



Clinical Activities Portfolio

Guidelines for creating & maintaining your portfolio



Table of Contents

Introduction	1
Structure of the Clinical Activities Portfolio	5
Part A --Clinical Scholarly Activity Tracking	5
Part B -- Summary Statement.....	6
Benefits of Maintaining the Portfolio	7
How does this Portfolio overlap with other reporting tools?.....	9
Who will benefit from the Clinical Activities Portfolio?.....	9
Template - Clinical Activities Portfolio	11
Appendices.....	17

Introduction

Within the Faculty of Health Sciences there are faculty members with significant clinical service responsibilities. These faculty members are recognized under Appendix A of the McMaster University Revised Policy and Regulations with Respect to Academic Appointment, Tenure and Promotion (2012) which states:

A necessary but not sufficient condition for the awarding of tenure and/or promotion in the Faculty of Health Sciences is effective participation in, and contribution to, the education Program(s) of the Faculty and the candidate's teaching ability shall be assessed in the appropriate context(s) ... There will be many cases where scholarship will be judged by effective performance of academically oriented clinical activities. These scholarly activities will serve as the second major criterion for the awarding of CAWAR, tenure and/or promotion. These cases shall be identified clearly in the submissions to the various committees through their designation as Clinician Educators.

The majority of these faculty members will proceed through academic review on the basis of demonstrated excellence in the areas of *teaching* and *clinical service* and are referred to as Clinician Educators. These faculty members are important participants in the mission of the Faculty, and the development of a Clinical Activities Portfolio is an opportunity to document a commitment to scholarly activity in clinical service.

Augmenting the more traditional notion of scholarship (discovery and advancement of knowledge – typically associated with basic, clinical and translational research activities) is the recently expanded definition of scholarship.¹ This includes the scholarship of *integration* of knowledge, scholarship of *application* of knowledge and scholarship of *transformation* and *transmission* of knowledge (teaching).

The Clinical Activities Portfolio

The Clinical Activities Portfolio is a record of a faculty member's activities that relate to the integration and application of knowledge in the clinical setting as well as dissemination of best clinical practice. One purpose of a clinical activities portfolio is to provide systematic information for academic review and assist arm's length reviewers in making a knowledgeable assessment of the individual's clinical contributions.

Every faculty member in the clinician educator stream should have a clinical activities portfolio, which s/he updates regularly. The portfolio is owned by the faculty member and may contain any and all information that the faculty member wishes to document.

¹ Expanding the View of Scholarship: Introduction, Diane S. Beattie, PhD, Academic Medicine, Vo. 75 No.9 September 2000

Referees are asked to assess the faculty member based on the criteria below (excerpted from SPS B9 – Policy for Referees — Clinician Educator Faculty)

- ❖ Based on the activities listed in SPS B3 – Clinical Activities Portfolio, do you feel that the candidate has demonstrated a commitment to excellence in clinical service and contributes to the academic mission of the Faculty?
- ❖ What would you say is the general quality of the candidate's work?
- ❖ To what degree is the candidate's work original and creative? How significant is it as a contribution in his or her specialty area and more generally?
- ❖ Do you know of any contribution the candidate made to the development of his/her field in Canada or elsewhere, e.g., through activities in learned societies, organizing conferences, governmental commissions and so forth? In your opinion how significant have these activities been?
- ❖ Is the candidate's work of a sufficient quality to be acceptable for CAWAR, tenure, and/or promotion in the context of the criteria detailed above? Please elaborate.

Letters from referees are regarded as confidential and will be made available only to the Department and Faculty Committees on Tenure and Promotion and to the Senate Committee on Appointments. However, a faculty member who is reviewed as a Clinician Educator and who is unsuccessful in this process may request to be provided with unattributed copies of the originals of any internal or external letters of reference either by the Department Chair or the Chair of the Senate Committee on Appointments.

Structure of the Clinical Activities Portfolio

The Clinical Activities Portfolio contains information related to academically oriented clinical activities and consists of two main parts:

Part A –Clinical Scholarly Activity Tracking

Within this section, the faculty member is expected to track all clinical scholarly activity, including the date and ideally, the impact of the activity. The information collected in this portfolio will be reviewed during annual reviews as well as when a candidate is being considered for CAWAR, tenure and/or promotion. This section may also include supporting documentation and additional materials compiled by the faculty member resulting from the clinical scholarly activities.

The following types of activity will be used to assess your effectiveness and scholarly contributions in the area of clinical service.

- ❖ Development of a special program that attracts referrals and enhances the reputation of the University based on clinical best practice methods
- ❖ Playing a key role in the development of clinical practice/development of clinical practice guidelines
- ❖ Development of written, video, audio or computer-based teaching materials for professional or lay groups specifically targeted for the advancement of patient care
- ❖ Dissemination of best practice findings through oral presentations such as invited talks, Grand Rounds, CME events
- ❖ Written scholarship that advances the field. (*Dissemination of findings through publication of case reports or reports of clinical investigations; reviews, commentaries, or analytic studies in peer-reviewed journals or text that organize, synthesize and convey clinical knowledge in a way that enhances the practice of medicine*)
- ❖ Involvement in administrative activities that support and enhance University based patient care and/or teaching in the clinical settings (e.g., Head of a clinical service, program or clinic)
- ❖ Serving as a member or leader on major committees, licensing or accrediting bodies and/or professional societies relevant to the candidate's field, quality assurance committees, etc
- ❖ Serving as an exceptional role model in the provision of optimal patient care
- ❖ Other contributions to your discipline or special area of interest which have promoted scholarship and excellence in the clinical setting (*e.g., creation of methods to evaluate outcomes of care; contributing to improvement of a training program within the clinical unit; introduction of journal clubs or case conferences dedicated to the provision of quality patient care; editorial responsibilities on medical journal boards*)
- ❖ Receipt of formal awards/recognition for excellence in clinical service
- ❖ Any efforts undertaken regarding ongoing self-evaluation and upgrading in relation to clinical skills should also be included in the Portfolio.

Benefits of Maintaining the Portfolio

For those identified as Clinician Educators, clinical scholarly activities are non-negotiable components of their academic appointments. Every faculty member in the clinician educator stream should have a clinical activities portfolio, which he/she updates regularly. The portfolio is owned by the faculty member and may contain any and all information that the faculty member wishes to document.

Your Portfolio gives you the control and responsibility for communicating important information about your clinical scholarly activities to others. It can serve as a basis for discussion and negotiation with your Chair/Associate Dean, Department Education Coordinator (DEC), or others responsible both for faculty career development and the functioning of Faculty programs.

The development of a Clinical Activities Portfolio provides the opportunity to document a commitment to excellence in clinical service in the academic setting. You are responsible for maintaining your Clinical Activities Portfolio throughout your academic career and are encouraged to update it on an annual basis. Your Mutually Agreed Responsibilities (R4) outlines the distribution of your time devoted to these activities. For the purposes of academic review, you will be required to submit a brief (i.e. two page) Candidate's Statement that will contain a descriptive summary of the educational and scholarly clinical activities you have undertaken over the period under review, that demonstrate excellence in clinical care in the context of an academic setting. The summary of your clinical scholarly activities should highlight the *impact* of your clinical activities, the *sharing* of information, *self-evaluation* and any *recognition* that you have received.

Benefits of Maintaining the Portfolio:

Organizing and clarifying academic clinical activities

Maintaining a portfolio helps you to organize your goals and clarify your commitments in an environment where there are often competing demands on your time. It captures the complexity of your activities. Accurate recording and updating of activities including appropriate evaluations can promote a more reflective and scholarly approach about what you have done and wish to do. It can also foster continued renewal and a culture of excellence.

Capturing evidence of dissemination activities

Tracking your informal and formal presentations, consultations, mentoring, seminars, conferences and/or publications as they occur will assist in writing your summary statement which informs Departmental reviews and serves as the basis of your candidate's statement for academic review.

How does this Portfolio overlap with other reporting tools?

- ❖ The Portfolio will be a repository of the details regarding your academic clinical activities.
- ❖ For academic reviews, a complete Portfolio will enable you and your Chair/Associate Dean to summarize the information requested by the Faculty and University within the formal academic review guidelines.
- ❖ The information tracked in this Portfolio and the Teaching Portfolio may overlap. In these cases, faculty members are not expected to duplicate the information and are encouraged to combine portions of the dossiers as necessary.

Who will benefit from the Clinical Activities Portfolio?

1. **You**, as a faculty member will benefit from communicating and being assessed on complete and accurate information
2. **Your Chair/Associate Dean**, who is responsible for making informed recommendations about your career development to you, will benefit by having all the information readily available. An up to date Portfolio will allow for a full assessment of your activities
3. **Your Department Education Coordinator**, who represents the special interests of your Chair/Associate Dean in education, and may be involved in collating and reviewing academic clinical information in consideration for academic review
4. **Clinical education programs**, which will be able to negotiate more effectively with Departments/Schools and individuals regarding educational roles, if the full range of a faculty member's involvement is understood
5. **Hospital/Clinical Areas**, it is important for your clinical supervisors to understand the impact of your academic activities in relation to the performance of your clinical activities.

Template - Clinical Activities Portfolio

Name:

For the Period:

Department:

Clinical Specialty:

Part A - Clinical Scholarly Activity Tracking

(include Dates, impact, summary of activities)

Complete each relevant section, include dates, summary and impact of activities

Development of a special program that attracts referrals and enhances the reputation of the University based on clinical best practice methods (*e.g., creation of a new patient service, novel diagnostic or therapeutic practice; development of innovative techniques or improvements in clinical practice, or mechanism to improve the efficiency of health services and/or system of care*).

Playing a key role in the development of clinical practice and/or clinical practice guidelines.

Service as a member or leader on major committee which have an impact on health care; licensing or accrediting bodies and/or professional societies relevant to your field, quality assurance committees, etc.

Serving as a role model in the provision of optimal patient care.

Other contributions to your discipline or special area of interest which have promoted scholarship and excellence in the clinical setting (e.g., creation of methods to evaluate outcomes of care; contributing to improvement of a training program within the clinical unit; introduction of journal clubs or case conferences dedicated to the provision of quality patient care; editorial responsibilities on medical journal boards)

Part B Summary Statement

The sections below are meant to provide assistance in organizing your written statement.

List 3-5 of your most significant clinical scholarly activities.

Outline the impact of these major activities.

Outline how your other clinical activities relate to your most significant activities.

Outline how you plan to build on your accomplishments/Outline your future goals.

The information noted above should provide you with some general themes to pursue when writing your summary statement and your Candidate's Statement that is required for formal academic review.

Appendices

1. APPENDIX A – Pertaining to the Faculty of Health Sciences
2. SPS B3 - Clinical Activities Portfolio – Clinician Educators, Faculty of Health Sciences
3. SPS B6 - Procedures for Selection of and Communication with External and Internal Referees for Clinician Educators
4. SPS B9 - Policy for Referees – Clinician Educator Faculty

APPENDIX A

PERTAINING TO THE FACULTY OF HEALTH SCIENCES

The Faculty of Health Sciences is governed by the policy and procedures related to academic appointment, tenure, permanence, and promotion that are described in the main body of this document. The Faculty, however, is different in two important respects:

- Most of the operating funds for the Faculty come from sources that are different from those upon which the University depends and, therefore, a significant number of its faculty members are appointed in the special-stream appointment category (see Section II, clauses 4, 4(c) and (d)), and
- In many of the appointments, whether for contractually limited periods, tenure-track, or special, there is a requirement that clinical work be performed or that major administrative responsibilities in the health care delivery system be discharged. Effective performance of these requirements and responsibilities (as defined in the Clinical Activities Portfolio, SPS B3) will be reviewed when such an appointee is being considered for CAWAR, tenure, and/or promotion. In those appointments where such special conditions apply, they shall be clearly stated in the letter of appointment.

Accordingly, the policy and regulations for the Faculty of Health Sciences include the following amendments or exceptions to the text of the preceding main document.

1. Section II, clause 12(d), is amended by the addition of:

- d. Contractually limited appointments that involve major clinical and/or administrative responsibilities in the health care delivery system may be renewed beyond six years; all such extensions shall be approved by the Faculty Appointments Committee and reported to the Senate Committee on Appointments.

2. Section III. The requirements for tenure and promotion in Health Sciences are interpreted as follows.

A necessary but not sufficient condition for the awarding of tenure and/or promotion in the Faculty of Health Sciences is effective participation in, and contribution to, the education Program(s) of the Faculty and the candidate's teaching ability shall be assessed in the appropriate context(s). In the majority of cases, it shall be expected also, as is spelled out in the main body of this document, that the candidate has demonstrated a commitment to high-quality scholarship and is making the results of this work available in the public domain for peer review. There will be many cases where scholarship will be judged by effective performance of academically oriented clinical activities. These scholarly activities will serve as the second major criterion for the awarding of CAWAR, tenure and/or promotion. These cases shall be identified clearly in the submissions to the various committees through their designation as Clinician Educators. For information on the letters of reference required for candidates in the Clinician Educator category, please see Section III, clause 16 of this document, as well as SPS B9.

3. Section III, clause 39(d): The first sentence of this clause is amended to read as follows:

The Departmental Committee shall inform itself on the teaching abilities, scholarly achievements (including, as appropriate, those related to clinical and administrative activities), and University responsibilities of any candidate under consideration for re-appointment, tenure, CAWAR, and/or promotion.

Clinical Activities Portfolio — Clinician Educators, Faculty of Health Sciences (SPS B3)

**Approved by Senate — December 14, 2011
Approved by the Board of Governors — December 15, 2011**

A clinical activities portfolio is a record of a faculty member's activities that relate to the integration and application of knowledge in the clinical setting as well as dissemination of best clinical practice. One purpose of a clinical activities portfolio is to provide systematic information for academic review and assist arm's length reviewers in making a knowledgeable assessment of the individual's clinical contributions.

Every faculty member in the clinician educator stream should have a clinical activities portfolio, which he/she updates regularly. The portfolio is owned by the faculty member and may contain any and all information that the faculty member wishes to document.

When a candidate is being considered for re-appointment, CAWAR, tenure and/or promotion the clinical activities portfolio will be reviewed at the department level, and the department will incorporate the elements that capture the substance of activities and will include this information in the departmental report.

Structure of Clinical Activities Portfolios

The portfolio consists of two main parts:

Part A –Clinical Scholarly Activity Tracking

Within this section, the faculty member is expected to track all clinical scholarly activity, including the date and ideally, the impact of the activity. The information collected in this portfolio will be reviewed during annual reviews as well as when a candidate is being considered for CAWAR, tenure and/or promotion. This section may also include supporting documentation and additional materials compiled by the faculty member resulting from the clinical scholarly activities.

The following are examples of the types of activity that should be tracked in the portfolio. These will be used to assess effectiveness and scholarly contributions in the area of clinical service. Additionally, any efforts undertaken regarding ongoing self-evaluation and upgrading in relation to clinical activities should also be included in the portfolio.

- Development of a special program that attracts referrals and enhances the reputation of the University based on clinical best practice methods
- Playing a key role in the development of clinical practice/development of clinical practice guidelines
- Development of written, video, audio or computer-based teaching materials for professional or lay groups specifically targeted for the advancement of patient care
- Dissemination of best practice findings through oral presentations such as invited talks, Grand Rounds, CME events
- Written scholarship that advances the field. (Dissemination of findings through publication of case reports or reports of clinical investigations; reviews, commentaries, or analytic studies in peer-reviewed journals or text that organize, synthesize and convey clinical knowledge in a way that enhances the practice of medicine)
- Involvement in administrative activities that support and enhance University based patient care and/or

Procedures for Selection of and Communication with External and Internal Referees for Clinician Educators (SPS B6)

Approved by Senate — December 14, 2011

Approved by the Board of Governors — December 15, 2011

Within the Faculty of Health Sciences there are faculty members with significant clinical responsibilities, many of whom will be reviewed as Clinician Educators. These faculty members are recognized under Appendix A of the *McMaster University Revised Policy and Regulations with Respect to Academic Appointment, Tenure and Promotion*.

The following procedures must be followed with respect to referees for faculty who have been identified as Clinician Educators.

I Referee Letters

1. It is generally accepted that an assessment by other clinicians working in the same or closely related specialty area, is the best way of determining the quality of clinical scholarly work.
2. In all cases for CAWAR or tenure of faculty who have been identified as Clinician Educators, the department must obtain written judgments on the quality of the candidate's clinical scholarly work from at least three referees. These referees may be either internal or external to the University.
3. Promotion of faculty, who have been identified as Clinician Educators, to the rank of Professor requires letters from at least three referees external to the University. Referees must be individuals who have attained a respected national or international reputation in the appropriate fields, and can assess whether the candidate is known widely on the basis of scholarship. Although it is preferable for referees for the Clinician Educator to be at "arm's length" this not always possible. Excellence in clinical contributions can sometimes require evaluation on the part of a colleague who has collaborated in, for example, the development of clinical practice guidelines. Consequently, these external referees will clarify the nature of this relationship to avoid any perceived conflict of interest. However, current collaboration will be precluded.
4. Although a minimum number of referees must be consulted, additional referees may be used.
5. All letters solicited from referees in accordance with this SPS must be made part of the file.
6. Written responses must be obtained from the appropriate number of referees in time for all deadlines to be met. Chairs should be aware that a certain number of referees either do not reply, or may reply in vague and unsatisfactory ways to requests for appraisal. It is therefore highly desirable that the initial solicitation for appraisals begins early enough to allow for those special cases where additional letters must be sought.

II Generation of the List of Potential Referees

1. In many cases, the people who would be able to provide the most insight into a faculty member's clinical scholarly activities are those who could pose a conflict of interest. This is especially true in small departments and in very specialized areas of clinical expertise. In these instances, the Departmental Committee will use their best judgment when seeking referees and will clearly identify and explain any potential for conflict of interest for any of the people included in the list of potential referees. It is understood that faculty members who would directly benefit from the results of the

Policy for Referees — Clinician Educator Faculty (SPS B9)

Approved by Senate — December 14, 2011

Approved by the Board of Governors — December 15, 2011

Within the Faculty of Health Sciences there are faculty members with significant clinical responsibilities, many of whom will be reviewed as Clinician Educators. These faculty members are recognized under Appendix A of the McMaster University Revised Policy and Regulations with Respect to Academic Appointment, Tenure and Promotion¹ which states:

A necessary but not sufficient condition for the awarding of tenure and/or promotion in the Faculty of Health Sciences is effective participation in, and contribution to, the education program(s) of the Faculty and the candidate's teaching ability shall be assessed in the appropriate context(s). In the majority of cases, it shall be expected also, as is spelled out in the main body of this document, that the candidate has demonstrated a commitment to high-quality scholarship and is making the results of this work available in the public domain for peer review. There will be many cases where scholarship will be judged by effective performance of academically oriented clinical activities. These scholarly activities will serve as the second major criterion for the awarding of CAWAR, tenure and/or promotion. These cases shall be identified clearly in the submissions to the various committees through their designation as Clinician Educators.

It is generally accepted that an assessment by other clinician educators working in the same or closely related specialty area, is often the best way of determining the quality of clinical scholarly work. **If you have any connection with the candidate, please indicate the nature of the connection, and explain how your participation does not constitute a conflict of interest.**

The candidate must demonstrate a commitment to excellence in clinical service, which is relevant and contributes to the academic mission of the Faculty of Health Sciences and the University. Excellence in clinical service will be evaluated on the basis of criteria, which reflect scholarly clinical work (not all criteria will be met by all candidates). These activities are listed in SPS B3 Clinical Activities Portfolio.

A Clinician Educator candidate for CAWAR/tenure and promotion to Associate Professor shall have a good record as a teacher. The candidate will have a local reputation related to their clinical expertise and may have participated in dissemination of their scholarly work.

The timing of consideration for CAWAR/tenure and/or promotion at McMaster depends, to some extent, on the calibre of the candidate. In normal circumstances, for a person initially appointed to this University as a full-time Assistant Professor, consideration for CAWAR/tenure and promotion shall take place in the fifth year of the tenure-track or special appointment [III 28a.i]. Outstanding candidates may be considered for CAWAR/tenure and promotion to Associate Professor in their fourth year [28d.i]. Similarly, candidates who have had relevant experience at another university or institution may be considered before the fifth year, but not before the second year at McMaster [28.d.ii].

For promotion to the rank of Professor a tenured faculty member will possess a high degree of intellectual maturity evidenced by the depth and scope of scholarly activities. This activity will be sustained over a period of years and establishes their clinical expertise and reputation as a leader in their specialty area. [III 23] They should be known for their clinical expertise and must have participated in dissemination of their scholarly work. Barring exceptional circumstances, for promotion to the rank of Professor, a tenured or CAWAR faculty member normally shall have spent at least six years in the Associate Professor rank [III 33, 34].

¹All Section and clause references [-] are to the Tenure and Promotion Policy