

**University of Colorado School of Medicine  
Office of Faculty Affairs**

**SUGGESTED FORMAT FOR CLINICIANS' PORTFOLIOS**

The purpose of the clinical portfolio is to make your work understandable to a diverse group of people, who may not understand clinical practice, but who are charged with considering faculty members for promotion.

The clinical portfolio presents a picture of your clinical work over a period of years. The portfolio summarizes your efforts and accomplishments, including inpatient or outpatient responsibilities, quality improvement activities, continuing medical education, practice leadership and national service. The clinical portfolio also includes evidence of the quality of your clinical care, which may be gathered from clinical peers, nurses, practice managers or patients themselves. Clinical excellence may also be demonstrated through introduction of new techniques or models of practice, invitations to speak or write about clinical topics, studies that demonstrate favorable health outcomes or receipt of local, regional or national awards.

Your clinician's portfolio should contain detailed descriptions of your clinical effort and activities, plus supporting documents that demonstrate clinical effectiveness. A carefully assembled clinical portfolio provides essential documentation for the Faculty Promotions Committee, which must judge whether your clinical accomplishments meet the School's "meritorious" or "excellent" standards.

Please refer to the [Rules of the School of Medicine](#) (especially the [Promotion Matrices](#)) for examples of "meritorious" and "excellent" performance in clinical service. Also, please remember that the clinical portfolio is a highly individualized product; there is no single format that perfectly fits every faculty member's clinical activities, and most faculty members will not have activities in every area. Nonetheless, the following outline is suggested, to help you describe your clinical contributions in a manner that is understandable to members of the Faculty Promotions Committee. Also, you do not need to duplicate information that is listed in your C.V.; use the portfolio to summarize and explain the highlights of your clinical career.

**A. Descriptions of your clinical work**

- I. Reflective Statement Outline your areas of clinical focus and expertise. Explain what is unique about your clinical practice. Explain how you evaluate your clinical effectiveness and outcomes.
- II. Scope of Clinical Activities Describe your clinical activities and responsibilities in detail. Include information about sites of practice, hours or months, numbers of patients (or procedures) and responsibilities. You may include a sample weekly calendar that depicts the range of your clinical duties. Also, describe mastery of specific clinical techniques.

- III. Self-improvement Describe steps taken to improve your knowledge or clinical practice skills, such as CME courses or recertification examinations. Describe any changes in practice that resulted from self-evaluation, outcomes studies or acquisition of new skills.
- IV. Role as a clinician-teacher Describe your activities as a clinician-educator, including numbers of students, residents or fellows supervised on a monthly or yearly basis. Often a tabular presentation is helpful. List teaching rounds, didactic lectures and seminars. *This material should also be included in your “Teacher’s Portfolio” under the subheading “Clinical Teaching Activities.”*
- V. Administrative Leadership and Service
- a. *Local leadership activities* - Describe active participation on departmental or hospital clinical committees. Include, for example, membership on committees for quality improvement, infection control, utilization review, operating rooms, etc. Note any important leadership positions such as committee chair, medical staff president, clinic or practice director, division head, etc. Supporting letters that describe your leadership role and how you positively influenced patient care programs are helpful.
  - b. *Regional or national service* - List important contributions to professional societies, clinical task forces and state and national agencies. Do not simply list the same memberships that are included in your C.V.; instead, describe your specific contributions to these regional and national commissions. Letters from national committee chairs should be sought to help you document the impact of your service.
- VI. Development of Innovative Techniques or Patient Care Practices Describe innovative techniques that have changed or influenced practice. Describe quality improvement work, health outcome studies, clinical pathways, leadership of interdisciplinary teams or other creative activities designed to evaluate and improve the quality of medical care. Also include practice reorganizations, analyses of health care delivery, improvements in access or cost-effectiveness or other creative interventions that have improved the health of populations.
- VII. Scholarship: Contributions to books, journals or clinical information systems. Highlight your contributions to clinical scholarship and your regional and national reputation, by summarizing your most important invited lectures, leadership of CME courses, books, book chapters, review articles, videos, case reports or other contributions in your field of interest. Summarize any published or unpublished materials relating to the care of patients, including new practice modules, clinical guidelines, quality improvement studies, utilization reviews or health care outcomes reports. Describe participation in clinical research, including clinical trials. *Some of this material may also be included in the “Scholarship” section of your dossier.*

**B. Evaluations and other documentation of outstanding clinical care**

- I. Statements from colleagues who have observed you at a clinical site or who have referred patients to you. Include letters from consultants, specialists or referring physicians inside or outside the institution. Surgeons and specialists often submit supporting letters from referring doctors, while primary care physicians often obtain letters from colleagues who can describe the faculty member's commitment to primary care, quality, continuity and accessibility.
- II. Documentation of clinical activities from departmental, UPI, hospital or clinic records.
- III. Results of quality or utilization reviews, practice audits or health outcome studies that directly measure your performance in providing personal care to patients.
- IV. Statements from the clinical service directors, chairpersons, practice managers or others that define clearly your role in the clinical enterprise. The practice director or chair's letter is especially helpful if it: Highlights how your performance compares with other practitioners (inside or outside the institution); enunciates the quantity and value of your contributions as a clinician and educator; or describes how the practice has benefited from your clinical talents.
- V. Letters or evaluations by students, interns, fellows or residents that comment specifically about your professional behavior and clinical excellence (as opposed to teaching skill).
- VI. Information from patients, which may include letters or emails or the results of ongoing patient satisfaction surveys. Do not include any patient identifiers **or protected health information**.
- VII. Honors or recognition from colleagues (for example, "clinical excellence" awards), or election to medical staff or professional society leadership positions.
- VIII. To demonstrate, regional or national standing, summarize local, regional and national invitations from other campuses, outside agencies or health providers to discuss clinical topics or health care delivery issues. Invitations from public and lay groups, including news media, should also be listed here, if they reflect on the faculty member's standing as a clinician.

*[Prepared by Steven Lowenstein, MD, MPH; revised 3/23/2010.]*