

Clinical Distinction Guidelines

Department of Medicine

Emory University

Introduction

These guidelines are designed to recognize the clinically-related efforts of Department of Medicine (DOM) regular faculty as well as Emory Specialty Associates physicians associated with the DOM. Faculty who devote at least half their time to clinical efforts are eligible for these distinctions. For faculty with less clinical effort, the division director may request an exception. The primary criterion for advancement to levels of senior clinical distinctions is excellence in clinical services, including direct patient care and clinical administration, and must be evident at each level of advancement. In addition, participation in major institutional committees that are critical to the mission of Emory School of Medicine and Woodruff Health Sciences Center, outstanding service in a clinical administrative role (such as Service Chief), and innovation in clinical care or processes will be considered. As faculty advance through the levels of clinical distinctions, they are expected to maintain clinical excellence and demonstrate increasing service and leadership in clinical administration and policy making at clinical sites within Emory University and their broader professional communities. Faculty at each level of distinction must maintain the outlined standards; failure to do so will result in re-evaluation of awarded title.

Clinical Distinctions

1. Physician

Physician is the entry-level rank for all regular clinicians holding an MD or DO degree or foreign equivalent and joining the clinical practices at Emory or its affiliates. Physicians must be board certified and meet the credentialing criteria necessary for their site and scope of practice.

2. Senior Physician

Qualifications: Appointment to senior physician requires continued board certification, a demonstrated commitment to excellence in clinical care and a trajectory of expanding the breadth and volume of clinical practice during time in rank, to include:

- a. **Quality of Care and Patient Satisfaction** – Evidence of excellence in the provision of clinical services and the delivery of expert, compassionate care is required. Supporting examples might include case mix adjusted quality indicators, patient volume and satisfaction scores, and site-specific performance measures. Other evidence might include an outstanding clinical reputation as perceived by local and regional physicians and as demonstrated in the form of patient referrals, catchment area for the clinical service provided, and letters of support from professionals outside the division.
- b. **Innovation** – Candidates should be current on new techniques and methods of thinking and incorporate them into the practice of medicine as appropriate in order to enhance the quality of care they provide to their patients. They may also bring a new service to Emory or develop new programs or technical procedures that positively impact patient care. They may show evidence of process improvements to practice areas such as patient wait times or appointment efficiency.
- c. **Citizenship** – Candidates are expected to maintain required certifications and participate in annual performance reviews. They should attend divisional and/or departmental grand rounds and/or other teaching conferences to stay current on advances in medicine. They are expected to participate in Department of Medicine or School of Medicine or Woodruff Health Services committees and those of their external professional organizations. Candidates who teach should maintain a level of excellence

in teaching and mentoring as judged by trainee evaluations and optionally by letters of support from past trainees. Preparation and delivery of patient education materials on disease management and the maintenance of good health will also be considered. Positive feedback from non-physicians will also be taken into account as evidence of citizenship.

- d. **Administration** – Candidates may be recognized for their administrative contributions to the delivery of care. They may demonstrate a positive impact on their clinical practice, including areas such as financial viability, scope of services, quality of care, program expansion, accessibility, patient satisfaction, and other areas

Minimum Time in Service: Qualified faculty may be proposed for distinction as Senior Physician after four years of academic clinical service as of September 1st of the calendar year in which the distinction would take effect. This distinction may be considered prior to four years in service in rare and exceptional circumstances.

3. Distinguished Physician

Qualifications: Appointment to Distinguished Physician requires continued board certification and demonstration of outstanding clinical care and leadership in clinical mission critical areas. Candidates should be acknowledged for their expertise as a physician and/or clinical administrator at Emory and potentially regionally as well. Candidates should actively participate in and/or lead Department of Medicine as well as School of Medicine or Woodruff Health Services committees. In addition to the criteria for Senior Physicians, Distinguished Physicians are expected to have outstanding patient satisfaction surveys and demonstrate achievement in the following:

- a. **Quality of Care and Patient Satisfaction**– Evidence of the provision of outstanding clinical care and acknowledgement of clinical reputation is essential. Reputation among School of Medicine or Woodruff Health Services colleagues and beyond may be demonstrated by invited clinical care presentations, patient care honors, referrals and consultation requests for challenging cases. Increased case volume, while maintaining loyal patients, is an indicator of growing referral base and catchment area. Evidence of regional reputation for outstanding clinical care includes patient referrals and/or recognition of analytical and diagnostic skills.
- b. **Innovation** – Candidates are expected to integrate new approaches in the field into clinical practice. Innovation may be exhibited through newly developed models of care that have been successfully implemented or have the potential for successful implementation. Additional evidence of innovation may include related patent and patient care process improvements.
- c. **Citizenship**– Candidates are expected to expand their participation/leadership in clinical mission critical areas of the Department of Medicine and School of Medicine or Woodruff Health Sciences activities, e.g., high level committees or working groups. Participation and leadership in external professional organizations as well as clinical lectureship invitations will be recognized as important contributions. Candidates who teach are expected to demonstrate high quality in teaching and mentoring of students, house staff, fellows or other health professionals, as assessed by trainee evaluations and optionally by letters of support from past trainees. Teaching awards are evidence of outstanding contributions in this area. Community oriented educational activities will also be recognized.
- d. **Administration** – Candidates may be recognized for their administrative contributions to care delivery. Wide-ranging success in developing innovative changes at the section level that positively impact quality of care, scope of services, patient satisfaction and accessibility as well as other related areas will be acknowledged.

Minimum Time in Service: Qualified faculty may be proposed for distinction as Distinguished Physician after eight years of academic clinical service as of September 1st of the calendar year in which the distinction would take effect.. This distinction may be considered prior to eight years in rank in rare and exceptional circumstances.

4. Master Clinician

Qualifications: Designation as Master Clinician will be limited to proven clinical leaders with records of exemplary and exceptional performance in their clinical roles. In addition to the criteria for Distinguished Physicians, candidates will be recognized at least at regional levels for contributions to the department or clinical unit and delivery of clinical care. Such recognition may include regional or national committees or selection to advisory boards based on clinical expertise. This rank will be reserved for approximately the top 10% of care providers in the Department.

- a. **Quality of Care and Patient Satisfaction** – Candidates will be widely regarded as exemplary master clinicians. They should be acknowledged and sought after as clinical experts in their respective specialties at least at the regional level. Inclusion of other physicians or their family members as patients, referrals from other departmental physicians, or special acknowledgment by trainees of a candidate’s clinical skills are indicative of the high regard which colleagues have for a Master Clinician. Innovative patient care delivery models, either individually or at a practice level will be recognized. Candidates should be identified as a resource for providing outstanding patient care and setting standards of care practice in their areas of expertise at a national level.

Physician candidates will be expected to elicit an exemplary level of patient satisfaction as measured by indicators including, but not limited to, patient satisfaction surveys and the length of time patients choose to remain in the candidate’s practice. Call center data indicating a high demand for the candidate’s services may also be considered.
- b. **Innovation** – Candidates will demonstrate leadership in practice optimization, incorporating the latest standards and procedures into the provision of exemplary clinical services. Candidates may be acknowledged for fostering the development of innovative care delivery models, new techniques or devices that lead to increased referrals to Emory or its affiliates.
- c. **Citizenship** – Candidates are expected to lead mission critical areas in the organization and to play significant roles on committees in the Department of Medicine, School of Medicine and Woodruff Health Sciences Center and beyond. It is expected that candidates actively participate in professional societies and serve on committees and/or in leadership positions in those societies. Candidates with a successful record of educating and mentoring young colleagues and trainees will be recognized. A record of teaching as well as teaching awards can be cited as evidence of excellence in this area. Participation in seminars and educational programs at regional, national and international levels, can demonstrate broad recognition of one's role as a clinician and teacher. Providing patient education through lectures at community centers or in other settings is expected. Educational services willingly volunteered at community venues and other similar settings will be considered.
- d. **Administration** – Candidates may be evaluated on the basis of their significant administrative contributions at the highest levels of the organization. Wide-ranging success in developing and implementing innovative changes for multiple sites that have a positive impact on quality of care, scope of services, accessibility, patient satisfaction, financial and program viability and other areas will be considered.

Minimum Time in Service: Qualified faculty may be proposed for distinction as Master Clinician after 12 years of service. This distinction may be considered prior to 12 years in rare and exceptional circumstances.

Process and Required Documents

Clinical distinctions are granted once annually to take effect September 1. For new faculty, nominations will be considered during the spring following their year of hire, provided that they meet the criteria described herein. The candidate, with the support of his/her division director and service chief, will prepare a dossier of supporting documents outlined below. These documents will be submitted to the Department of Medicine Committee on Clinical Distinctions (CCD) for review and vote to approve. All approved actions will then be submitted to the Department of Medicine Leadership Team on a consent agenda for approval. In the case of a split vote, the primary reviewer will prepare a short confidential summary of the committee discussion, including the final vote, which will be provided to the Chair and the Division Director and the action will subsequently be placed on the consent agenda. If the vote for approval is less than a 2/3rd majority, the full dossier will be presented to the Department of Medicine Leadership Team for discussion and vote. In the case of a denial, the faculty member may request that the Service Chief, with the support of the Division Director, appeal to the Leadership Team. Members of the Leadership Team will be given access to all candidate materials as well as the report of the CCD, and a vote to uphold or overturn the CCD decision will be taken. The Chair must ultimately approve all actions.

The CCD shall consist of nine members at the rank of Senior Physician or higher with at least five members at the Distinguished Physician or higher level. Division Directors will be excluded. The Chair will be appointed by the Department of Medicine Chair and will serve for two years with an option for a third. Committee members will be chosen by the Department Chair to represent Department of Medicine divisions as well as clinical sites. The Vice Chair for Faculty Development will serve as an ex officio member of the committee. Terms will be for three years, and the committee is expected to meet monthly from November to February to evaluate candidate materials. Documents will be due to the Office of Faculty Development between November and January, on a rolling timetable, and distinctions will be conferred with an effective date of the following September 1. Committee members will also be expected to provide advice/information on clinical distinctions in periodic venues chosen by the committee Chair.

Required Documents

1. CV (SOM format)
2. Clinical Service Statement, prepared by the candidate, addressing the four categories of achievement as applicable (Quality of Care and Patient Satisfaction, Innovation, Citizenship, Administration)
3. Letter cosigned by the Division Director and Service Chief supporting the distinction. Supporting metrics must be included (examples include case mix adjusted quality indicators, a full year of patient satisfaction scores compared to the section mean (if available), and site-specific performance measures).
4. Letters of support
 - a. Senior: 1 internal or external letters
 - b. Distinguished: 1 external and 1 internal letter
 - c. Master: 2 external letters, 1 internal letter

Optional Supporting Documents

1. Up to 2 letters of support from staff
2. Patient comments

*Created 7.11.2017
Revised 7.18.2018*