Guide to Writing Your Cover Letter:
Clinical Activity

The Clinical Activity section of your cover letter is the place to describe your efforts and accomplishments as a clinician and clinical program leader. Especially if you are seeking a rating of excellence in clinical service, your cover letter should clearly summarize your efforts and accomplishments in direct patient care (including inpatient, outpatient, or surgical responsibilities), practice and administrative leadership, quality improvement, community and population health, clinically-related teaching and scholarship, and national service.

As outlined in the Cover Letter Templates (for the Tenured/Tenure-Eligible and Clinical Practice Tracks), you should begin the Clinical Activity section of your cover letter by briefly describing the focus of your work as a clinician and your most significant responsibilities and contributions. Remember that your goal in the Clinical Activity section of your cover letter is to summarize and explain the highlights of your clinical career, whether you are seeking promotion in the Clinical Practice or the Tenured/Tenure-Eligible Track. As you begin to draft your cover letter, remember that clinical activity is defined broadly, and "clinical excellence" may be demonstrated through any of the following:

- Evidence of significant clinical effort, described as "greater than average share of clinical duties." If relevant and informative, you can include measures of clinical effort (e.g., sites of practice, hours or months, numbers of patients [or procedures], RVUs or other measures of clinical effort) in your supplemental materials.
- Evidence of the quality of your clinical care, which may be gathered from patient outcome data or from the letters of support written by clinical peers, nurses, advanced practice providers, or practice managers. Substantive testimonials to the quality of your clinical care, if available, may be included in your supplemental materials. These may include: Statements from consultants, specialists or referring physicians who have observed you at a clinical site or who have referred patients to you; results of quality or utilization reviews, practice audits or health outcome studies that directly measure your performance in providing personal care to patients; statements from the clinical service directors, chairpersons, practice managers or others that define clearly your performance and impact in the clinical enterprise.
- Clinical practice or program leadership. Here you will describe your accomplishments as a leader of a patient care practice, inpatient or outpatient unit, or community-based or other practice site.
- Clinical innovations, including introduction of new techniques, information systems, or models of practice.
- Leadership or significant contributions to quality improvement projects; examples would include development of practice guidelines or other structured projects that assess and improve the quality of clinical care, enhance the patient experience, promote patient safety, and identify opportunities for greater value and efficiency in health care.
- Regional or national reputation for clinical excellence, as evidenced by invitations to speak or write about clinical topics, or receipt of local, regional or national awards.
- Regional or national administrative service (e.g., leadership or significant contributions to professional societies, clinical task forces and state and national organizations. In your cover letter, do not list the memberships that are included in your

C.V.; instead, describe your specific contributions to the most significant regional and national organizations.

- Impact as a clinician-educator, including numbers and types of students, residents, fellows or advanced practice providers supervised on a monthly or yearly basis. Tables or bulleted lists describing bedside teaching, didactic lectures, seminars, and bedside teaching may be submitted as supplemental materials. ***NOTE****: If you have included this information in the Teaching Section of your cover letter, do not repeat the details here.*
- Clinically-relevant scholarship, including book chapters, clinical practice guidelines, case studies, review articles, quality improvement studies, participation in clinical trials, or other clinical scholarship. As a general rule, to qualify as scholarship, the clinical innovation, utilization review, quality assessment or other project should include: Evidence of creativity and leadership; clear objectives; appropriate methods to assess healthcare quality or measure outcomes; significant results that can be reviewed; and evidence of dissemination of the results, through articles or presentations or integration into current practice. Dossier reviewers must be able to access the products of your scholarship, so make sure to include links to the relevant documents. ***NOTE****: If you have included this information in the Scholarship section of your cover letter, do not repeat the details here.*
- Activities that address population health and inequities in the healthcare system, empower patients, engage communities, shape public health policy, or address community health and healthcare needs.

A Note About Documenting Service

"At least meritorious" service is required for promotion in all tracks. At the same time, there is no pathway to promotion based on excellence in leadership and service. Therefore, the leadership and service section of your cover letter will be brief. Keep the following in mind:

- According to CU System, campus and SOM policies, "service" is considered most important when there is evidence of impact and leadership, as well as "a greater than average share of duties."
- If you have summarized your service activities elsewhere (in the teaching, clinical activity or scholarship portions of your cover letter), you should not repeat them in the leadership and service section.
- Although clinical activities are a form of service, the SOM Rules state, "Service is distinguished from, but supports, the teaching, clinical and scholarly missions of the School." Thus, you should document other service activities in your cover letter and refer to the relevant page(s) in the Leadership and Service section of your Personalized Promotions Matrix.

Examples

Evidence of Significant Clinical Effort

Briefly describe the focus and range of your clinical activities, whether they encompass direct patient care, practice leadership, or another area of clinical service. Typical introductions begin with a sentence such as, *For more than 10 years the focus of my clinical practice has been:*

Examples

- Since I started my practice at Denver Health Medical Center more than 10 years ago, I have focused on orthopedic trauma, especially the management of spine injuries. I take 6-8 orthopedic trauma and spine calls per month. My duties also include daily attendance and leadership of the morning fracture conference. This is a review of the night's work with the residents, fellows, students and other attendings, in which we review every admission as well as operations from the previous day. This is an educational as well as quality assurance meeting, which is followed by rounds, operations or clinics for the remainder of the day.
- As a Hospitalist Clinician-Educator, I have devoted myself to the study and practice of team-based care and the manner in which it can improve hospital systems to benefit vulnerable patient populations. For example, …
- As a busy breast surgeon, my primary clinical responsibilities are in direct patient care (70%) and program leadership and administration (30%). The latter includes my service as Director of the Breast Center and the WISH (Women's Integrated Services for Health) program.
- As a pulmonary and critical care physician, I devoted almost 80 percent of my time to caring for inpatients during the COVID pandemic. For example, … Since the pandemic eased, I have devoted increasing time to caring for …
- As an infectious disease specialist, I supervise a full clinic, which provides care for 50 to 70 outpatients every day. During my 4 half days per week in clinic, I provide ongoing subspecialty care and teach medical and physician assistant students, internal medicine residents, and infectious disease fellows. My focus is the management of patients with opportunistic infections, including …. My clinic days and patient care RVUs have been increasing steadily. For example, in fiscal year 2018-2019 my total RVU's generated were ____, compared with the UCH Consortium benchmark for .7 FTE at the 90th percentile of _____ (see Supplemental Materials page __ for a table showing my RVU's for the past 8 years).

Evidence of clinical practice or program leadership, development of practice guidelines, clinical innovations, and quality improvement activities. *NOTE: Several of the leadership activities listed below include publications, implementation of new practice guidelines, or other examples of clinically relevant scholarship.*

Example 1

- I developed and am the Medical Director of the Acute Care for the Elderly (ACE) clinical service and the 12W unit, which are the primary sites of care for elderly patients at the University of Colorado Hospital. On the ACE service, we have instituted novel interdisciplinary rounds to facilitate effective team-based care, measures to increase patient involvement in their care and improve patient satisfaction, and a standardized brief geriatric assessment tool for all patients to assist in recognizing and compensating for frailty. The ACE service has been studied in a grant-funded, randomized trial which demonstrated improved clinical process measures as well as staff and patient satisfaction. As a result of my experience with the ACE service, I have been asked to present conferences and workshops at regional and national meetings on optimizing care for the geriatric hospital patient. I believe strongly in the importance of objective measures to track clinical outcomes for patients on our service. As a result, we have

systematically analyzed the quality and cost effectiveness of care on the ACE service and, consequently, have initiated and monitored a number of quality improvement projects. *NOTE: Consider providing data regarding improvements in patient outcomes in your supplemental materials*.

Example 2

- I led the development of a national VA clinical information system, *the VA Cardiovascular Assessment Reporting and Tracking (CART) system*. CART is the VA's national reporting system and data repository for procedures done in cardiac catheterization laboratories. CART is now fully implemented in all 76 VA's that have catheterization laboratories, and it will be installed in all remaining VA medical centers in the coming year as the program expands to capture other procedures and events (starting with in-hospital cardiac arrest). CART supports standardized procedure reporting (embedded in the VA's electronic health record), device safety tracking, clinical workload capture, including quality improvement program measures and local, regional and national benchmarking. The CART data repository also supports health services research, including the longitudinal care, outcomes, and costs of patients who undergo cardiac procedures in the VA. CART has been described as a model of "transactional quality and clinical management" by VA leadership (see pages __ of my supplemental materials for additional supporting details).

Example 3

- I have helped lead several innovative quality improvement efforts at the Child Health Clinic. These have been in the areas of immunization delivery, asthma management and electronic medical record documentation. For example, after a pneumococcal conjugate vaccine was licensed in 2000, I helped coordinate the use of letter and telephone reminders to parents to encourage them to come into clinic for this new vaccine. Results of this project were published in *Ambulatory Pediatrics* in 2018: "Immunization registry-based recall for a new vaccine." I also helped evaluate a year-long quality improvement project to increase overall immunization rates in the Child Health Clinic. The quality improvement interventions were designed to: a) increase the use of medical record releases to document immunizations received elsewhere; b) improve the accuracy of parental contact information; and c) reduce missed opportunities to vaccinate by utilizing chart prompts, provider education, and provider reminders. The results of this project were published in *Ambulatory Pediatrics (2024): "Quality improvement in immunization delivery following an unsuccessful immunization recall."* Finally, I have been involved in the developing and revising the electronic templates used for clinical documentation in the Child Health Clinic, with the goal of developing templates that are user-friendly while still meeting the documentation requirements for billing.

Example 4

- I direct the quality assurance (QA) program for our Orthopedic Department at Denver Health, which includes regularly-scheduled peer reviews of all minor and major complications, including "near-miss" and "no harm" events. All too often, the latter two scenarios are ignored, neglected or trivialized, instead of being reported and reviewed as

true complications. The aim of this detailed weekly peer-review process is to increase patient safety in our Department. I have further expanded this task by founding a new online, open-access, peer-reviewed journal on "Patient Safety in Surgery," which was recently launched by BioMed Central (*provide link*). This is described in more detail in the Research and Scholarly Activity section of my cover letter.

Regional or national recognition for clinical excellence

Example 1

In my role as Medical ICU Director at Denver Health, I have committed significant time and energy over the last five years to building an integrated, academic, multi-professional medical critical care program for gravely ill adults admitted to Denver Health. Working closely with colleagues in nursing, respiratory therapy, pharmacy and the other medical services, the program is widely recognized as a model for integrated critical care and regularly attracts national and international visitors to review and evaluate the performance characteristics of this highly reliable model of safe, effective and equitable critical care for vulnerable patients. Today, the DH MICU is an "out-performer" when benchmarked against other major academic medical centers participating in the University HealthSystem Consortium (UHC) program. The data I have included on pages __ in my supplemental materials demonstrates that: the DH critical care service is an out-performer (among the 153 reporting hospitals) when it comes to outcomes for patients requiring mechanical ventilation for respiratory failure.

Our success integrating the science of critical care and evidence-based practice, supported by electronic clinical decision support tools has attracted national and international attention. I have hosted visits by the CDC, NIH, CMS leadership, the Surgeon General, and State and Federal congressional delegations, CMS leaders, and others. In recent months, visiting international delegations from South Africa health service, the United Kingdom NHS and Singapore have visited the MICU with the specific purpose of learning how medical critical care has become a core component of the integrated health model at Denver Health.

Nationally and internationally, I serve on several committees of the American Thoracic Society and the Partnership for excellence in Critical Care. For example, I served on the program committee for the ATS International Conference in 2007 and chaired a scientific symposium on (*topic*) at that meeting. I also serve on the international steering committee for a pivotal multi-national critical care trial currently underway that tests the safety and efficacy of activated protein C in patients with severe sepsis and shock. I serve on the Editorial Board of the *CHEST*, the Journal of the American College of Chest Physicians. I recently received a young-leadership award from the ACCP, and I will be an alternative reviewer for the NIH/NHLBI Lung Injury Repair and Remodeling Study Section, beginning in 2008.

Example 2

The International Liaison Committee on Resuscitation (ILCOR) is the umbrella organization that reviews all the scientific evidence prior to issuing updated recommendations for cardiopulmonary resuscitation. The ILCOR represents the American Heart Association, the European Resuscitation Council and several other resuscitation committees. This worldwide umbrella group meets every five years to review the state of emergency cardiac and stroke care

and to set worldwide standards. As an expert in advanced cardiac life support (ACLS), I was one of 384 world-wide content experts appointed to the scientific review board. As a primary worksheet author, I reviewed the scientific evidence for vasopressin, epinephrine, endothelin, metaraminol, and norepinephrine, and their effects on coronary perfusion pressure and patient outcomes after cardiac arrest. These monographs are now published in *Circulation* and *Resuscitation* [provide references] as resource documents for the new international guidelines for advanced cardiac care. This work helped establish the basis for the new American Heart Association guidelines for Advanced Cardiac Life Support (ACLS) in 2005.

Clinically-relevant scholarship

(only include this information in the Clinical Activity section of your cover letter if you are NOT completing a section for Research or Other Scholarly Activity. If you are including that section, simply say, "Details of my clinically-relevant scholarship are described in the Research or Other Scholarly Activity section of my cover letter.")

Example 1

Since my arrival as a faculty member, I have led efforts to create an efficient and effective chest pain observation unit at DHMC. I worked with Emergency Department and Cardiology colleagues to create a staffing system and evidence-based clinical guidelines to best serve patients presenting to DHMC with chest pain. Our evaluations show that after implementation of the program, patients presenting with chest pain to the DHMC ED have a shorter length of stay, with evidence of improved outcomes. Our results were recently published in *Critical Pathways in Cardiology (PMID: ____)*.

Example 2

I co-led a project to develop two innovative kiosk-based management tools for patient self-care. The first was a program for the evaluation and management of uncomplicated urinary tract infections in women. This program used existing telephone triage algorithms to develop an easy-to-use computer-based program that allowed women with this condition to be treated without waiting to see a physician. We carefully evaluated the kiosk program and found that it was safe and effective; it also resulted in extremely high patient satisfaction (*see page __ of my C.V. for resulting presentations and publications*). We also recently developed a similar program for the evaluation of sore throat in adults, which is currently in progress. Our group has also begun development of an investigation of similar programs for non-English speaking and medically indigent patients, with the hope that such programs may be able to improve access and quality of care in these important, but underserved, populations.

Example 3

For the past 12 years I have served as a member of the Appropriate Criteria for Radiation Oncology-Breast Cancer committee and have been the chair of this committee for the last 3 years. The committee's work is designed specifically to develop and disseminate treatment guidelines, narrative summaries of clinical scenarios and source material as teaching instruments for radiation oncologists. All of these educational materials are published as open-access documents on the ACR website, where they serve the widest audience for teaching purposes. The current list of topics available is included below, for which I am a co-author on all. The full documents are available in PDF format online at (*provide link*).

Activities that address inequities in the healthcare system, empower patients, engage communities, shape public health policy or address community health and healthcare needs.

Example 1

The primary clinical and community advocacy endeavor that I have been involved with is the development of the International Adoption Clinic at Children's Hospital Colorado. During the 1990's the number of children adopted into the U.S. from abroad soared, from 7,088 in 1990 to 18,120 in 2000. In 1999, few international adoption clinics existed in the U.S., specializing in the assessment of medical records prior to adoption and evaluation of children after adoption, and no such clinic existed in the Rocky Mountain region. In the summer and fall of 1999, working in collaboration with pediatric leaders, I helped to start The International Adoption Clinic at Children's Hospital Colorado. The clinic was founded on the premise that international adoptees often face unique medical, behavioral and developmental issues, and that many would benefit from health care that bridged these distinct areas. In leading this effort, I was able to combined my interests and experience in pediatric infectious diseases, developmental pediatrics, and international health. I co-directed the clinic with Dr. Z for three years, and have been the sole clinic director for the past 5 years.

The clinic is multi-disciplinary and provides general pediatric care, nutrition services, clinical psychology and counseling, occupational therapy and physical and speech therapy. The clinical services provided include: 1) pre-adoption assessments of the medical records of prospective adoptees; 2) pre-adoption evaluations of photographs and videotapes; 3) preparation for foreign travel for children; 4) consultation by telephone or email while abroad; 5) post-adoption screening for infectious diseases; and 6) comprehensive post-adoption evaluations addressing medical, nutritional, developmental and behavioral issues. The clinic has seen and evaluated children from Russia, Ukraine, Belarus, Moldova, Romania, China, South Korea, Vietnam, Cambodia, Thailand, India, Nepal, Ethiopia, Liberia, Guatemala and Columbia. The clinic sees an average of 75 children per year for post-adoption assessments and 50 families per year for pre-adoption assessments of medical records. Therefore, in the 8 years that the clinic has been in existence, it has provided international adoption expertise to approximately 1,000 families. In addition to serving families, the clinic serves as a resource for community pediatricians and family physicians, as well as for local international adoption agencies.

Several letters of support from community pediatricians are included on pages __ of my supplemental materials. In addition, the clinic staff and I have frequently been asked to give talks at adoption agencies, such as Adoption Alliance in Aurora and Chinese Children's Adoption International (CCAI) in Englewood. Finally, for the past 5 years, I have served on the Board of Directors of CCAI, which is reported to be the largest international adoption agency for Chinese children in the world. In that role, I provide medical guidance to the agency regarding the broad array of health issues encountered in international adoptees.

Example 2

Since 2018 I have devoted two Saturdays per month providing primary and urgent care to patients visiting the Aurora Refugee Clinic. These patients are recent immigrants, refugees, and other displaced persons seeking primary and preventive healthcare, mental healthcare, COVID-19 and other vaccines, safe housing, and other supports. I have develop a training manual for Refugee Clinic staff members that focuses on helping new arrivals overcome cultural, language,

transportation, housing and other challenges as they settle in our state, which can be found at (*include link*).