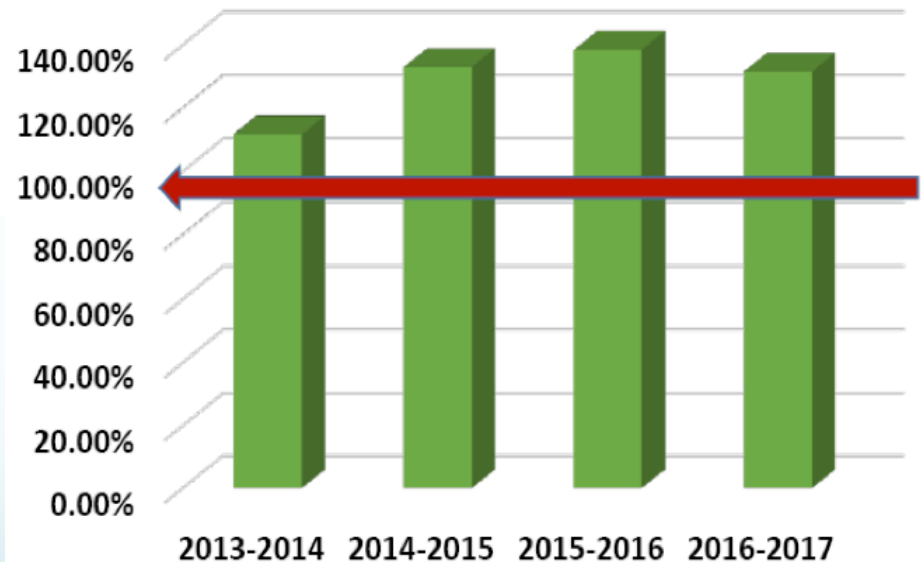
- Illustrate RVU production
- Should correlate with % clinical allocation
- If any deviances, may help to explain why (maternity leave, etc)

Work RVUs



% RVU Target Met

| Academic Year | Work RVUs |
|---------------|-----------|
| 2015-2016 | XXXX |
| 2016-2017 | XXXX |



Weekly Schedule

You may include a sample of a weekly calendar that depicts the range of your clinical duties

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | |
|----------|--|---|---|----------------------------------|-----------------------|-----------------------|--|--|--|
| 7:00 AM | | Fellow/Resident/ Student Conference | Fellow/Resident/ Student Conference | Fellow/Resident Conference | Fellow Conference | Administrative | | | |
| 8:00 AM | Inpatient Rounds and Consults | Outpatient Clinic | Outpatient Clinic | Outpatient Clinic | Outpatient Clinic | Inpatient Rounds | Inpatient Rounds and Consults | | |
| 9:00 AM | | | | | | | | | |
| 10:00 AM | | | | | | | | | |
| 11:00 AM | | | | | | | | | |
| 12:00 PM | | Outpatient Clinic | Inpatient Consults | Cancer Institute Grand Rounds | Teaching Mentoring | Administrative | | | |
| 1:00 PM | | | Administrative | Outpatient Clinic | | Teaching Mentoring | | | |
| 2:00 PM | | | | | | | | | |
| 3:00 PM | | | | | | | | | |
| 4:00 PM | | | | | | | | | |
| 5:00 PM | | | | Tumor Board | | | | | |
| 6:00 PM | | | | | | | | | |

Clinical Leadership



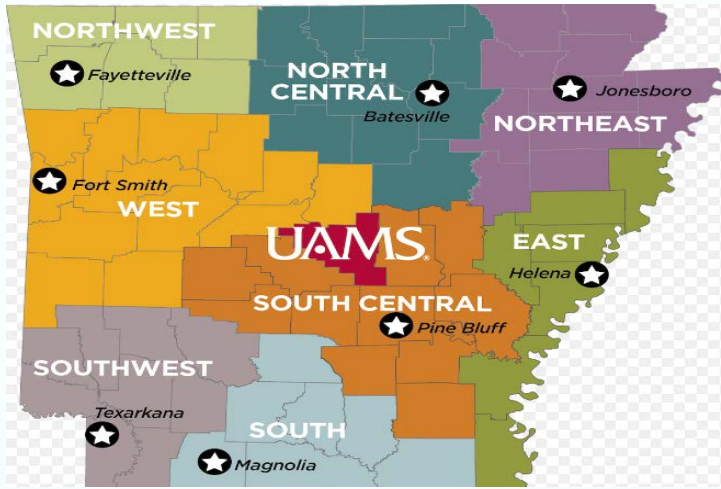
Clinical Service Portfolio

- ◆ **Development of a special program that attracts referrals and enhances the reputation of UAMS, based on clinical best practice methods**
- ◆ *Examples:*
 - ◆ *creation of a new patient service*
 - ◆ *novel diagnostic or therapeutic practice*
 - ◆ *development of innovative techniques or improvements in clinical practice*
 - ◆ *development of mechanism to improve the efficiency of health services*
 - ◆ *improvement of a training program within the clinical unit*
 - ◆ *playing a key role in the development of clinical practice guidelines*
 - ◆ *development of written, video, audio or computer-based teaching materials related to clinical care*
 - ◆ *involvement in administrative activities that support and enhance University based patient care*
 - ◆ *director of clinical program*

Clinical Service in Leadership

- Trials participation and patient recruitment (cooperative trials, tissue bank)
- Contributions toward institutional accreditations (NAPBC)
- Committees with clinical service initiatives- start early and list all- (Quality improvement)

Clinical expertize at UAMS, regional, and national levels



Committees

- Appeals Board
- Continuing Medical Education
- Council of Department Chairs
- Curriculum Committee
- Dean's Executive Committee
- Dean's Lectureships and Alumni Awards Committee
- Dean's Senior Advisory Council and ILLUMINE
 - Educational Faculty Awards Committee
 - Graduate Medical Education
 - MD/PhD Advisory Committee
 - Medical Student Admissions Committee
 - Medical Student Promotions Committee
 - QUEST
 - Research Council
- Residency Position Allocation Committee
 - Scholarship Committee
- Special Test Taking Accommodations
- Student Discrimination Grievance

Community Outreach Activities



Community Outreach Activities

- Patient-centered community engagement/education
- Invitations from public and lay groups, including news media
- Speaking in the community about awareness
- Speaker for Support groups
- Preventive health screening

Clinical Service Pillars



Professional Development

- Indicate efforts regarding ongoing self-evaluation and upgrading clinical skills
 - Additional skills certifications (US, oncoplastics, ATLS, etc)
 - Career development opportunities and seminars on campus
- Board certification
- Maintenance of certification
- CME courses
- Describe any implemented changes in practice that resulted from self-evaluation
- Professional conferences
- MASTER class
- Good Clinical Practice Basic Course
- Quality Improvement Projects

Professional Development

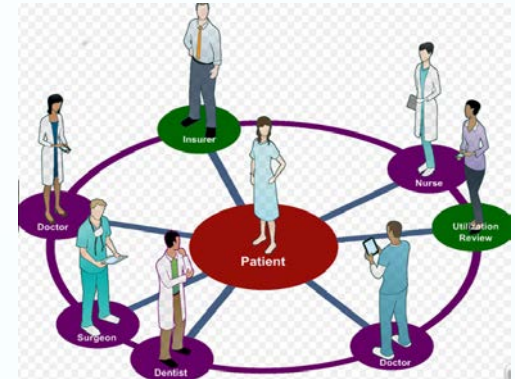
| Activity Number | Name and Description (include duration, e.g. 3 hrs, 1 day, 1 month) | Dates and Location | Sponsoring organization/institution |
|-----------------|---|--------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

Who are the Judges of Your Quality of Patient Care?



Who are the Judges of Your Quality of Patient Care?

- **Patients and families**
- ‘Star’ rating patient satisfaction
 - Can include specific comments from surveys
- Consider including letters/emails from patient/family
- Acknowledgement by patients of new protocols or handouts
- Patient testimonials, donations in honor of the clinician by a grateful patient
- Community recognitions or awards
- **Do not include any patient identifiers or protected health information**



Patient Satisfaction Survey

NRC Health's Star Rating 4.9 out of 5

“91 Ratings”

“67 Comments”



“Dr. “_” is an excellent physician, professional, competent and caring.”

Indicate if unsolicited by creating a heading “Unsolicited” for any included direct comments

Who are the Judges of Your Quality of Patient Care?

- ◆ **Physicians Colleagues** in the same area of expertise
 - Honors or recognition from colleagues (for example, “clinical excellence” awards)
 - Election to medical staff or professional society leadership positions. Speaker evaluation
 - Asked to speak as an expert in regional conference
- ◆ **Chairpersons**
- ◆ **Referring Physicians** - Regional reputation, referral patterns
- ◆ **Service Line Director**
- ◆ **Students, residents, fellows** - Summarize evaluations, letters
- ◆ **Nurses, practice managers**

Letters of Recommendation



1. External Required LOR

2. Letter from the Department Chair

3. Supplemental letters of the clinical performance

- Letters from peers, colleagues, consultants and referring physicians commenting on patient care ability and effectiveness inside or outside the institution
- *Example: Statements from colleagues who have observed you at a clinical site or who have referred patients to you.*
- Statements from clinical service line directors, nursing director, or others that define clearly your role in clinical enterprise.
- Highlights how your performance compares with other practitioners (inside or outside the institution)
- Letters from clinical leadership attesting to clinical excellence (if important to the candidate's narrative or if portfolio does not have other metrics readily available)

Common Problems



- Clinical service activities are based on only one observation
- Inadequate documentation or no summary table provided of *clinical service evaluations* completed by students/residents/fellows
- Inadequate documentation of *patient care* activities
- Inadequate documentation % of clinical effort
- Too much “fluff” (1000 pages portfolio)



Suggestions

- Phone a friend
 - Look at sample packets or ask a colleague in a similar field who has gone through the process and knows what your practice is like
- Organize
 - P&T folder in email vs specific subfolders already organized into categories
- Use their language
 - Specifically state “this not only demonstrates excellence in clinical service but also leadership/scholarly work/commitment to education...”



What Can You Do Now?

- “Be a pack rat”
- Track your self-evaluations
- Create folders (electronic, email, file folders)
- Keep detailed records, weekly update your P&T folders
- Clarify your time and effort allocation
- Update CV every 1-3 months
- Check with your department to ensure that you meet your department’s internal deadlines!



**THANK
YOU**