

Early Career Faculty Award for Excellence in Patient Care Scoring Rubric

Section	Below the standard for excellence	Meets the standard for excellence	Above the standard for excellence
	0-3	4-6	7-10
1. Clear and Coherent Personal Statement with Description of Clinical Expertise (0 – 10 points)	- Personal statement is unclear, lacking structure, or does not adequately describe clinical expertise. - Personal statement may focus on irrelevant details or fail to align with professional goals.	- Personal statement provides a reasonable description of clinical expertise but may be lacking in depth or clarity. - Some connection to professional goals may be present.	- Personal statement is clear, well-organized, and provides a detailed and comprehensive description of clinical expertise. - The narrative is engaging and aligns with career goals and accomplishments.
	0-3	4-6	7-10
2. Portfolio Preparation (0 – 10 points)	- Disorganized and difficult to navigate. - Missing key sections, documents, or essential qualifications. - Poor formatting with frequent errors - Low readability; content is unclear and hard to follow.	- Organized but lacks smooth flow or clarity. - Some missing or unclear documents. - Minor inconsistencies. - Some errors, but they don't detract significantly from the content. - Functional, but could be improved for better readability and cohesiveness.	- Clear, logical flow with well-organized sections. - Complete, cohesive, and well-linked documentation. - Professional appearance with consistent formatting. - Minor errors may exist. - Easy to follow and error-free.
	0-5	6-10	11-15
3. Clinical Quality Documentation and Recognition (0 – 20 points)	- Minimal or no recognition for clinical quality, patient safety, or practice changes. - No benchmarking or outcomes provided.	- Some evidence of clinical quality, including awards or recognitions from local peers or institutions. - Limited benchmarking or patient safety outcomes.	- Strong recognition in clinical quality, patient safety, and practice change. - Evidence can include outcomes from benchmarking data, specialty certifications, or recognition by peers. - Exceptional documentation and recognition of clinical excellence, with multiple awards, peer-reviewed outcomes, or national-level recognition. - Strong evidence of external consultations and specialization.

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4. Peer, Colleague, and Learner Evaluations of Clinical Expertise and Care Delivery (0 – 20 points)	• No evidence of feedback from peers, colleagues, learners, or referring physicians. • Any feedback provided is irrelevant, unfocused, or not clearly tied to the applicant's performance. • Evaluations, if included, are overly general and lack specific examples. • Feedback fails to provide meaningful insight into the applicant's strengths or areas for improvement.	• Limited number of evaluations (e.g., only one or two, or brief feedback from a single source). • Feedback lacks diversity in perspectives, with input coming from only one group (e.g., a single peer or only learners). • Inconsistent or narrowly sourced feedback that does not reflect a well-rounded view of performance. • Provides minimal insight into the applicant's contributions or impact in clinical or educational settings.	• Adequate number of evaluations, including input from multiple peers, colleagues, and learners. • Balanced representation of perspectives (e.g., peers, trainees, and referring physicians), providing a broader view of performance. • Feedback includes some specific examples of clinical skills, leadership, or communication. • Evaluations demonstrate moderate detail but lack deeper insight into specific behaviors, outcomes, or overall impact.	• Multiple evaluations from a range of stakeholders, including peers, colleagues, learners, and referring physicians. • Feedback comes from diverse sources/ perspectives, providing a well-rounded and comprehensive view of the applicant's performance and impact. • Feedback is specific and detailed, with concrete examples of strengths in clinical expertise, leadership, teamwork, and communication. • Feedback clearly demonstrates the applicant's positive impact on patient care, team dynamics, and learner development.	• Extensive, high-quality feedback from a wide range of stakeholders (e.g., peers, colleagues, learners, and referring physicians). • Evaluations are highly specific and detailed, with clear examples of clinical expertise, leadership, teamwork, and communication skills. • Feedback includes measurable outcomes (e.g., improved patient care, stronger team performance, enhanced learner achievement) directly linked to the applicant's contributions. • Consistently demonstrates significant, observable impact across clinical and educational settings.

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5. Dissemination of Knowledge (0 – 10 points)	- Minimal to no evidence of dissemination or scholarly activity. - Very limited or absent publication record. - No demonstrated involvement in teaching, education, or quality improvement initiatives.	- Limited evidence of scholarly activity, including publications or clinical presentations. - Occasional involvement in teaching or participation in clinical conferences. - Demonstrates emerging engagement in academic or educational activities.	- Strong record of scholarly output, including publications, leadership roles in conferences or CME activities, and meaningful contributions to quality improvement initiatives. - Demonstrated teaching effectiveness with clear contributions to advancing professional knowledge and education.
	0-3	4-6	7-10
6. Quality Improvement (QI), Patient Safety (PS), and Evidence-Based Care (0 – 10 points)	- Minimal to no involvement in quality improvement, patient safety, or evidence-based practice. - No clear leadership or defined contribution. - No demonstrated outcomes or measurable impact. - Limited use of evidence or data to guide care improvement.	- Limited involvement in quality improvement, patient safety, or evidence-based initiatives, with unclear scope, impact, and leadership roles. - Participation is evident; however, contributions lack clearly demonstrated outcomes or identifiable leadership responsibility.	- Strong involvement and leadership in quality improvement initiatives, patient safety programs, and evidence-based practice efforts. - Clear, demonstrable contributions to improved patient care processes and outcomes.
	0-3	4-6	7-10
7. Leadership, Business Development, and Innovation (0 – 10 points)	- Minimal to no evidence of leadership, innovation, or engagement in business development activities. - No demonstrated contribution to strategic initiatives or organizational growth efforts.	- Moderate leadership involvement in clinical settings, innovation initiatives, or professional organizations. - Demonstrates some contribution to leadership or organizational activities, though scope and impact may be variable.	- Strong leadership and innovation in clinical programs, committees, and service development. - Active involvement in professional organizations and/or development of new technologies or strategies. - Demonstrates clear impact on clinical practice and organizational improvement.
	0-3	4-6	7-10
8. Productivity (0 – 10 points)	- Does not meet departmental productivity standards and shows limited evidence of effective resource management. - Performance reflects insufficient efficiency or optimization of available resources.	- Meets select departmental productivity standards, but performance is inconsistent across expectations. - Limited but emerging evidence of efficiency and resource management improvement efforts.	- Consistently exceeds departmental productivity standards. - Demonstrates strong efficiency in resource utilization and process improvement across multiple specialties.