



# Building a Service Portfolio

## Planning Ahead for Academic Advancement

### What is a “service portfolio?”

A service portfolio is an organized collection of materials that represent the service related work of a faculty member in an academic health sciences center. Organized in a notebook, file folder or electronic file such as a CD-ROM, the portfolio provides a cumulative record of the faculty member’s contributions to the service mission of the institution.

### The Service Portfolio

Service to the department, college and institution is generally noted through work on committees, task forces and on institutional or regional/ national/ or international disciplinary bodies charged with a specific duty or task. Service roles such as these are easy to report if the working group had a product and/or the faculty member had a leadership role within the group.

Service roles may also include leadership or executive roles involving the supervision and mentoring of others and/or the management of financial or facilities resources.

### The Clinical Portfolio

The purpose of the clinical portfolio is to make the clinician’s work understandable to a diverse group of people who may or may not understand how clinical [medicine, pharmacy, allied health, nursing, etc.] or expert consultation as in the case of public health related service, is practiced currently, but are charged with the promotion of faculty.

A single ‘portfolio’ cannot equitably capture the full extent of each faculty member’s clinical activities. Thus, the quality of the portfolio is highly dependent on the faculty member’s own effort in preparation, and some would emphasize one aspect of their work to the exclusion of others.

A portfolio is a highly individualized prod-

uct, and you should recognize that the following is an aide describing potential components of the portfolio rather than a cookbook, a set of parameters rather than fixed guidelines.

### Autobiographical Content

1. A statement of clinical or expertise related responsibilities that includes the type of clinical/expert work performed, the amount of time spent in this activity, the sites of practice, etc.
2. A reflective statement by the faculty member of her/his goals for her/his practice over the next five years.
3. A sample weekly [or project] calendar that demonstrates a typical workweek or application of expertise over time.
4. A description of steps taken to evaluate and improve one’s clinical practice of [medicine, nursing, pharmacy, etc]. This might include continuing education courses completed, re-certification examinations, changes in practice that resulted from self-evaluation, etc.
5. A description of the professor’s role in teaching others in the clinical setting and noting the unique teaching opportunities of that setting as it differs from the classroom, laboratory or other small group learning. Numbers of students, residents or fellows on service in some tabular form, on a monthly or yearly basis. Didactic sessions given outside of the rounding setting such as ground rounds, continuing professional education courses taught or created, participation in [specific] school education as a mentor or teacher.
6. Contributions to professional journals, book chapters, clinical teaching modules, clinical information systems.
7. The development of new techniques that have changed practice.



According to the OUHSC Faculty Handbook (2012) Professional Service may include documentation of **professional/clinical service contributions**. Such documentation should reflect the level and quality of the candidate’s professional and/or clinical service contributions. Documentation might consist of:

- Leadership positions in local, state, or national associations;
- Service on granting agencies advisory boards
- Outstanding college or university committee work;
- Consultantships;
- Clinical leadership as evidenced by serving as head of a division, department, or specific clinic service;
- Evidence of acquisition, introduction or development of new health care techniques, procedures or clinical approaches;
- Development of community health-related outreach programs;
- Improvement in clinical management;
- Documentation of increased referrals;
- Demonstrable improvement (quality, utilization, access) in delivery of health care;
- Publication of case studies, monographs, reviews, and book chapters; etc.

8. Contributions to professional societies, [medical/health professional] staff, VA regional office, University Practice group, etc. that could include committee membership, or leadership responsibility.
9. Contribution to the delivery of healthcare such as redesigning a clinic structure, developing a quality improvement activity, or reorganizing care to improve efficiency.

### Contributions from Others

1. Statements from colleagues who observed the professor at the clinical site or who have mutual patients or observed the expert consultation. In medicine, for example, it would be appropriate for someone in the surgical or specialist consulting fields to have supporting statements from referring doctors both inside and outside of the institution. When a referral catchments area extends beyond the local area, supporting documents could be obtained from these referring doctors. For primary care doctors, letters from colleagues may emphasize commitment to continuity of care and accessibility of services.
2. A statement from the Clinical Director of Service (Chairperson) that clearly defines the role of the faculty member within the clinical enterprise, how this person compares to practitioners within and outside the School of [medicine], of clinical [medicine], and describes how the service or department plans to utilize the professor's clinical talents in the future.
3. Any statements from fellows or residents or students that have direct relevance to the faculty member's clinical behaviors as opposed to teaching. Restructured evaluation forms may be needed to provide more explicit assessment.
4. Honors or recognition from colleagues such as clinician of the year, or election to [medical] staff leadership, or society committees dealing with clinical care.
5. Local, regional, and national invitations from other campuses, outside agencies, or health care providers to discuss a clinical topic or health care

delivery issue (policy, delivery systems, ethics, practice, data analysis, etc.). Documentation of any invitations from the lay community, including the media, which would reflect on the professor's standing as a clinician or expert within the community.

6. Documentation of clinical activity through University Practice group records, if applicable.
7. Copies of any published material relating to the care of patients, including case reports and reviews as well as articles in peer reviewed journals.
8. Documentation of any clinical research with which the faculty member participates or is principle investigator.
9. Documentation of continued funding from industrial or governmental sources to pursue clinical and health services research.

### Products of Good Clinical Care

1. Results of quality improvement and utilization reviews that directly evaluate the faculty member's personal care of patients and ability to provide care with the assistance of trainees.
2. Letters from patients, other professionals, or delivery system administrators that describe that faculty member's clinical activities.
3. Patient satisfaction surveys related to a service provided by a faculty member.
4. Small area analysis of the faculty member's practice derived from internal or external sources. Performance benchmark comparisons with peers within and outside of institution.
5. Studies of clinical outcomes of patients for whom you have provided care.



### Demonstrating Leadership

Developing and documenting leadership qualities is an essential component for promotion. Clinical leadership development may be demonstrated by the following components in the service portfolio:

1. Chair committees within the school of [medicine, nursing, etc.]; the institution (facility) where clinical practice is maintained; and local, regional, national, and international societies.
2. Management of a specific clinical enterprise (clinic, service, division, or department). [Medical] director of a group of faculty. Supportive letters documenting quality of management would be helpful.
3. Management (not just committee chair) of facility based functions such as quality improvement, infection control, utilization review, or [medical] staff (e.g. President).
4. Membership on regional, national or international task forces relevant to health care delivery.



*"Professional and University service and public outreach, which is the **application of knowledge gained through research or creative/scholarly activity**, focuses upon resolving contemporary problems, identifying new areas for inquiry and development, and sharing knowledge with the larger community. Except as noted .... below the term professional service always refers to activities directly related to the faculty member's discipline or profession."*

**OUHSC Faculty Handbook**, Section 3.5.3  
Professional Activities of the Faculty  
(Regents, 12-7-12)

**For additional information** about the OUHSC academic advancement process or to request registration information for the annual "Preparing for Academic Advancement" Workshop in Oklahoma City or Tulsa, contact the office of:

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