UCSF DEPARTMENT OF MEDICINE
2014 MASTER CLINICIAN NOMINATION FORM

Please type or print

Name of Nominee ____________________________________________________________

Division ________________________________________________________________

Site of practice ___________________________________________________________

Please check all that apply to nominee’s clinical activity:

☐ Inpatient/Outpatient Practice
☐ Inpatient Consult Service
☐ Patient Care effort is substantial

THE NOMINATION PROCESS IN 3 STEPS:

1. **Nominee’s Clinical Care Activity:** On no more than 1 separate page, please describe the nominee’s clinical care activities including, but not limited to, recognition by peers, referrals (peers, local, national, and international), and experience in forging innovation in clinical care delivery. **NOTE: Nominees must be at the Associate Professor level or above**

2. **Nominator must be a Department of Medicine Faculty or Housestaff member, this form needs to be signed by your Division Chief and Service Chief (Neil Powe, Bob Wachter, Ken McQuaid or Michael Peterson).**

   Nominated by ___________________________________________________________

   Signature __________________________________________________________________ (Date)

   Relationship to Nominee __________________________________________________

   Division Chief: __________________________________________________________
   Name: __________________________________________________________________
   Signature: __________________________________________________________________

   Service Chief: ____________________________________________________________
   Name: __________________________________________________________________
   Signature: __________________________________________________________________

3. **Letters of Support: 4 or more letters:**

   1.) A letter from the Division Chief or a Master Clinician followed by one or more letters from each category:
   2.) full-time Department of Medicine faculty members
   3.) full-time faculty member from another UCSF clinical department
   4.) a non-UCSF MD

The nomination form, nominee’s clinical care activity sheet accompanying letters should be submitted to Ilene Oba at the Department of Medicine Chair’s office by **Friday, January 17, 2014** at Box 0120. For additional information contact Ilene at 415.502.5300 or joba@medicine.ucsf.edu
Who is a Master Clinician? Here are some clues:

- High level of expertise
- The doctor’s doctor who you send family members to
- Evidence of impact outside of their area, on other DOM faculty
- Scholarly work relating to their clinical impact
- The “go to” person for house staff and peers
- Draws referrals
- Is sought for advice in difficult cases, accepts difficult cases
- Revered because of clinical expertise