

# **College of Optometry**

## **Department of Clinical Sciences**

### **BYLAWS**

Whenever the bylaws of this department are found to be in conflict with those of the College of Optometry, the bylaws of the College of Optometry shall supersede.

#### **Department of Clinical Sciences:**

College of Optometry Mission:

The educational missions of the University of Houston College of Optometry are to educate and train sufficient optometrists to serve the needs of Texas primarily, but also to provide education and training for residents of other states and nations; to educate and train qualified teachers and researchers in optometry and vision sciences; to provide post-doctoral education in advanced clinical areas (residencies); and to provide training for practitioners in new developments and the medical sciences. The research mission is to add to the body of knowledge identified as vision science and to its effective application. The service missions are to provide counsel and support to the profession in its quest to improve optometric services; to help provide appropriate health education to the public; to help extend care to those segments of society which are underserved; and to provide advice and counsel to the international optometric sector.

The Department of Clinical Sciences mission is to train entry-level optometric healthcare professionals, provide post-doctoral education in advanced clinical areas and to improve the vision and ocular health of Texans through its clinical services utilizing innovative and state-of-the-art teaching strategies. The research mission includes adding to the body of knowledge through translational and clinically relevant research and scholarship.

#### **Section I. Composition of the Faculty**

- A. The faculty of the department shall be defined as anyone who holds the rank of professor, associate professor, assistant professor, visiting professor or staff optometrist in either of the Clinical Track (Appendix I), or Tenure Track. The Faculty are expected to participate in the activities of the department as well as attend departmental meetings. Residents, clinical research faculty, visiting faculty and individuals with less than 50% appointments are not considered voting members of the clinical faculty but are encouraged to attend departmental faculty meetings.
- B. Research Professor, Research Associate Professor and Research Assistant Professor positions are faculty who are generally paid from research grants or other external funds and normally do not have teaching responsibilities. Research faculty may serve as Principal Investigator for external or internal research grants and serve as co-advisors on thesis and dissertation committees.

- C. A faculty member on leave from this institution cannot vote on any matter until his/her leave is officially completed. Only Tenure Track faculty will have voting privileges on matters pertaining to the interest of Tenure Track faculty. All other members of the clinic faculty who are benefits eligible and whose appointments are 50% or more shall have voting privileges.
- D. The Department Chair shall initiate appointment of a Professor to Emeritus status after consultation with the Dean of the College. The Department Chair shall then forward this recommendation onto the Chair of the College Faculty who will present the recommendation to the College faculty for approval which will be based on an affirmative vote by the majority of the faculty in attendance at a duly called meeting of the faculty. Professor Emeriti will continue to be members of the Department but will not have voting privileges.

## **Section II. Officer and Administration**

- A. Department of Clinical Sciences: Chair
  - 1. The Chair is both the chief academic and chief executive officer of the Department of Clinical Sciences and, as such, reports to the Dean who is the chief academic and executive officer of the college.
  - 2. The Chair serves as an advocate to the dean for departmental needs and priorities. The Chair is responsible for and oversees the financial affairs of the department, submits the annual plan and budget request to the dean, and administers the approved budget as a reflection of the department's priorities.
  - 3. The Chair shall be appointed according to the Bylaws of the College of Optometry. The voting members of the department shall be polled for their choice of Chair as provided by the College Bylaws.
  - 4. The Chair shall provide academic and administrative leadership for the Department, preside over Departmental Meetings, perform such duties as assigned by the University or the Dean of the College of Optometry, represent the Department of Clinical Sciences in the College and University affairs, and inform the department faculty of events affecting the Department or welfare of the faculty.
  - 5. The Chair shall appoint an ad hoc committee and/or a Task Force as needed to pursue matters pertinent to the Department.
    - a. If it is deemed that any created ad hoc committee or task force become a necessity and benefit to the Department, a proposal shall be made for the presentment to the clinical faculty for approval to amend these by-laws to create a new standing committee.
  - 6. Additional duties of the Chair shall include but are not limited to:
    - a. Organize Faculty searches through the Faculty Recruitment Committee;
    - b. Oversee the Department evaluation of each candidate interviewed by the Faculty Recruitment Committee and the college;
    - c. Submit an independent evaluation of each candidate interviewed by the Faculty Recruitment Committee and the college;

- d. Promote Faculty development by mentoring or providing mentors to assist new as well as continuing Faculty;
- e. Be available for consult by Faculty on matters of academic honesty;
- f. Meet at least annually with Visiting and Assistant Clinical Faculty and biannually with all other Clinical Faculty to discuss performance of the individual's teaching, research, patient care (where relevant), and service initiatives for the past and coming years and whatever salary increases (if available) a person will receive. If the Faculty member is an exceptional performer, the Chair may wish to examine how special rewards can be given (e.g., nomination for an endowed professorship, request for equity salary increase, etc.).
  - i. If the Faculty member is not performing well, it is the responsibility of the Chair to inform that individual and to advise and assist the person to improve his/her performance consistent with processes outlined within the College By-Laws;
- g. Serve as an advocate to the Dean for Departmental needs and priorities;
- h. Meet annually with department faculty to establish priorities to direct the annual department budget planning;
- i. Oversee the Department's assessment process, such as during accreditation;
- j. Represent, or select someone to represent the Department in matters concerning inter-departmental affairs;
- k. Keep the Faculty of the Department informed of all events affecting the Department or the welfare of the Faculty;
- l. Preside over meetings of the Department;
- m. Distribute the various Departmental tasks to the Faculty on an equitable basis;
- n. After consultation with the Faculty and according to the applicable Department and college bylaws, recommend to the Dean all Faculty personnel actions including appointments, promotions, tenure, dismissal, salary increments, and actions that result from post tenure-review.
  - i. The Chair of the Clinical Sciences Department will take into advisement recommendations of the Development and Merit Review Committee on Department policies and reviews of Faculty performance for merit and/or salary compression considerations and matters concerning promotion of Clinical Track Faculty;
  - ii. consider requests for Faculty development leaves, and advises the Dean on recommendations of the issuance of terminal contracts made by the Development and Merit Review Committee.

### **Section III. Department Meetings**

- A. A department meeting will be held whenever it is deemed necessary but no less than once per semester. Meetings may be called by the Chair or by at least four voting members of the faculty upon written request to the Department Chair. A quorum (50% of the voting faculty present) must be present in order to conduct business.
- B. Secret ballots shall be used if requested by any faculty member present.

### **Section IV. Committees**

Members of the department faculty are expected to participate on departmental, college, and/or university committees.

#### **A. Standing Committees**

- 1. Development and Merit Review Committee
  - a. Interpret for the Department Faculty the criteria for Faculty evaluation procedures and communicate criteria for annual/biannual reviews, promotion and tenure to the Faculty and non-tenure track Faculty.
  - b. Perform development and merit peer reviews of faculty performance (Section V);
  - c. Meet with the prospective members of the Department Faculty to apprise them of the criteria and procedures for annual/biannual reviews;
  - d. Make recommendations to the Department Chair concerning development and merit peer reviews of Faculty performance;
  - e. Make recommendations concerning terminal contracts for non-tenure track Faculty;
  - f. Make recommendations concerning promotion of Non-tenure Track Faculty, e.g. Research Faculty and members of the Clinical Faculty Track;
  - g. Interpret Departmental policy related to the evaluation of faculty development and merit as set forth in applicable Department bylaws or as adopted by a simple majority of the voting Department Faculty;
  - h. Conduct reconsideration hearings upon written request from a Faculty member seeking a reconsideration of a development and/or merit review as specified in the applicable Department bylaws.

Membership of the Development and Merit Review Committee shall consist of at least three tenured members of the Department's Tenure Track Faculty and three Non-tenured Faculty members of Associate level or higher in the Department with less than half-time administrative appointments when possible.

Each member shall serve a two-year term and the terms are staggered. Four members are appointed by the Department Chair and two are elected by the

department Faculty. When a members' term expires, he/she may serve again after an absence of two academic years.

2. Post-tenure Review Committee (see College By Laws)
    - a. Three tenured faculty members will be elected by the tenured faculty of the Clinical Sciences Department to serve on the College's Post-tenure Review Committee.
  3. Clinic Faculty Committee
    - a. The purpose of the Clinic Faculty Committee is to advise the Department Chair on topics deemed relevant by the department faculty and provide recommendations on policies pertaining to clinical education and patient care.
    - b. All Clinical Science Department faculty presently functioning as instructors in the UHCO clinical program (tenure track, non-tenure track, visiting faculty and staff optometrist with 50% FTE benefits eligible or higher) are eligible for membership.
    - c. Graduate student teaching fellows and residents, are not be eligible for membership. Five (5) members shall be elected at large by plurality vote of the assembled department faculty at a fall semester meeting. The committee shall elect as chair from the members serving on the committee.
    - d. The Department Chair, Director of the UEI, Associate Director of the UEI and Associate Dean for Clinical Education shall serve as ex-officio non-voting members to the committee.
  4. Curriculum Committee
    - a. The Curriculum Committee is responsible for assessing the current curriculum, development of long-range curriculum plans, designing new curriculum, and proposal of new courses within the Department of Clinical Sciences.
    - b. All Clinical Science Department faculty presently functioning as instructors in the UHCO clinical program (tenure track, non-tenure track, visiting faculty and staff optometrist with 50% FTE benefits eligible or higher) are eligible for membership.
    - c. Graduate students, teaching fellows, and residents are not eligible for membership.
    - d. The Department Chair appoints four members and the department faculty elect two members. Each member shall serve a two-year term and the terms are staggered. When a members' term expires, he/she may serve again after an absence of one academic calendar year.
- B. Ad Hoc Committees
- a. The chair can appoint ad hoc committees as needed to address any special issues that may occur within the department (Section II.A.5)

## Section V. Review, Promotion and Retention Procedures

- A. These reviews shall be conducted by the Development and Merit Review Committee within Department of Clinical Sciences in the College of Optometry (Appendices II and III).
1. Development review: an evaluation of teaching, scholarly activity, patient care (where relevant) and service of non-tenured faculty will be conducted for the purpose of providing feedback about performance in each area. The developmental review will include tenure track faculty who have not received tenure, clinical track faculty, other members of the faculty (visiting, research, adjunct or part-time) and any member of the faculty for whom the Department Chair requests that an evaluation be conducted.
  2. Merit review: the evaluation of teaching, scholarly activity, patient care (where relevant, see Appendix III) and service will be conducted:
    - a. *biennial* for Associate Professor and Professor (Clinical non-tenure track faculty, and Clinical tenure-track faculty) or,
    - b. *annual* for Visiting and Assistant Professor (Clinical non-tenure and tenure track) the purposes of providing feedback about performance (a developmental review) and for determination of merit increments of salaries. Developmental review will exclude non-tenured members of the faculty who underwent their third-year probationary review or evaluation for a decision on tenure during the same academic year.

Merit reviews are conducted for all full-time faculty members of each Department (including those with administrative responsibilities as specified in these bylaws) and all part-time faculty, research faculty and professional staff whose appointments are for 50% time, or more. The period of time for the merit review is the previous two calendar years, regardless of whether the faculty member underwent development review during the previous year. Faculty or staff who have been at the College for less than two years will be reviewed for their period of employment.

Merit reviews are performed in the first year of the State's biennium budget and will evaluate performance during the preceding two years. Salary increments determined, as a result of the merit review, apply to the subsequent two years, prorated according to the available funding. Recommendations for increments are based on the current merit evaluation and the merit evaluation for the previous biennium with weightings of 65% and 35%, respectively. These weights are adjusted appropriately if an individual was not a member of the faculty for the entire previous biennium. Individuals who join the faculty within the current evaluation period are evaluated for the time they have been at the institution.

- A. The development and merit reviews will include 1) an administrators' review and 2) a peer review. Both reviews will encompass the areas of teaching, scholarship, and patient care (where relevant) and service as outlined in the

Promotion and Tenure Guidelines (see Appendix 1 of College by-laws and Appendix 3 of Clinical Department by-laws). Faculty members with administrative assignments will receive a separate review of their administrative performance (see Appendix 2 of College by-laws) and will have their performance reviews weighted according to the relative effort in faculty and administrative roles. The period covered by the developmental and merit review is the preceding one or two calendar years (January 1 to December 31).

#### **Section VI. Relationship to Other Governing Rules and Regulations**

- A. Nothing in these bylaws should be construed to supersede provisions of the Statutes of the University of Houston as described in the Faculty Handbook;
- B. And, other materials provided by the Office of the Provost or the bylaws of the College of Optometry.

#### **Section VII. Amending the Bylaws**

Amendments to these Bylaws shall be submitted in writing to the Chair of the Department of Clinical Sciences and shall be approved by two-thirds majority vote at a faculty meeting at which a quorum of voting faculty are present. The proposed amendment change must be provided two weeks in advance of a meeting of the Clinical Sciences Faculty for a first reading (of the proposed amendment change) and discussion. A vote on the amendment change will occur at the next scheduled meeting of the Clinical Sciences Faculty.

*ADDENDUM*

6/22/01 Clinical Faculty Passed Unanimously  
7/02/01 College Faculty Passed Unanimously  
8/23/01 Final edit approved by Provost

UNIVERSITY OF HOUSTON  
COLLEGE OF OPTOMETRY  
CLINICAL TRACK FACULTY POLICY

I. Introduction and Rationale

The College of Optometry has the primary mission to educate and train a highly qualified optometric workforce for the State of Texas and portions of the Southwestern United States. Clinical education and patient care are cornerstones of this education system which utilizes extensively a preceptor model for much of the process. The highest quality clinical faculty are required, those with extensive patient care training and experience; in addition, special considerations must be made in order to recruit, develop and retain the best clinical faculty members in appropriate career tracks. It is the intent of this policy to lay out a plan and process for the development and growth of clinical faculty members, utilizing a non-tenure track process for the selection, recruitment, appointment, development and promotion of highly qualified clinician educators.

II. Definition

Members of the Clinical Track Faculty of the College of Optometry hold non-tenure track appointments. Clinical track faculty members may hold the rank of Clinical Assistant Professor, Clinical Associate Professor or Clinical Professor. The Clinical Faculty track is separate and distinct from the tenure track of the College and University.

III. Qualifications for Appointment

Individuals appointed to Clinical Track Faculty positions will be recruited and selected by the same process utilized for all full-time faculty members at the College. In addition, the appointee must have or be eligible to have a full-privileged license to practice optometry (as defined by the College credentialing criteria), medicine or a related healthcare discipline in the State of Texas and, in most cases, must have completed a residency or advanced training program in the appropriate disciplines. Extensive clinical experience and/or clinical education experience may suffice to meet this criterion. All clinical faculty members must, within their first appointment year, meet the credentialing requirements of the University Eye Institute. Clinical Track Faculty members will report to the Chair of

the Department of Clinical Sciences and on a day-to-day basis to the Director of the University Eye Institute for patient care duties.

#### IV. Appointment Procedure

Upon recommendation by the Faculty Recruitment Committee, an appointment as a member of the Clinical Track Faculty, including the specific offer and all related conditions, will be the responsibility of the Chair of the Department of Clinical Sciences and the Dean of the College. Appointments to the Clinical Track Faculty must be reviewed and approved by the Senior Vice-President for Academic Affairs. Appointment and reappointment letters will stipulate specific roles and responsibilities, which will also serve as the basis for annual performance reviews.

#### V. Duration of Appointments

Appointments to the Clinical Track Faculty of at least 0.5 FTE are benefits eligible, non-tenure track positions and may not be converted to tenure track. Clinical Track Faculty members will not be considered for tenure; therefore, no instructional time in any rank as a member of the Clinical Track Faculty will be counted toward tenure. However, members of the Clinical Track Faculty are eligible to apply and compete for open tenure track faculty positions. Appointments at the rank of Clinical Assistant Professor are typically for one academic year, although a shorter appointment is possible, based upon the needs of the College. Appointments will be evaluated annually and may be renewed subject to positive reviews and programmatic needs. After three consecutive positive annual reviews, appointments at the rank of Clinical Associate Professor or Clinical Professor may, with the approval of the Dean of the College and the Senior Vice-President for

Academic Affairs include a three-year renewal period. Subsequent renewals depend upon positive annual reviews and the needs of the College.

#### VI. The Role of Clinical Track Faculty

Specific roles and responsibilities of clinical faculty in the optometry program will be based on the needs of the program and overall needs of the College. The initial roles and responsibilities for a particular faculty member will be outlined in the position description, as well as stipulated in the formal appointment letter. Responsibilities may include classroom teaching, laboratory teaching, clinical teaching, individual one-on-one instruction, patient care, curricular development, clinical rounds, or a combination of these. In view of these diverse roles and responsibilities, appointments to the Optometry Clinical Track Faculty do not carry the same expectations for scholarly activity as do tenure track appointments. However, in all other respects, Clinical Track Faculty will be

expected to participate fully in order to carry out the mission, goals and objectives of the College and the University.

## VII. Privileges

Clinical Track Faculty will have the same general privileges as tenure track faculty at the University and at the College of Optometry. Clinical track faculty will have full voting privileges at Faculty meetings in the College of Optometry and will be able to serve on all College committees. They may also serve on task forces and ad hoc committees appointed by the Faculty Chair, Department Chair or the Dean. However, clinical track faculty members may not confer in cases of tenure and promotion in tenure track decisions. Clinical Track Faculty will have equal rights and privileges as College faculty to serve on appropriate University councils, committees, task forces, ad hoc committees and to be eligible for election to the Faculty Senate. Clinical track faculty may compete for research grants and awards and teaching awards for which they are eligible.

## VIII. Evaluation of Clinical Track Faculty

Clinical Track Faculty at the College of Optometry will have annual reviews. Criteria for evaluation will vary based on the specific expectations of the faculty member's position.

Sample Evaluation Criteria: The following examples are illustrative but not exhaustive:

### A. Patient Care

The faculty member must be an outstanding clinician or be on a path to becoming an outstanding clinician by delivering the highest quality patient care. The method for judging this is set forth in the "Patient Care Evaluation Overview" (APPENDIX III) which describes the patient care evaluation process adopted by the Faculty of the College of Optometry.

### B. Classroom Teaching

Where applicable, the quality of teaching will be evaluated based on end of semester course and instructor evaluations conducted by students and assessments completed by the Department Chair and peer faculty members. Quality of teaching also includes the quality of the faculty member's syllabi, presentations, tutorials, seminars, rounds, etc., and adherence to the program's curricular requirements.

C. Curricular Development:

Where applicable, a faculty member may be assessed on the quality of his or her work in curricular development as related to the clinical training program. Factors to be considered may include the development of creative or innovative approaches to clinical instruction and the development of useful teaching strategies.

D. Supervision of Personnel

Where applicable, the evaluation process will also assess the faculty member's efforts to train, supervise, and advise Residents and clinical staff members.

E. Scholarship

The scholarly requirements of Clinical Track Faculty members may be different in nature and quantity than those for tenure track faculty members. Where publication is an applicable responsibility for a member of the Clinical Track Faculty, the evaluation process will assess the faculty member's publications in professional journals and presentations at clinical science meetings. In addition, the development or invention of unique patient care methods, techniques and/or instrumentation may be considered scholarship.

F. Service

Service to the faculty, college, university and the profession are expectations of all faculty at the College. The nature of the service is often dictated by the needs of the Department or College. In every case the Clinical Track Faculty members are expected to fulfill this important responsibility adequately and to be good academic citizens.

G. Professional/Program Development

Where applicable, the faculty member's evaluation will assess his or her participation in professional/program development. The evaluation may consider involvement in local, national or regional optometric or discipline-specific organization activities and/or the programs of the American Academy of Optometry, the American Optometric Association or its affiliates, or similar organizations of the discipline. Where appropriate, participation may include attendance at professional meetings or functions along with presentations to those professional organizations and/or the delivery of continuing education.

## IX. Promotion

Faculty at the College of Optometry are eligible for promotion within the clinical ranks. Distinctions between and among the clinical ranks will initially be based on the level and quality of clinical and/or teaching experience held by the appointee. In seeking promotion, a clinical track faculty member at the College of Optometry must demonstrate excellence. The standard for promotion to the rank of Clinical Professor is the achievement of a national reputation for excellence. For promotion to Clinical Associate Professor, the candidate should have a record showing that there is every expectation that the candidate will meet the standard for promotion to Clinical Professor in due course. Promotion from one clinical rank to a higher rank may occur only after an appropriate time in rank and a formal review by the Department Chair and by the Department's Development and Merit Review Committee. The Department Chair forward recommendations in writing to the Dean. The Dean will conduct his/her own review and make a recommendation independent of the initial recommendations. The Senior Vice President for Academic Affairs must approve all promotions in rank. (Review Appendix D for guidelines)

## X. Compensation

Clinical Faculty members who are re-appointed and/or promoted for the next academic year will be considered for salary increases in accordance with the university's guidelines for persons classified as benefits eligible faculty.

## XI. Exceptions

Any exception to this policy requires written approval of the Dean and the Senior Vice President for Academic Affairs.

## *APPENDIX I*

### PEER REVIEW GUIDELINES FOR ANNUAL AND BIENNIAL EVALUATION OF FACULTY: DEPARTMENT DEVELOPMENT AND MERIT REVIEW COMMITTEE

The Development and Merit Review Committee of each Department undertakes the peer review of performance of all Faculty members in its Department, including the Department Chair and other members of the College who also have administrative appointments. When the Development and Merit Review Committee review their own members (using the same procedures and criteria as for other Faculty), the Committee member shall be excused from the meeting room; when the Chair of the Development and Merit Review Committee is excused, the Vice-Chair will head the committee.

#### Review Schedule:

1. Visiting and Clinical Assistant Professors (Tenure track and Non-Tenure track) will be reviewed on an annual basis. The purpose of this review is to provide feedback and guidance to those early in their academic career.
2. Associate Professors and Professors (Tenure track and Non-Tenure track) will be reviewed on a biennial basis.
  - a. In isolated cases where a faculty member is underperforming, the Development and Merit Review Committee may restructure the review process to an annual basis for that faculty member.
  - b. When the Development and Merit Review Committee deems that it is appropriate, those faculty who have had their review process restructured to be reviewed annually may be reverted back to the biennial review process.

In performing its evaluation, the Department and Merit Review Committee and other reviewing entities will consider that various members of the Faculty have different roles in carrying out the diverse missions of the College. Performance and achievement within the four areas of teaching, scholarship, patient care (where relevant; Appendix III) and service, considered within the context of each Faculty member's role in the College, are the bases for peer review. Each member of the Faculty is expected to participate and contribute in the areas of teaching, scholarship, service and patient care (where relevant; Appendix III). Information considered by the Development and Merit Review Committee in their evaluation will include a self report of activities compiled by each Faculty member, student ratings of instruction and participant evaluations of continuing education activities sponsored by the College, and the extent of participation in the professional program, the graduate program, and in administration (provided by the Associate Deans).

As the result of its evaluation, the Development and Merit Review Committee will prepare a written descriptive summary of each Faculty member's performance during the past year (for annual reviews) or the past two years (for biennial reviews), recognizing both achievements and deficits. The summaries for the Department Chairs and the Associate Deans will be forwarded simultaneously to the College Dean and to the Faculty

member reviewed. For all other members, the summary will be forwarded simultaneously to the Department Chair and to the Faculty member reviewed. The Chair will subsequently discuss the comments from the Development and Merit Review Committee and from the administrator's written evaluations with each Faculty member in meetings held as soon as possible after the review process has been completed. For the Department Chairs and the Associate Deans, the College Dean will serve this function.

Although the development and merit reviews are by definition, limited to performance during the prior one or two calendar years, the Development and Merit Review Committee should consider also the cumulative progress of Faculty members. When appropriate, the Development and Merit Review Committee should include a description of such progress in its summary evaluation so that the Department Chair and the College Dean can discuss this information with Faculty members who are considering promotion in rank.

In addition to the evaluation by the Department Development and Merit Review Committee, the appropriate Associate Dean, in consultation with the appropriate Department Chair, shall perform independent reviews of the Faculty members within each Department. Each of these administrators shall submit their written evaluations to the Dean. The appropriate Associate Dean shall also evaluate the Department Chairs and forward these evaluations to the College Dean. Similarly, the appropriate Department Chair shall evaluate the Associate Deans. These evaluations will also be provided in writing to the College Dean.

As for the Department Chairs and the Associate Deans, the faculty performance of the Dean of the College shall be evaluated by the relevant Department Development and Merit Review Committee, using the same criteria used for evaluating other members of the Faculty.

## APPENDIX 2

### PATIENT CARE EVALUATION OVERVIEW

#### Objective:

To evaluate the patient care that is delivered by specific Faculty/Clinicians within the UHCO and its affiliated clinics.

#### Justification:

Patient care is the cornerstone of what Clinical Optometry is and does. The primary mission of UHCO is to train students in the art and science of patient care. The Clinical Faculty must possess skills in a number of different areas. The Clinician/Teacher must possess the special skills associated with teaching as a requirement for their role as a Faculty member. In addition, inherent in the clinical educator's repertoire is the art and science of patient care. The ability of a Clinical Faculty to provide quality patient care is at the heart of their duty as a mentor, and role model to developing students, and to their obligation as a patient care provider. The process of evaluating patient care is elusive at best, partly because of the diversity that exists within the clinical arena. Although significant diversity exists, common threads tend to run through most activities that are considered as excellent patient care. The synthesis of these threads can be loosely interpreted to appraise the quality of patient care.

#### Evaluation Categories:

A clinician's ability to provide quality patient care may encompass many parameters, some specific to the area of expertise, and some common to all forms of patient care. The areas of commonality include: expertise, knowledge, skills, communication, creativity, productivity, and credentials and education. Each of these areas are further defined below:

#### Expertise

An overall measure of a Clinician's abilities. This measure could be considered a global index, synthesizing all of the elements below. (Incorporates know-how, skill, knowledge, proficiency, capability, etc.)

#### Knowledge

An assessment of a clinician's overall knowledge. Should include the depth and breadth of knowledge both in an area of specialty and in related areas.

### Skills

An assessment of the ability, talent and handiness of a Clinician. Should include the assessment of either the performance of procedures or the aptitude with which procedures are performed.

### Communication

A measure of the clinician's ability to communicate with patients, other professionals, staff and students.

### Creativity

A measure of a Clinician's ability to cleverly solve patient problems. Examples might include the unique application of contact lenses for special functions, or the application of low vision devices to solve a patient problem, or the unique management of a medical condition.

### Productivity

A measure of a Clinician's efficient and gainful output. This measure can be derived from existing computer data from patient fee slips adjusted for the percentage FTE, level of student being supervised or specialty area(s) being staffed.

### Credentials/CE

A measure of the acquisition of new knowledge through continuing education, through specialized training programs, the acquisition of credentials such as diplomate status in the AAO or other unique certifying bodies. Also, of note should be special awards recognizing clinical excellence.

### Miscellaneous

Any other activities of the Clinician that have an impact on patient care. Activities might include programs to enhance patient volume at UHCO affiliated clinics, programs to increase awareness of issues associated with the public health, or other activities reported by the Clinician.

### Sources and Types of Data

Data within each of the categories above can be drawn from several different sources. Included in the data sources are peers, patients, students and a self-report. Not all categories can be collected from every data source. Some data sources are appropriate for some categories and not others.

The types of data are also diverse, they may include a number of behaviors and activities that can be measured or at the least reported for evaluation by a committee of peers. The types of data and the methods of documenting those data are summarized below.

<b>Parameter</b>	<b>Description</b>	<b>Method of Documentation</b>
1 External Consultations	consults on patients and problems from outside of the College. The patient is not necessarily seen by the consultant	email, phone logs, written communication
2 Internal Consultations/Floor Consultations	consults on patients and problems from inside of the College. The patient may or may not be seen by the consultant. Reports may need to be generated	email, phone logs, written communication
3 External or Internal Referrals	Referrals of patients for management by the evaluatee. Reports may need to be generated	email, phone logs, written communication, Patient Reports, Managed Care Referral sheets
4 Activities to increase patient volume	Participation in screenings, events or marketing efforts to increase the quality or quantity of patient care at UEI	Self Report
5 Patient feedback	Outcome questionnaire, patient comments, requests for a specific doctor or number of patients who respond to a recall notice	Sampling Questionnaire, Thank you notes from patients, Computer data documenting patient requests and recall response
6 Student feedback	Student comments, part of the student evaluation having to do with patient care	Student Evaluations
7 Acquisition of new skills or knowledge	Development of new skills through workshops, CE, clinical research or experience	Documentation of CE, Training Courses, Focused CE vs Quantity of CE
8 Additional patient care workload	Spending additional hours in clinic to manage patients, seeing more patients than normally scheduled or documenting non assigned time spent on patient care activities (I.e writing letters, making phone calls, etc)	Self Report
9 Awards and Certificates	Clinically related awards or recognition	Self Report
10 Clinic Income	Tabulation of direct and indirect income derived from a doctors clinical activity	Computer report of income proportionate to FTE
11 Peer respect measure	Solicitation of level of perceived competence and respect from peers	Questionnaire

A meshing of data types or parameters with evaluation categories produces a table which represents the source and type of data that is able to describe and some cases assess the quality of patient care in a universal fashion. (See table below.)

<b>Evaluation Categories</b>	<b>Peer</b>	<b>Patient</b>	<b>Student</b>
<b>Expertise</b>	1) External Consultations 2) Internal Consultations/Floor Consultations 3) External or Internal Referrals 11) Peer respect measure	N/A	6) Student Feedback
<b>Knowledge</b>	1) External Consultations 2) Internal Consultations/Floor Consultations 3) External or Internal Referrals 11) Peer respect measure	N/A	6) Student Feedback
<b>Skills</b>	1) External Consultations 2) Internal Consultations/Floor Consultations 3) External or Internal Referrals 11) Peer respect measure	5) Patient Feedback	6) Student Feedback
<b>Communication</b>	1) External Consultations 2) Internal Consultations/Floor Consultations 3) External or Internal Referrals 11) Peer respect measure	5) Patient Feedback	6) Student Feedback
<b>Creativity</b>	1) External Consultations 2) Internal Consultations/Floor Consultations 3) External or Internal Referrals 11) Peer respect measure	5) Patient Feedback	6) Student Feedback
<b>Productivity</b>	3) External or Internal Referrals 10) Clinic Income	8) Additional patient care workload	
<b>Credentials/CE</b>	7) Acquisition of new skills or knowledge 9) Awards or Certificates		

#### Method for Patient Care Evaluation

It is recognized that participation within the UHCO clinics is restricted to competent clinicians. The current measure of competence is the credentialing process necessary to gain and maintain privileges within the UEI and associated clinics.