**GUIDE FOR DOCUMENTATION OF CLINICAL PRACTICE**

1. **PHILOSOPHY AND GOALS**

In 1-2 pages, describe your approach to patient care and the principles that underlie your care. For example you might include your personal theory of care, characteristics of an excellent clinician, your development as a clinician, your goals, self-assessment of success, areas needing improvement, plans for improvement, etc. You may illustrate with examples from your own clinical practice. If you participated in any database activities which speak to personal clinical effectiveness, you are encouraged to use those data.

1. **MISSION INTEGRATION**

Describe how your clinical activities support the education and research missions of the medical school.

1. **CLINICAL SERVICES ACTIVITY**

For the categories below, list your role/the type of activity (e.g. ambulatory practice, inpatient or ICU attending, surgery), the level of activity, years, and the name and location of practice. You may also include call coverage and volunteer activities.

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| **ROLE/TYPE OF ACTIVITY** | **YEARS** | **LEVEL OF ACTIVITY** | **LOCATION** |
| *Infectious Diseases consultant* | *2005-2013* | *3 months/year* | *St. Francis* |
| *Service Provider* | *2008-present* | *½ day/week* | *Statesboro Primary Care* |
| *Internal Medicine Clinic* | *2009-present* | *1 ½ days/week* | *Navicent* |
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1. **CLINICAL SERVICE CONTRACTS**

List any funds received to perform services for the city, county, state or other organization (please indicate dates, amounts and types of services performed).

1. **OTHER ACCOMPLISHMENTS IN CLINICAL SERVICE-**Note: these are examples categories. An applicant may not have a contribution in each category or may have multiple examples in any of the categories.
	1. **RECOGNITION OR AWARDS**

Document any awards or recognition that you have received related to your clinical practice. This may include unsolicited letters or comments from patients. If so, provide no more than three examples.

* 1. **PATIENT SAFETY AND QUALITY IMPROVEMENT**

Describe any initiatives related to patient safety, quality improvement, and process/practice improvement. Include any evaluation related to the effectiveness (quality, utilization, access, cost, etc.) of these initiatives. Indicate whether you participate in registries or databases for quality improvement or comparison metrics. If you are involved in Maintenance of Certification (MOC), describe your involvement and indicate which programs.

* 1. **CLINICAL LEADERSHIP**

Summarize your contributions as a leader in Clinical Practice.

* 1. **INNOVATION**

Summarize in 100 words or less your role in the development of a new clinical technique(s), services, therapies, or health care delivery systems that have improved the health of the population you have served, up to three. Include any evaluation related to the effectiveness (quality, utilization, access, cost, etc.) of care being provided. You may include guidelines, protocols or standards for clinical care developed individually or as a member of a committee. Indicate the type of material (clinical protocol, standard of care, etc.), if published in print or on the web, provide citation, describe how the material is used; and if developed as a member of a committee, describe your contribution.