Department proposing promotion based on outstanding contribution to the clinical mission must present evidence so that a reasonable person outside the department could review the evidence and reach the same conclusion. Such evidence often includes (among others):

(a) Quantitative and qualitative metrics of clinical acumen, performance, quality, productivity, and stature
(b) Objective written testimony from physicians with the stature, standing, and expertise to assess the candidate’s clinical acumen.

Where outstanding contribution to the clinical mission cannot be established to the satisfaction of a reasonable person outside the department, the department should simply state such and not advance outstanding contribution to the clinical mission as a primary basis for promotion. This should not prejudice other aspects of a case.

For example:

Possible qualitative/reputation metrics (among others):
• Institutional/regional/national ‘go-to person’ (vs. others) for referral of especially complex or challenging patients for specific disease states or therapeutic interventions
• Peers have delegated challenging or difficult clinical work to the candidate.
• The opportunity to practice with the candidate has recruited/retained excellent clinicians (trainees/faculty).
• Exceptional facilitator of interaction among colleagues and services
• Perceived as an exceptional care provider or innovator
• Valued critical evaluator of the current literature and practice in a specialty
• “Master clinician” (see final section)

Possible quantitative metrics (among others):
• Geographic referral base
• Change in clinical scope and/or volume after arrival of the candidate
• Numbers of referrals and consults (vs. those of colleagues of comparable subspecialty and seniority)
• Productivity in excess of benchmarks, sustainable for the foreseeable future
• Quality and outcome of care if quantifiable

Possible program/service-line metrics (among others):
• Development or substantial improvement of an identifiable clinical program of distinction
• Clinical advances or advances in clinical/operational efficiency; e.g. more efficient clinics, improved the EMR (electronic medical record), streamlined a clinical process, built standard operating procedure for a disease

Special considerations for promotion to Professor:
Those promoted primarily because of clinical acumen should unambiguously be ‘Master Clinicians’. Supporting documentation could include (among others):

- Objective assessments by faculty from the candidate’s own department.
- Objective assessments by faculty and staff from other departments who have observed the candidate’s practice.
- Objective comparative assessments by former Chicago Medicine faculty who can compare the candidate to colleagues at peer institutions.
- Evaluations from alumni of the training program (residents, fellows) who now have the experience and stature to judge the candidate’s mastery authoritatively. Potential questions for alumni trainees:
  - Was the candidate a master clinician while you were a trainee?
  - Is the candidate among the best practitioners with whom you have worked?
  - Do you still regard the candidate as a role-model practitioner?
  - Can you provide any additional assessment that will assist the University of Chicago in its deliberations?

[Testimonials from grateful patients and families should ordinarily not be included.]

To maintain objectivity, COAP recommends:
• When developing the case, the department share with COAP a comprehensive list of all who might provide authoritative objective assessments. COAP will choose from this list, minimizing departmental bias in the selection of assessors.
• Assessments should be sought when possible from senior faculty who are themselves master clinicians. When not possible, departments should explain why the consultant was selected.