

August 19, 2009

A new form for the evaluation of clinical excellence performance is now available in the forms section of the Academic Affairs website:

<http://med.stanford.edu/academicaffairs/administrators/forms.html>.

This instrument was developed with input from the Clinical Excellence Task Force and refined through consultation with senior leaders in the School.

Effective immediately, please use this new form to evaluate clinical performance for **all reappointments, and promotions in the Professoriate (UTL, NTL, and MCL)**. The form should also be used for new appointment reviews in these lines when the candidate has performed clinical duties at Stanford or one of our affiliated institutions.

This form should replace any general clinical performance assessment instrument(s) currently in use in your department. Your department may wish to develop and implement more specific clinical performance assessment instruments for use in your local environment (for example, to capture more detail regarding surgical technique). Such instruments should be submitted to the Office of Academic Affairs for review and approval before implementation.

Please note that this new form is unrelated to, and not intended as a replacement for, teaching performance instruments currently in use in your department and the School.

Using the Form:

Please review carefully the detailed solicitation instructions and the form itself at <http://med.stanford.edu/academicaffairs/administrators/forms.html>, as well as the “Frequently Asked Questions” below. You will note that in addition to targeted solicitation of colleagues in multiple professional categories, the form should be included in internal referee and clinical trainee solicitation letters when the candidate has clinical duties. We have modified the referee and trainee solicitation letter templates accordingly – please ensure that you use the latest versions, downloaded from our web site.

For long form reviews already in process, and for which adequate clinical performance information has already been collected using other means, use of this form is not required.

Additional information regarding use of this form for **Clinician-Educators, Clinician-Educators (Affiliated) and Instructors** will be forthcoming from our office in the future, along with updates to existing materials and documentation. Use of the new form is not yet required for these groups.

Reporting the Results:

To report results in the subsequent Professoriate long form document, please use the summary reporting form available at <http://med.stanford.edu/academicaffairs/administrators/forms.html>. Please use a separate summary reporting form for each category of respondent (trainee, clinical administrator, allied health provider, physician, other).

Please contact Craig Spencer with questions or observations regarding this new form.

FAQ's (Frequently Asked Questions):

This will be a significant increase in the amount of work my department currently devotes to the capture of clinical performance information. Why the change?

Recent changes to the MCL performance criteria have required the development and implementation of a standard process for the thorough evaluation of clinical excellence. The new evaluation form is intended to facilitate such thorough review, with input from a broad spectrum of respondents. In development of this process, the School has sought to minimize the associated increase in administrative load, and we note that some departments and divisions already employ approaches that are similar to the new system. However, we acknowledge that this will represent incremental effort for many units.

I have distributed forms to potential respondents in each of the categories required; however, I am becoming concerned that a number of them have not responded, and we might not meet the minimum requirements as indicated in the instructions. I have followed up twice with those who have not responded. Should I seek additional names from my Department Chair?

Discuss the situation with your Department Chair or Division Chief and ask whether solicitation of additional colleagues is warranted. If the most appropriate next steps are unclear, contact Craig Spencer to explain the situation and request guidance.

My candidate has clinical responsibilities but does not interact with one or more of the categories of respondents required in the instructions. What should I do?

Send an e-mail to Craig Spencer explaining the situation and requesting guidance. If OAA approves an exception from the usual process, please include this correspondence in the relevant appointment/reappointment/promotion documents.

I see that we are supposed to include the form in solicitation letters sent to internal referees and clinical trainees. What if the respondents send letters but ignore/do not submit the form? Do I need to follow up with them?

Inclusion of the form in solicitation letters was intended as a supplemental effort to capture as much information as practicable during the review period. Follow-up to internal referees and clinical trainees to obtain clinical excellence forms is not required. Please note that follow-up is required:

- With referees and trainees for their letters according to the usual practice (minimum of two follow-up attempts)
- For clinical excellence forms from the other categories of solicitees to meet the minimum requirements indicated in the form instructions (“obtain 3,” “obtain 1 or 2,” etc.

One of my internal referees is a Ph.D. basic scientist and is unlikely to have knowledge of the candidate's clinical performance – should I still include the form in the solicitation letter to this person?

To keep the process as simple as possible, you should include the form in every solicitation letter to an internal referee. The respondent has the option to indicate on the form that they have insufficient information on which to base an evaluation, or they may simply choose to ignore the form altogether. (Alternately, you may be erroneous in your assumption that the respondent has no knowledge of the candidate's clinical performance.)

It is unclear whether one of the trainees on the list is a clinical trainee – should I still include the form in the solicitation letter to this person?

If you are not sure, include the form. The respondent has the option to indicate on the form that they have insufficient information on which to base an evaluation, or they may simply choose to ignore the form altogether.

How do I distribute the form? Should we send it electronically or via hardcopy?

Either method is acceptable – we suggest that you use your judgment and select the method most likely to result in a high rate of response. For increased flexibility, the form is available as a PDF and a Word document. In the case of electronic distribution, the respondent would need to print the form, circle responses, and return the form to you in hard copy or as a scanned electronic document. We have had some preliminary discussion of a form designed for electronic completion/submission and may provide one in the future.

I see that comments are required for scores of “Significant Concern” or Extraordinary.” What if respondents do not provide comments for scores in these categories? Do I have to follow up with them?

Include the scores in the reporting of results using the standard reporting form available on our website. Reviewers of the file will be able to compare the number of comments to the number of scores in the extreme categories. Do not contact the respondents to request this information.

The form gathers detailed (anonymous) information about the respondents themselves. I have noticed that the standard reporting form for inclusion in the long form does not allow presentation of this information. What do I do with this information?

The standard reporting form for inclusion in the long form allows summary presentation of quantitative performance data and comments. Please keep the original individual evaluation forms on file during the review in case additional detail is needed regarding the respondents themselves.

My Division Chief asked me to “pick some of [the candidate’s] clinical colleagues and send out the forms” – is it okay for me to pick the names?

As noted in the form instructions, recipients of the form should be selected by the Department Chair, a senior departmental leader designated by the Department Chair, or the Division Chief (in a support role, it is acceptable for the administrator to suggest a preliminary list of possible names to the decision-maker for consideration). If questions arise about this, please contact OAA for guidance.