### Faculty Council Meeting
Meeting Minutes  
Monday, March 19, 2018  
4:00-5:30PM – BRB 105

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<td>Approval of Faculty Council Draft Meeting Minutes for February 19, 2018</td>
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**Members Present**

- Timothy Beddow
- David Buchner
- Sudha Chakrapani
- Shu Chen
- Brian D'Anza
- Justis Ehlers
- David Friel
- Sherine Ghafoori
- Stathis Karathanasis
- Robert Kelly
- Jayme Knutson
- Cynthia Kubu
- Charles Malemud
- Danny Manor
- Jennifer McBride
- Maureen McEnery
- Aparna Roy
- Satya Sahoo
- Scott Simpson
- Jochen Son-Hing
- Phoebe Stewart
- Charles Sturgis
- James Howard Swain
- Melissa Times
Welcome and Chair’s Comments (Phoebe Stewart)
Phoebe Stewart, Chair of Faculty Council, called the meeting to order at 4:00PM. She reminded everyone of the upcoming Faculty Council elections that will occur during the May for the chair-elect, 2018-2019 Steering Committee and Faculty Council members on the Nomination and Elections Committee. April 15 is the deadline for candidates to submit their statements of interest. Open positions include: Chair-Elect of Faculty Council, Faculty Council Steering Committee seats, and two clinical candidates for the SOM Nomination & Elections Committee (NEC).

Mendel Singer provided an update identifying those departments and centers that, to date, have not submitted metrics: CWRU Departments – Cancer Center, Center for Global Health and Disease, Bioethics, and SOM Biomedical Engineering. Of the UH clinical departments, only Dermatology and Radiology have submitted metrics.

The Faculty Council Steering Committee recommended that Phoebe Stewart send a reminder e-mail to the President and Provost requesting a response, by April 1, to the faculty compensation concerns letter, which was originally sent to them on January 23. In response, the Provost suggested a meeting with him, Dean Davis, Phoebe Stewart and the Chair-Elect of Faculty Council. After discussion with the Steering Committee, Dr. Stewart responded to the Provost with the suggestion that available members of the Steering Committee should also attend this first meeting, in addition to Richard Zigmond, the originator of this motion in Faculty Council, and Mendel Singer, Chair of the SOM Committee on Budget, Finance and Compensation. It was felt that this group of people could provide more varied thoughts and opinions, and ensure there is no duplication of effort.

This meeting was held on March 15 with five Steering Committee members, Dean Davis, Provost Baeslack, Richard Zigmond and Mendel Singer. The faculty group came with prepared questions for the Dean and Provost. During this meeting both the Dean and the Provost stated that they were willing to present answers to a larger faculty group. The Bylaws allow Special Meetings of the Faculty of Medicine to meet on written petition of at least 10 faculty members presented to the Faculty Council. The eight members of the Steering Committee, Richard Zigmond, and Mendel Singer voted to request a special
meeting of the SOM faculty on compensation concerns. This meeting will now be held in the spring, with both Dean Davis and Provost Baeslack in attendance. The Provost’s and Dean’s offices are working on scheduling this meeting. It was noted that there is some urgency to set this date as the Provost is stepping down at the end of June.

Dr. Stewart discussed removing the topic of faculty compensation from the April 6 meeting with Dean Davis to allow more time for the three remaining topics: Shared governance in the SOM, SOM Diversity, and Credit for Teaching for Non-Tenure Track Faculty.

A motion was made and seconded to eliminate the topic of faculty compensation from the April 6 meeting with the Dean, given that a special meeting of the faculty devoted to this topic is being planned. Shared Governance in the SOM, SOM Diversity, and Credit for Teaching for Non-Tenure Track Faculty will remain on the agenda for April 6. There being no further discussion, a vote was taken. 19 were in favor, 12 were opposed, and 3 abstained. The motion passes.

Dr. Stewart explained that attendance at special meetings of the SOM Faculty is considered optional and does not affect Faculty Council Meeting attendance.

Approval of Minutes from February 19, 2018 Meeting (Phoebe Stewart)
A motion was made and seconded to approve the February 19, 2018 Faculty Council Meeting minutes. Since no edits or corrections were suggested, a vote was taken to accept the minutes as submitted. 31 were in favor, 2 were opposed and 1 abstained. The motion passes.

Report of Steering Committee Activities (Sudha Chakrapani)
The Faculty Council Steering Committee met on March 5, 2018. Five members of the committee met with the Dean to present the questions raised by Faculty Council members regarding faculty salary and compensation.

The following presentations were reviewed and approved for addition to the agenda for the next Faculty Council meeting: UH Faculty Concerns – Anna Maria Hibbs; MetroHealth Faculty Concerns – Melissa Times. Two proposals were reviewed and approved for presentation to Faculty Council: the proposal for creation of a new Doctor of Physical Therapy Program, and a proposal to create the Academic Department of Reproductive Biology at the CCLCM of CWRU. The Steering Committee is currently engaged in soliciting nominations for Faculty Council Chair-Elect, several Steering Committee member seats, and two clinical candidates for the SOM Nomination & Elections Committee (NEC). The Steering Committee recommended in favor of five emeritus applications, two chair appointments, and reviewed 20 promotion and tenure packets for equity.

Presentation of Draft Committee Charge for Ad Hoc Committee to Study Faculty Council Representation Structure (Membership Policies) (Phoebe Stewart)
The membership policies that determine the composition of the SOM Faculty Council were approved approximately 20 years ago when the number of departments in SOM was smaller and therefore the number of department representatives on Faculty Council was also smaller. Seventy-one department representatives currently comprise Faculty Council and this number is anticipated to increase due to new academic departments being created at affiliate institutions. The ad hoc committee charge presented to Faculty Council has been reviewed by the Steering Committee.

In the past, there have been challenges with achieving a quorum at Faculty Council. With stricter attendance monitoring, a quorum has been achieved at every meeting this year; Dr. Stewart extended her thanks to the members. It is anticipated that an additional 10 departments and corresponding FC seats will be added in the coming year. Currently, 49 out of 71 seats for department representatives are filled.

The reasons for the lack of participation in Faculty Council need to be determined. It was suggested that holding Faculty Council meetings occasionally at the affiliates could encourage attendance and
engagement, and create more of a dialogue. It is the hope that the new ad hoc committee would explore these recommendations and solicit input from faculty in general.

Faculty Council is the executive committee of the SOM. Seventy plus members is an excessive number for an executive committee, making it difficult to function as an executive committee. It was suggested that the ad hoc committee can look at the possibility of a new definition of an executive committee for the SOM. It was also suggested that the ad hoc committee reach out to the departments that are currently vacant to determine why they are not participating in Faculty Council.

When faculty take on the responsibility of being a faculty council representative, their attendance is required. It was suggested to again discuss the possibility of video conferencing and members began to debate the pros and cons of in person verses virtual attendance.

The phrasing of the point in the charge regarding the Steering Committee’s right to appoint up to two additional faculty representatives was revised. The due date for a report with recommendations to the Faculty Council Steering Committee was changed from October 2018 to December 2018. The original sunset date for this committee was changed from November 2018 to January 2019 to allow time to meet without having to utilize the summer months. The Chair or Chair-Elect will send the current roster to all representatives so that they can contact each other.

A motion was made and seconded to approve the edited charge for the ad hoc Committee to Study Faculty Council Representation Structure (Membership Policies). There being no further discussion, a vote was taken, 30 were in favor, 3 were opposed, and 1 abstained. The motion passes.

Presentation by UH Faculty Council Representative (Ana Maria Hibbs)

Dr. Hibbs reached out to all department representatives to gather their feedback and concerns. While the presentation includes aggregated themes of feedback, there are no direct identifying quotes or comments.

Dr. Hibbs reported that there is a feeling of a lack of connection to CWRU and a desire for more involvement. In terms of research (includes PhD and MD), many concerns reflect unresolved issues stemming from the changes in the affiliation agreement e.g. increased role of UH in supporting research; will UH commitment to research be predictable and sustained, and who will pay for start-up packages and bridge-funding. Other questions were brought up including the following questions:
Will basic scientists be valued at UH? Is moving primary department to SOM an option if UH support is lacking? Will transition from CWRU-paid cap-gap to UH-paid research merit pay result in pay cuts with funding changes? Will clinical research infrastructure be helpful? Is the focus on industry studies instead of Investigator-initiated studies and will protected research (non-clinical) time be sufficient/predictable?

There is a concern about the weakening of tenure track and mixed messaging from UH regarding attitude to existing tenure. Several junior faculty mentioned to Dr. Hibbs that although they want to start on tenure track, they would not be allowed to do so due to a lack of financial commitment from UH.

Feedback received indicated that UH faculty had limited teaching time due to clinical workload, and that they felt penalized for teaching time or taking time out for classroom didactics. Several specific concerns were raised regarding CWRU financial support for teaching efforts, whether faculty should be teaching “for profit” courses without compensation, and whether the new SOM building location will make teaching more difficult.

Several comments reiterated the feeling of being distanced from Case, wishing for more connection (e.g. involvement on committees) but that no mechanism was in place (no RVUs or FTEs for committee work) to facilitate this. UH faculty want to be engaged in the SOM academic mission and want to fix the barriers, but they question the ability of Faculty Council to impact the UH faculty experience. There is no orientation or welcome for people who are joining the staff. Suggestions were made for an onboarding or
welcome social event for new faculty once a year (reception in the fall) which may encourage them to become more involved with Case.

Faculty have been trying, for more than a year, to get answers to questions related to the affiliation agreement. There are many things happening behind the scenes making people nervous. Dr. Stewart will bring this up at her next meeting with Dean Davis. Letters can be written to the affiliates if this body deems appropriate, or a meeting could be requested with Dan Simon. While the consequences of the affiliation agreement is not an agenda item for the meeting with the Dean on April 6, it could be raised as an issue during the open forum.

**Presentation by MetroHealth Faculty Council Representative (Melissa Times)**
Melissa Times, MD, began her presentation with an overview of MetroHealth Medical Center. There are 1,191 medical staff consisting of MD, DO, DMD, PhD, OD, APRN, PA and AA. Residents and Fellows total 370. There are 12 GME residency programs based at Metro; most of the main clinical specialties have representation, in addition to 20 GME fellowship programs. Combined/Share programs with UH are: Female Pelvic Medicine and Reconstructive Surgery, General Surgery, Hematology-Oncology, Infectious Disease, Nephrology, Ophthalmology, Sleep Medicine and Surgical Subspecialties.

Metro has multiple sites consisting of 3 hospital locations (main campus, Cleveland Heights, and Parma), 4 Emergency Departments (main campus, Brecksville, Cleveland Heights, and Parma), 21 satellite locations, 5 express care clinics, 4 Drug Mart locations and 2 YMCA locations.

Lincoln West School of Science & Health, in partnership with the MetroHealth Hospital System, is one of the few schools based at a hospital, which offers students a dynamic and interactive education environment to prepare them for college and careers in the healthcare industry. Located on the near west side, in July of 2016 they began taking 9th and 10th graders, for a two-year period, to attend school at Metro. They are assigned to shadow personnel in medical care, administration, accounting, life flight, nursing, etc. to assist them in determining whether they had an interest in pursuing a career path in any of these fields.

Clerkship directors’ concerns were centered around grade inflation, increased class sizes, and a lack of feeling connected to the SOM. Dr. Stewart will bring the issue of class size to the Dean’s attention.

**Discussion and Vote on Doctor of Physical Therapy (DPT) Program (Cheryl Thompson)**
Cheryl Thompson, PhD, introduced the proposal to create the Doctor of Physical Therapy program. This program would enhance existing programs by enhancing inter-professional education, increase the opportunity to expand research and recruit faculty in physical therapy and rehab sciences with the goal of creating a unique, strong, top tier DPT program.

The DPT program will be housed in a new center (three potential sites within current SOM) once faculty are recruited. The program will report to Pat Thomas. It is anticipated that most, if not all, of the faculty will be new hires. Dr. Thompson states they have been working with an advisory committee and consulting with all of our affiliates, and have received positive feedback. This will be a 3-year post-bac clinical doctorate, which will meet all CAPTE requirements (core coursework, inter-professional education, evidence based practice and research, professional and leadership development, and 36 full time weeks of clinical experiences).

Financially, this program will require up-front investment, particularly for bringing in new faculty and remodeling space. Ultimately, it will be revenue generating, with payback projected in year 5. Immediate faculty hiring of a Program Director and Director of Clinical Education is required. There will be a start-up fund for faculty with the hope that they will bring grants as well.

It was noted that we are geographically close to two of the top ten programs in the country (Pittsburgh is number one). The question was raised as to whether we will be able to attract students here to fill this
academic mission and make the DPT profitable. In response, Dr. Thompson discussed the advantages of a program at CWRU including the IQ-like curriculum (possibly with HoloAnatomy), and the opportunity to offer unique features (wellness pathways/electives). This will set us apart and move us up in the rankings.

The establishment of the program is in response to changing requirements for physical therapists. Most people who practice physical therapy had a Master’s degree and now they are required to have a PhD. Current practitioners are grandfathered in. The governing body of CAPTE now requires a clinical doctorate for a practicing physical therapist (ten years). It is not a PhD, but a clinical doctor, clinically focused, not a research doctorate.

The member commented that while they see the value of the program itself, they cannot support the program without additional details provided as to how it will be funded. There was concern from members that the move to the new building carry substantial costs and had heard that it could be in the range of 3-4 million a year. There was concern that if another $2 million dollars per year is required for the DPT program that this was a concern.

Other concerns raised by Faculty Council members included: the large initial investment required; the built in 2% annual salary increase for the director, when SOM faculty in general are getting ~1% merit raises if that; the need to hire more faculty to teach, when there are currently significant concerns about how the HEC will impact the teaching burden on existing faculty and in addition, there are significant concerns about existing tenure-track and non-tenure track faculty receiving suitable credit for teaching.

A motion was made and seconded to approve the creation of the Doctor of Physical Therapy (DPT) Program. There being no further discussion, a vote was taken. 14 were in favor, 16 were opposed, and 2 abstained. The motion does not pass.

Members continued to discuss the DPT program after the vote and indicated that the motion did not pass because Faculty Council felt they did not have enough information to make an informed decision. There were concerns over the projected number of students to make the program profitable; whether or not the projections were realistic; and how well the DPT would do in recruiting students locally and nationally.

The Health Education Campus is opening up in a year from now. It is still not clear to faculty where the money is coming from and how it is going to be paid for. Until information that is more definitive is available, in good conscience, Faculty Council cannot consider a proposal such as this that requires such a considerable investment.

**Discussion and Vote on New Academic Department of Reproductive Biology at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University (Gene Barnett)**

Gene Barnett, MD, presented the proposal for the new academic department of Reproductive Biology at the Cleveland Clinic Lerner College of Medicine of CWRU, which will be named the department of OB/Gyn & Reproductive Biology. There is an already established SOM department at UHMC and MHMC. It is significantly robust to warrant a stand-alone department. Dr. Tommaso Falcone, the clinical chair of the OB/Gyn & Women’s Health Institution, would also be the academic chair.

The breadth and depth of the identified faculty’s teaching: 134 physicians, 12 fellows and 21 residents. Faculty are teaching medical students, residents, and fellows from CCLCM, CWRU, and local institutions, with acting internships and clerkships. Over the last 3 years, they have produced over a thousand research publications, research seminars and Research Day, 15 federal and foundation grants, and have a dedicated data manager, statistician, and mentored support for grant preparation.

This department was requested by Dean Davis, and is significantly robust to warrant being recognized. In addition, it offers SOM department alignment with the other institutions. This new department will have no adverse effect on existing departments of the School of Medicine, and will allow for better showcasing of unique accomplishments. CCLCM research will continue to note CWRU appointment. The new
department will better reflect the academic diversity of CCLCM of CWRU. A five-year business plan will affirm that the new department will not require funding from the SOM, and will have no financial impact on CWRO and/or SOM. The visibility of the new department may also spur further pursuits.

A motion was made and seconded to approve the new academic department of Reproductive Biology (OB/GYN & Reproductive Biology) at the CCLCM of CWRU. There being no further discussion, a vote was taken, 24 were in favor, 2 opposed, and 1 abstained. The motion passes.

Report by SOM Representative on the Faculty Senate Executive Committee (Jo Ann Wise)
The Faculty Senate approved a new version of the SOM Bylaws at the end of January 2018. It is a long process to amend the Bylaws and Faculty Council first voted for some of these changes in 2016. Dr. Wise encouraged everyone to familiarize themselves with the Bylaws. This continues to be an ongoing process as we are in the midst of a mandatory 5-year review of the Bylaws.

SOM Bylaws continue to evolve. The executive committee of the senate body is made up of representatives from the entire university. Once a year the opportunity is given to make a presentation to the Executive Committee raising concerns of faculty similar to the reports of Metro and UH. Many issues raised have come up repeatedly such as faculty compensation and the search for permanent chairs.

HEC is envisioned in the millions of dollars of ongoing operating costs each year and Dr. Wise reported to the Senate that there is considerable concern where this money is going to come from. She stated that the SOM is in debt, which is part of why compensation is being squeezed. It is important that Central Administration and Faculty Senate be aware of these concerns. Dr. Wise reported that there should be additional discussions on HEC operating costs and suggested that it could be brought up for discussion to the Dean on April 6.

There was a question regarding how to change the Handbook and SOM Bylaws, but it was unclear if the question centered around the SOM promotion criteria outlined in the SOM Bylaws or if this was a question of changing the CWRU Faculty Handbook. Any changes that SOM proposes to the SOM Bylaws have to be consistent with the Faculty Handbook and the bylaws of the Faculty Senate. We cannot propose changes that are incompatible with the Faculty Handbook.

As there was no new business, or further issues to be addressed, the meeting was adjourned at 5:35PM.

Respectfully submitted,

Joyce Helton
Faculty Council Meeting

March 19, 2018

Chair: Phoebe L. Stewart
Agenda

- Welcome and Chair's Comments (Phoebe Stewart)
- Approval of Minutes from February 19, 2018 meeting (Phoebe Stewart)
- Report of Steering Committee activities (Sudha Chakrapani)
- Presentation of draft committee charge for ad hoc committee to study Faculty Council Representation Structure (Membership policies) (Phoebe Stewart)
- Presentation by UH Faculty Council Representative (Anna Maria Hibbs)
- Presentation by MetroHealth Faculty Council Representative (Melissa Times)
- Discussion and vote on Doctor of Physical Therapy (DPT) program (Cheryl Thompson)
- Discussion and vote on New Academic Department of Reproductive Biology at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University (Gene Barnett)
- Report by SOM representative on the Faculty Senate Executive Committee (Jo Ann Wise)
- Introduction of New Faculty Council Representatives who joined mid-year (Phoebe Stewart)
- New Business
Welcome and Chair’s Comments

1. Upcoming Faculty Council Elections in May

Chair-elect of Faculty Council (representatives with 2 years remaining)
   Chair-elect for 1-yr, then Chair of Faculty Council the following year

Faculty Council Steering Committee (reps with 1 or 2 years remaining)
   1-yr term

Faculty Council members on SOM Nomination & Elections Committee (NEC)
   Need Clinical candidates for two FC/NEC seats open in July
   Elected representatives will serve for the duration of their Faculty Council terms

If you are interested in running for one of these positions - please email me (pls47@case.edu) your Statement of Interest by April 15th
Welcome and Chair’s Comments

2. Update on Submitted Metrics from Departments and Centers from Mendel Singer, Chair of SOM Budget, Finance and Compensation Committee

The following CWRU departments did *not* submit salary metrics as of Sunday March 18:

- Cancer Center
- Center for Global Health and Disease
- Bioethics
- SOM Biomedical Engineering

Of UH Clinical departments:
- Dermatology and Radiology only ones to *have* submitted
3. Response from Provost to Faculty Council’s letter regarding faculty compensation concerns

March 5 – The Steering Committee recommended that Phoebe send a reminder email to the President and Provost regarding faculty compensation concerns letter (originally sent January 23) and request a response by April 1 – which I did

March 6 – The Provost responded:
Dear Phoebe – Thanks for the follow-up, sorry for the delayed response to your original e-mail. I communicated with the Dean on your request and would like to recommend that you, me, Pam and the incoming chair of Faculty Council meet as soon as possible to discuss and clarify exactly what the Faculty Council would like to review and discuss with both me and the Dean regarding faculty compensation… I think an initial meeting can clarify what the Faculty Council would like to discuss.

March 8 – After consultation with the Steering Committee, I responded to the Provost:
After communications with the Faculty Council Chair-Elect and other members of the Steering Committee, what I would like to propose is that as many of the Steering Committee members that are available also attend this first meeting with you and Dean Davis. In addition, I propose that Richard Zigmond, the originator of this motion in Faculty Council, and Mendel Singer, Chair of the SOM Committee on Budget, Finance and Compensation, also be invited to the first meeting. In this way you and Dean Davis will hear more varied thoughts and opinions on what Faculty Council would like to discuss. Including Mendel Singer will help to ensure that there is no duplication of effort, as his committee may be able to provide some of the information.
Welcome and Chair’s Comments

3 continued.
Response from Provost to Faculty Council’s letter regarding faculty compensation concerns

March 15 – The meeting occurred with 5 Steering Committee members, Richard Zigmond, Mendel Singer, Dean Davis and Provost Baeslack. During the meeting both the Dean and the Provost said that they were willing to present answers to a larger faculty group.

According to the SOM Bylaws:
b. Special Meetings. The Faculty of Medicine shall also meet on the call of the president or the dean, or on written petition of at least 10 faculty members presented to the Faculty Council, or at the request of the Faculty Council.

Steering Committee voted unanimously to request a Special Meeting of the SOM faculty on compensation concerns to be held in the Spring with both the Dean and Provost presenting. In addition, Richard Zigmond and Mendel Singer are in favor this Special Meeting (total of 10 faculty members in favor).

The Provost’s and Dean’s offices are working on scheduling the SOM Faculty Meeting on faculty compensation concerns.
Welcome and Chair’s Comments

4. Question from Dean Davis:
I suggest that in the light of this request, we eliminate the question on compensation that the faculty council sent for my April town hall, since you would now project devoting an entire meeting, as you suggest here, to fuller exposition of the facts and issues than could be accomplished in 1/4 of a 45 minute presentation. I can then focus on the other three questions that you sent in April, and leave time for the open forum that is so valuable.

Faculty Council Topics for School of Medicine Faculty Meeting with Dean April 6, 2018
3-4:30pm Wolstein Auditorium
Shared Governance in the SOM
SOM Diversity
Faculty Compensation
Credit for Teaching for Non-Tenure Track Faculty

Vote – Are you in favor of eliminating the topic of faculty compensation from the April 6 meeting with the Dean given that a special meeting of the faculty devoted to this topic is being planned?
Approval of the Minutes from the February 19, 2018 Meeting
Report on Faculty Council Steering Committee Activities, Meeting Mar 5, 2018

- Members of the Steering Committee met with the Dean and Provost to present the questions raised by the Faculty Council members regarding Faculty Salary and Compensation.

- Engaged in soliciting nominations for various positions including Faculty Chair-Elect and Steering Committee.

- Reviewed the presentation from Anna Maria Hibbs outlining the UH faculty concerns.

- Reviewed the presentation from Melissa Times on MetroHealth faculty concerns.

- Discussed the proposal for creation of a new Doctor of Physical Therapy program.

- Reviewed the proposal to create the Academic Department of Reproductive Biology at the CCLCM of Case Western Reserve University.

- Discussed the Chair appointment for two Clinical Departments.

- Reviewed SOM CAPT recommendations for Emeritus appointments.

- Reviewed SOM CAPT recommendations for equity. These included faculty packets for promotion and tenure.
Draft charge for ad hoc committee to study Faculty Council Representation Structure (Membership policies) (Phoebe Stewart)

Background: The School of Medicine delegates all powers not reserved to the Faculty of Medicine itself to Faculty Council (see SOM Bylaws Article 2 and Article 3.1). The membership policies that determine the composition of the SOM Faculty Council (see Article 3.2) were approved approximately 20 years ago, when the SOM was much smaller, and fewer departments required representation. The number of representatives that serve on Faculty Council (73 as of January 1, 2018) is anticipated to increase due to increasing numbers of academic departments at affiliate institutions.

Faculty Council will appoint an advisory ad hoc committee that will study the membership structure of this body, identify challenges facing the current structure and its practical implementation, and make recommendations to Faculty Council, if deemed necessary.

1) The Committee will be comprised of two faculty representatives from each institution (SOM, UH, VA, MHMC, CCCLM)

2) Committee members need not be current Faculty Council representatives, but current or past service on Faculty Council is deemed important for service on this committee

3) Committee representatives from each institution will be elected by current Faculty Council representatives from each institution, respectively
Draft charge for ad hoc committee to study Faculty Council Representation Structure (Membership policies) (Phoebe Stewart) (cont.)

4) Faculty Council representatives from each institution shall inform the Chair of Faculty Council the names of their two appointed representative by the end of April 2018.

5) If this committee does not include at least two tenured and two non-tenure track faculty, then the Steering Committee reserves the right to appoint up to two additional faculty representatives. In addition, if the Steering Committee determines that clinical and basic science are not well represented, additional appointments can be made.

6) The ad hoc Committee will elect a Chair from among its members and inform the Chair of Faculty Council by May 15.

7) The Committee will meet at least monthly and provide a report with recommendations to the Faculty Council Steering Committee by October 1, 2018 and with approval of the Steering Committee be placed on the agenda for the October 2018 Faculty Council meeting.

8) The Committee will sunset in November 2018 after submitting its final report including comments from Faculty Council representatives.
Presentation by UH Faculty Council Representative
(Anna Maria Hibbs)
UH Faculty Concerns

Presented by Anna Maria Hibbs, MD, MSCE

3.19.18
Approach

• Reached out to all Department representatives to gather feedback.

• Presentation includes aggregated themes of feedback.
  • No directly identifying quotes/comments.

• Presentation reflects faculty concerns, not the current status of efforts to address those concerns.
Major Themes

• Barriers to academic mission (research, teaching, service).

• Feeling a lack of connection to CWRU and desire for more involvement.
Research – Overall (PhD and MD)

• Many concerns reflect unresolved issues stemming from affiliation agreement, increased role of UH in supporting research:
  • Will UH commitment to research be predictable and sustained?
  • Who will pay for start-up packages and bridge-funding?
  • What will happen to investigators whose focus does not fall within a Center of Excellence?
Research – PhD and Basic Science Faculty

• Role: PhD as independent investigator vs. augmenting MD research?

• Will basic scientists be valued?

• Is moving primary Dept. to SOM an option if UH support lacking?
Research – Clinical and “Dual Paycheck” Faculty.

- Will transition from CWRU-paid “cap-gap” to UH-paid “research merit pay” result in pay cuts with funding changes?

- Will clinical research infrastructure be helpful? Is the focus on industry studies instead of investigator-initiated studies?

- Will protected research (non-clinical) time be sufficient/predictable?
Concern about Weakening of Tenure Track

• Mixed messaging from UH regarding attitude to existing tenure:
  • 5 year commitment?
  • CWRU responsibility entirely?

• Unclear commitment from CWRU for tenured faculty based at UH: Does the effective meaning of tenure change based on your primary affiliation?

• Junior faculty frustrated with not being allowed to start on tenure track due to financial commitment.
Education

• Limited teaching time due to clinical work-load.
  • Feel penalized for teaching time.

• Concerns about lack of CWRU financial support for teaching efforts.
  • Questions about whether faculty should be teaching “for profit” courses (masters, PA students).

• Concerns about whether new SOM building location will make teaching more difficult.
Service

• Desire to be more involved and on committees.

• Since there are not RVUs or FTEs for committee work, faculty feel penalized for committee participation.
Feeling Distanced from CWRU

- Feel disconnected in general.
- Questioning ability of Faculty Council to impact UH faculty experience.
- Desire for more timely/clear communication from CWRU and Faculty Council.
  - Faculty Council Webpage needs more timely updates.
    - Timely posting of minutes.
    - Update faculty council and standing committee rosters.
  - Desire for more clear email communication.
  - Need a way to feel connected beyond occasional email.
UH faculty want to be engaged in the SOM academic mission.

Research.

Education.

Service.
Next Steps for Faculty Council?

• Non-tenure track committee may already be addressing issues around teaching, service, engagement.

• Is there a need for a committee to focus on the experience of researchers (tenure-track or non-tenure track) based at clinical affiliates?

• Need to identify ways to enhance communication/engagement
  • *e.g.*, faculty-focused social media?
  • Other?

• What are your thoughts?
Presentation by MetroHealth Faculty Council Representative (Melissa Times)
MetroHealth Medical Center
Faculty Council Update
March 19, 2018

Melissa Times, MD
Department of Surgery
Who Covers the House

• 370 Residents and Fellows

• 1191 Medical Staff (includes MD, DO, DMD, PhD, OD, APRN, PA, & AA)
GME Residency Programs

- Obstetrics & Gynecology
- Pathology – Anatomical & Clinical
- Pediatrics
- Physical Medicine & Rehabilitation
- Psychiatry
- Radiology – Diagnostic
- Emergency Medicine
- Anesthesiology
- Family Medicine
- Internal Medicine
- Medicine/Pediatrics
GME Fellowship Programs

- Brain injury medicine
- Cardiovascular disease
- Clinical cardiac electrophysiology
- Clinical informatics
- Cytopathology
- Developmental behavioral pediatrics
- Endocrinology
- Gastroenterology
- Geriatric medicine
- Hand surgery

- Hospital and palliative medicine
- Maternal fetal medicine
- Micrographic surgery
- Neonatal-perinatal medicine
- Pulmonary disease & critical care medicine
- Rheumatology
- Spinal cord injury
- Surgical critical care
- Vascular & interventional radiology
Combined/Shared Programs

- Female Pelvic Medicine and Reconstructive Surgery
- General Surgery
- Hematology – Oncology
- Infectious Disease
- Nephrology
- Ophthalmology
- Sleep Medicine
- Surgical Subspecialities
Metro Sites

• 3 Hospital Locations: Main Campus, Cleveland Heights, and Parma
• 4 Emergency Departments: Main Campus, Brecksville, Cleveland Heights, Parma
• 21 Satellite locations
• 5 Express Care Clinics
• 4 Drug Mart locations
• 2 YMCA locations
Lincoln West School of Health Sciences

- Lincoln-West School of Science & Health opened in July 2016
- Offers students shadowing experiences in multiple health care careers
- Medical care, accounting, food service, pastoral care, strategic planning and MetroHealth Life Flight
Clerkship Directors’ Concerns

• Grade inflation
• Increased class sizes
• Not feeling connected to SOM
Discussion and vote on Doctor of Physical Therapy (DPT) program (Cheryl Thompson)
Doctorate of Physical Therapy (DPT) Program
Overview

• Goal: Create a unique, strong, top tier DPT program

• Benefits for SOM:
  • Enhance existing programs by enhancing inter-professional education
  • Increased opportunity to expand research/recruit faculty in PT/Rehab sciences
Overview

• Will be housed in a new Center to be created once faculty are on board, will report to Pat Thomas, MD
  • Most/all faculty will be new hires

• Have been working with an advisory committee and consulting with all of our affiliates (and beyond)
Curricular Requirements

- 3 year post-bac clinical doctorate
- All CAPTE requirements, taken to the next level:
  - Core coursework
  - Inter-professional education
  - Evidence based practice and research
  - Professional and leadership development
  - 36 full time weeks of clinical experiences
<table>
<thead>
<tr>
<th>Term</th>
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<tbody>
<tr>
<td>Year 1 Term 1</td>
<td>PT 500: Anatomy for Physical Therapy</td>
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<td>PT 501: Physiology for Physical Therapy</td>
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<td>PT 502: Biomechanics and Kinesiology</td>
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<td>PT 530: Introduction to PT Evaluation and Intervention</td>
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<td>PT 571: Evidence Based Practice 1</td>
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<td>PT 504: Clinical Medicine for Physical Therapy 1</td>
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<td>Year 1 Term 2</td>
<td>PT 505: Introduction to Pharmacology for PT</td>
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<td>Year 1 Term 2</td>
<td>PT 506: Neuroscience in Physical Therapy</td>
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<td>Year 1 Term 2</td>
<td>PT 531: Musculoskeletal Physical Therapy (includes therapeutic agents)</td>
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<td>PT 572: Evidence Based Practice 2</td>
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<td>PT 582: Professional Leadership &amp; Professional Growth 2</td>
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<td>PT 507: Clinical Medicine for Physical Therapy 2</td>
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<td>PT 532: Cardiovascular &amp; Pulmonary Physical Therapy &amp; Integument</td>
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<td>PT 533: Neuromuscular Physical Therapy</td>
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<td>PT 508: Development and Aging</td>
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<td>PT 573: Evidence Based Practice 3</td>
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<td>PT 583: Professional Leadership &amp; Professional Growth 3</td>
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<td>Year 2 Term 4</td>
<td>PT 691: Clinical Internship 1 (8 weeks)</td>
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<td>Year 2 Term 4</td>
<td>PT 634: Advanced Musculoskeletal Physical Therapy</td>
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<td>Year 2 Term 4</td>
<td>PT 674: Evidence Based Practice 3 (Design)</td>
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<td>Year 2 Term 4</td>
<td>PT 684: Professional Leadership &amp; Professional Growth 4</td>
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<td>PT 635: Advanced Neuromuscular Physical Therapy</td>
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<td>Year 2 Term 5</td>
<td>PT 636: Pediatrics</td>
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<td>Year 2 Term 5</td>
<td>PT 685: Professional Leadership &amp; Professional Growth 5</td>
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<td>Year 2 Term 5</td>
<td>PT 701: Capstone Project 1 (Data Collection)</td>
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<td>PT 637: Complex Patient Assessment &amp; Intervention</td>
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<td>PT 638: PT in Health and Wellness</td>
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<td>PT 686: Professional Leadership &amp; Professional Growth 6</td>
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<tr>
<td>Year 2 Term 6</td>
<td>PT 702 Capstone Project 2 (Data Collection, Analysis &amp; Report)</td>
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<td>Year 2 Term 6</td>
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<td>Year 3 Term 7</td>
<td>PT 692: Clinical Internship 2 (14 weeks)</td>
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<td>Year 3 Term 8</td>
<td>PT 693: Clinical Internship 3 (12 weeks)</td>
<td>6</td>
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<tr>
<td>Year 3 Term 8</td>
<td>PT 639: Clinical Synthesis and Exam Preparation</td>
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<tr>
<td>Year 3 Term 8</td>
<td><strong>TOTAL</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
What makes us unique?

• Top tier medical school – focus on research
  • DPT/PhD programs
  • Joint programs with master’s programs
  • Future of PT profession
• IQ like curriculum, possibly with HoloAnatomy
• Opportunities to offer unique features
  • Wellness pathways/electives
Financial Information

• Will require significant up front investment, particularly for bringing in new faculty and remodeling space
• Ultimately, revenue generating, payback projected in year 5
Discussion and vote on New Academic Department of Reproductive Biology at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University (Gene Barnett)
• Already established SOM Department at UHCMC and MHMC
• Originally placed under the Department of Surgery when CCLCM began
• Significantly robust to warrant a stand-alone department
• Dr. Tommaso Falcone – Academic Chair
1. The breadth and depth of the identified faculty’s **teaching** and research productivity.

- 134 Physicians, 12 fellows, and 21 residents
- Teaching medicals students, residents, and fellows from CCLCM, CWRU, and local institutions
- Acting Internships and clerkships
1. The breadth and depth of the identified faculty’s teaching and research productivity.

- 1,024+ Research Publications, last 3 years
- Research Seminars and Research Day
- 15 Federal and Foundation Grants
- Dedicated data manager, statistician, and mentored support for grant preparation
2. Any additional factors that are relevant to the proposed new department.

- Requested by Dean Davis
- Significantly robust and warrants being recognized
- Offers SOM department alignment with other institutions
3. An analysis of the effect of establishment of the second department on existing departments of the School of Medicine.

- No adverse effect
- Preferred alignment
- Allows for better showcasing of unique accomplishments
4. A statement that research publications authored by faculty with appointment in the new department will make note of the CWRU faculty appointment.

- CCLCM research will continue to note CWRU appointment
- New department will better reflect the academic diversity of CCLCM of CWRU
5. A five-year business plan should affirm that the new department will not require funding from the School of Medicine;

- Will have *no* financial impact on CWRU and/or SOM
- Visibility of new department may spur further pursuits
- Encourage engagement at HEC
Key Takeaways

- Requested by Dean Davis
- Alignment with current SOM departments
- Increased visibility and attribution of accomplishments
- No financial impact
- Improved engagement at HEC
Faculty Senate Report

Jo Ann Wise
SOM senator on the Senate Executive Committee (Ex-Com)
Introduction of New Faculty Council Representatives who joined mid-year (Phoebe Stewart)

Sherine Ghafoori replaced John Klick (November)

Robert Bonomo replaced Sarah Augustine (December)

Brian D'Anza replaced Rod Rezaee (February)

Scott Simpson replaced Barbara Freeman (February)
New Business
Do you approve of 3 topics for April 6

A. Yes
B. No
C. Abstain

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Abstain</th>
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<tbody>
<tr>
<td></td>
<td>19</td>
<td>12</td>
<td>3</td>
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</tbody>
</table>
Do you approve the minutes?

A. Yes
B. No
C. Abstain

- Yes: 31
- No: 2
- Abstain: 1
Q3: Approve edited charge

A. Yes
B. No
C. Abstain
Q4: Approve DPT?

A. Yes
B. No
C. Abstain
Q5: Approve new dept?

A. Yes
B. No
C. Abstain
**Faculty Council Meeting**  
**Draft Meeting Minutes**  
**Monday, February 19, 2018**  
**4:00pm–5:30pm – BRB 105**

<table>
<thead>
<tr>
<th>Time</th>
<th>议题</th>
<th>负责人</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00PM</td>
<td>Welcome and Chair’s Comments</td>
<td>Phoebe Stewart</td>
</tr>
<tr>
<td>4:05PM</td>
<td>Approval of Faculty Council Draft Meeting Minutes for January 22, 2018 (attachment)</td>
<td>Phoebe Stewart</td>
</tr>
<tr>
<td>4:10PM</td>
<td>Report of Steering Committee Activities</td>
<td>Phoebe Stewart</td>
</tr>
<tr>
<td>4:15PM</td>
<td>Discussion of Topics for the Third Meeting of the SOM Faculty with the Dean on April 6, 2018 – 3-4:30PM</td>
<td>Phoebe Stewart</td>
</tr>
<tr>
<td>4:30PM</td>
<td>Update on Proposed Conflict of Commitment Language</td>
<td>Sue Rivera</td>
</tr>
<tr>
<td>4:45PM</td>
<td>Presentation from Ad Hoc Committee on Non-Tenure Track Faculty</td>
<td>Jane Corteville</td>
</tr>
<tr>
<td>5:00PM</td>
<td>Presentation of Draft Committee Charge for SOM Committee of the Faculty on Women and Minority Affairs</td>
<td>Jo Ann Wise</td>
</tr>
<tr>
<td>5:10PM</td>
<td>Presentation of Draft Committee Charge for Ad Hoc Committee to Study Faculty Council; Representation Structure (Membership Policies)</td>
<td>Phoebe Stewart</td>
</tr>
<tr>
<td>5:20PM</td>
<td>Report by SOM Representative on the Faculty Senate Executive Committee</td>
<td>Jo Ann Wise</td>
</tr>
<tr>
<td>5:30PM</td>
<td>New Business</td>
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**Adjourn**

**Members Present**

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<thead>
<tr>
<th>Eli Bar</th>
<th>Timothy Beddow</th>
<th>Tracey Bonfield</th>
<th>Robert Bonomo</th>
<th>David Buchner</th>
<th>Shu Chen</th>
<th>Gary Clark</th>
<th>David Friel</th>
<th>Sherine Ghafoori</th>
<th>Anna Maria Hibbs</th>
<th>Hung-Ying Kao</th>
<th>Stathis Karathanasis</th>
<th>Robert Kelly</th>
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<tr>
<td>P. Ramakrishnan</td>
<td>Nischay Rege</td>
<td>Bradford Richmond</td>
<td>Satya Sahoo</td>
<td>Jochen Son-Hing</td>
<td>Phoebe Stewart</td>
<td>James Howard Swain</td>
<td>Anna Valujskikh</td>
<td>Jo Ann Wise</td>
<td>Nicholas Ziats</td>
<td>Richard Zigmond</td>
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Members Absent
Bryan Baskin Mahmoud Ghannoum Susan Stagno
Sudha Chakrapani Aaron Goldenberg Charles Sturgis
Pamela Davis Supriya Goyal Patricia Thomas
Brian D'Anza Kiranpreet Khurana Melissa Times
Justis Ehlers Aparna Roy Michael Wolfe
Barbara Freeman Barbara Snyder

Others Present
Nicole Deming Joyce Helton

Welcome and Chair’s Comments (Phoebe Stewart)
Phoebe Stewart, Chair of Faculty Council, called the meeting to order at 4:02PM and proceeded to provide a brief overview of the agenda items to be addressed at today’s meeting. She reminded the members that Faculty Council elections will be held in May and that nominations are still being accepted for three Faculty Council positions: Chair-Elect of Faculty Council, Faculty Council Steering Committee, and Faculty Council members on the SOM Nomination & Elections Committee (clinical candidates).

Dr. Stewart provided an overview of Greendot, which is a national bystander intervention strategy that promotes safe and comfortable interventions in situations of power-based personal violence, including harassment. CWRU offers this training to teach skill-based learning with a focus on preventing violence in the community. Faculty Council Steering Committee determined this would be most effective if presented at a department level. If you would like Greendot to present to your department, please contact them directly at greendot@case.edu.

Dr. Stewart reminded Faculty Council that all departments and centers with full time 100% paid CWRU faculty have been asked to submit a compensation policy/metrics by the new deadline of March 19. Mendel Singer, Chair of the Committee on Budget, Finance and Compensation) will inform Faculty Council which departments have failed to do so. The reason this is so important is because those departments who do not submit a plan will not be entitled to the incentive portion of faculty salary increases. Faculty Council members requested that Dr. Singer ask Matthew Lester the reason for the policy change.

Department compensation metrics were created by faculty in consultation with their chair to provide a framework to allot merit and incentive salary increases. Faculty Council members asked whether a department could submit a plan that gives the chair full discretion to adjudicate these funds without established guidelines. The idea behind the metrics is that faculty will know for what they are held accountable. Once submitted, these plans will go to the Committee on Budget, Finance and Compensation for review before being submitted to the Dean’s office for approval.

Dr. Stewart provided an update that at the last Faculty Council meeting, a letter on faculty salary concerns was edited and then sent by e-mail to the President and Provost. It has been over a month since it was sent; no response has been received to date.

Approval of Faculty Council Draft Meeting Minutes for January 22, 2018
A motion was made and seconded to approve the meeting minutes from the January 22, 2018, Faculty Council Meeting. The floor was then opened for discussion. There being no corrections or changes, a vote was taken, 27 were in favor, 1 opposed, and no one abstained. The motion passes.

**Report of Steering Committee Activities (Phoebe Stewart)**

Kathy Blazar presented to Steering Committee on the satellite SOM library at the Health Education Campus. Jane Corteville presented to the Steering Committee on the ad hoc committee’s survey on non-tenure track faculty. The Steering Committee discussed the draft committee charge for SOM Committee of the Faculty on Women and Minority Affairs and the draft charge for the ad hoc committee to study the Faculty Council Representation Structure. The presentation of SOM Bylaws amendments related to the five-year review (Articles 2 and 3) was reviewed, as were the suggested meeting topics for the third meeting of the SOM faculty with Dean Davis. It was noted that topics were due by February 5, and it was recommended that the number of topics be limited in order to allow time for discussion.

The SOM CAPT recommendations for faculty packets for promotion and tenure were reviewed by the committee to ensure that equality in standards has been applied in the assessments.

**Discussion of Topics for the Third Meeting of the SOM Faculty with the Dean on April 6, 2018**

3-4:30PM

The School of Medicine bylaws state that “a third meeting will have an agenda approved by the Faculty Council with at least one-half of the meeting devoted to open forum items”. The plan is for the Dean to speak for 45 minutes, with 45 minutes being allotted for open discussion.

Topics for this meeting have been submitted by faculty council representatives and are listed as follows: Shared Governance in the SOM, SOM Diversity, Faculty Compensation, and Credit for Teaching for Non-tenure Track Faculty. If there are additional topics, they can be submitted during the meeting. The goal is to finalize the topics today so they can be sent to the dean in order to allow her time to prepare. The following changes were made to the proposed topics:

- **Shared Governance in the SOM**
  Specify that it is the SOM Office of Research that is being referred to
  Change phrase in last question to “what new mechanisms can be put in place”.

- **SOM Diversity**
  Faculty Council would like to see the data regarding leadership positions in the school for minorities and women, and if possible, have the Dean include this information when she speaks to the full faculty on April 6. Data is required in order to be sensitive to where the needs actually are. There is data readily available (e.g. AAMC website) regarding faculty rank, minority and gender. It was noted that UH recently recruited a woman as the new chair of Pediatrics.

  It was suggested to add to the paragraph a question about efforts to further recruitment, retention, and promotion of women and minorities to leadership positions.

New policy for faculty hiring became effective January 1, 2018. A woman or minority must be a candidate. This is a step in the right direction. The Dean stated at the most recent state of the school address, that she would prioritize the search for a minority chair of any department and made the point that it was one of her top priorities.
Add “what efforts are being made to recruit women and minorities”.

- **Faculty Compensation**
  There were no edits to this paragraph.

- **Credit for Teaching for Non-Tenure Track Faculty**
  The members suggested adding “adjustment of clinical duties should be provided for those who teach”. All Cleveland Clinic employees are on the non-tenure track, and they indicated that they are not being credited for teaching. This is not restricted to NTT. Most faculty indicated they felt their efforts to educate were undervalued.

A motion was made and seconded to approve the topics as we discussed with the edits we added. There being no further discussion, a vote was taken, 27 were in favor, 2 were opposed, and 2 abstained. The motion passes.

Dr. Stewart will send these four topics, as edited, to the Dean after today’s meeting.

**Update on Proposed Conflict of Commitment Language (Sue Rivera):**

The initial Conflict of Interest policy was drafted by a campus-wide committee with representation from all of the schools. At that time, the committee intentionally decided to leave COC out and focus on COI in order to get the COI policy through the senate approval process.

After a recent discussion with the trustees, it was decided to reexamine the policy on COI and include language as to what constitutes a conflict of interest and a conflict of commitment, and the framework required to assure that faculty doing outside consulting would not encroach on their obligations to the university. A comparison was made to a benchmarking study (Stanford and Harvard) to ensure that what we were proposing was not totally outside the realm of what might be expected by a faculty member at peer and aspirant universities.

The new section, on conflict of commitment, states that the university recognizes that full time faculty, whether tenure track or non-tenure track, may engage in consulting and then explains what kind of activities would require the prior notification of their supervisor. There is a section on exceptions that would not require prior exposure, and includes publications, service on study sections, and participation in professional and academic societies. The gist of the proposal is that if one wants to engage in consulting with a private company one would notify one’s superiors; they then have 7 days to raise any concerns.

The spirit in which the proposal is made is that most faculty are able to meet all of their university obligations and still engage in a reasonable amount of consulting activity. We have been asked to come up with a guiding principal for “reasonable” (on average not more than a day a week). We want to allow a situation where a faculty member does not do any consulting for months but then spends three days in a row consulting. It is not always predictable and could be spread throughout the entire year. Part-time employees can do what they wish with non-employment time.

The faculty handbook states (since 1973 - page 50) that faculty members may extend their professional development by accepting opportunities for outside consulting and similar services in their fields of specialization. The point being that it already was a provision and has been for almost 40 years. We want to state more explicitly the expectation for meeting university obligations first, and then define what is a reasonable amount of consulting, in a fashion that does not interfere with university duties.
Dr. Rivera explained that they have taken the proposed language to all of the deans, the Faculty Senate Executive meeting, the Faculty Senate Committee on Research, the Faculty Senate Committee on Personnel and back to the Faculty Senate Executive Committee. The Executive Committee has been given permission to move this to the Bylaws Committee for wordsmithing, then to the full senate meeting, which will not happen before April.

There is increasing pressure from the Board of Trustees, the Deans and other administrators for greater clarity as to what is a reasonable amount of activity outside, instances where they felt they had identified a problem (ex: more than 100 days a year working for an outside entity), and the chairs did not feel the language in the current policy was explicit enough. The University’s Office of Research and Technology Management has received requests from faculty for better guidelines e.g. what is considered a reasonable amount of consulting in good faith. While faculty did not want to step over the line, it was not clear to them where the line was. It was noted that since faculty consulting is an outside activity, CWRU does not review agreements between faculty and outside companies.

There are schools and departments that feel the need for more explicit language. In the end, all eight schools agreed more explicit language was required.

While the policy does not specify how to report to the chair, a form can be used, or, if the department chair is comfortable with it, an e-mail or text between supervisor and faculty member. The existing policy mechanism for oversight of COI is an annual financial disclosure which reveals faculty’s financial information albeit after the fact. Echoing what has been in the handbook, faculty are supposed to notify their chairs and request permission for outside activities before beginning this work. Faculty need to have complete freedom to organize their professional lives according to their best judgement and that is very important and that should not change.

Since this presentation is an update, Faculty Council will not be voting on it. It was suggested that faculty should talk to their SOM senators. A suggestion was made to Dr. Rivera to include “Editorial activities” as another academic activity that does not require approval.

**Presentation from Ad Hoc Committee on Non-Tenure Track Faculty (Jane Corteville)**

Dr. Corteville began her presentation with the slide that ranked faculty concerns by most important to least important. While the response rate was only 14%, there was a good over-all representation from clinical and non-clinical faculty.

Both clinical and non-clinical faculty rated credit/compensation for teaching as one of the top 3 biggest issues. Administrative resources and the misalignment of goals (among the school, hospitals and individual departments) were also rated high on participants list of concerns. Faculty were concerned about job security and salary. Faculty based at the CCLCM rated promotion was an area of high concern. Dr. Corteville emphasized that this survey is only a beginning and was interested in continuing this work with the committee.

Credit or compensation for teaching appears to be a problem across all faculty both tenure track and non-tenure track. This is closely related to the misalignment of goals e.g. hospitals that reward high revenue generation. Members commented that if you are non-clinical, your teaching responsibilities interfere with your research time. Multiple participants commented in the survey that there seems to be a lack of communication between SOM and their department or hospital. Their departments compensate only certain core faculty, yet many are doing the teaching.

It was noted that responses from non-tenure track faculty at Metro did not list compensation for teaching as their top concern. Their top concern was salary, job security, promotion, and the misalignment of goals.
Academic environment – most participants said the reasons they come to and stay at CWRU is because of the academic environment, and the good opportunity for collaboration and teaching. Core academic values of teaching and research have somehow been lost, with the business of medicine being more emphasized. CWRU seems to be irrelevant to them, with their only connection being the medical students. They do not know what is available at CWRU, and have no relationship with CWRU. Dr. Corteville explained that when she came on faculty at Washington University, she was assigned a mentor and told of all the resources available. This was not Dr. Corteville’s experience when she came to CWRU. When polled, most faculty did not know if their department had a committee on CAPT.

Dr. Corteville stated that the SOM has to make a stand in terms of protecting the academic mission of the faculty no matter what they are doing. This should apply to everyone, at all institutions, and everyone who comes under SOM. The role of CWRU in faculty life, and what they can offer, needs to be defined.

The benefit of a common orientation process to SOM would be to help people to understand across the board what their role is, what their department’s role is, and CWRU’s role, regarding advancement and promotion. How do they access resources and what resources does the school have. A vibrant mentoring system for all faculty would afford a better path for success.

Dr. Corteville emphasized that this is just the beginning; information is needed from faculty as to what would be helpful in terms of mentoring and how to make CWRU SOM a part of their lives. What sort of administrative resources are required, and what is considered adequate compensation for teaching. We don’t know how to answer these questions. If the majority of NTT faculty feel the SOM does not play a significant roles in their professional life, that is a huge problem. It was noted that while there are clear roles for tenure-track, there are not clear roles for non-tenure track.

The low response (14% out of 3,000 faculty) indicates disinterest and resignation that nothing will come out of this. It was suggested that an Office of NTT be established to continue with this work with solid recommendations and a report to the Dean.

A motion was made and seconded to approve the extension of the ad hoc committee on Non-Tenure Track Faculty for one year. The committee will sunset on June 30, 2019. There being no further discussion, a vote was taken, 26 were in favor, 2 were opposed and 1 abstained. The motion passes.

Presentation of Draft Committee Charge for SOM Committee of the Faculty on Women and Minority Affairs (Jo Ann Wise)

The purpose of this committee is to act in an oversight and advisory capacity. Their role is to get data, interpret data and move things forward by advising Faculty Council and the administration.

Most important is to first get the data, and then interpret the data to determine if faculty are achieving their career goals. This committee will be able to design and promote policies and programming with the ultimate goal of increasing the number and/or percentage of women and under-represented minority faculty members, especially at the rank of full professor and in departmental and school-wide leadership positions.

If no member of the committee is a voting member of Faculty Council, the committee chair or another member shall be designated to serve in an ex officio non-voting capacity. A comprehensive end-of-year report on the committee’s activities and recommendations for the future will be submitted to Faculty Council. At least once every five years, the committee charge will be reviewed and changes recommended as deemed appropriate.
The only thing in the charge that bears discussion is in determining the number and composition of committee members. Efforts are being made to obtain a broad representation: 2-basic science, 2-clinical, 4-at-large members. Half of the members elected at-large shall be tenured or tenure track and the other half shall be non-tenure track faculty, with the option and contingent upon whether the ninth voting member shall be appointed by the Dean. It was emphasized that while there are 1,000-2,000 more NTT faculty than tenure track faculty, the committee is designed to ensure both categories are represented.

A motion was made and seconded to take out the phrase under Membership “Half of the members elected-at-large shall be tenured or tenure track and the other half shall be non-tenure track faculty”. There being no further discussion, a vote was taken, 12 were in favor, 13 opposed and 4 abstained. The motion does not pass.

A motion was made and seconded to amend the sentence to read “membership should be diverse with regards to tenure and NTT status”. There being no further discussion, a vote was taken. 19 were in favor, 6 were opposed, and 2 abstained. The motion passes.

A motion was made and seconded to include a member of the committee that is appointed by the Dean. There being no further discussion, a vote was taken, 10 were in favor, 17 opposed and 1 abstained. The motion does not pass.

A motion was made and seconded to determine if there should be nine members on the committee. There being no further discussion, a vote was taken, 25 were in favor, 1 was opposed, and 1 abstained. The motion passes.

Faculty Council must approve the charge prior to the election of committee members. A motion was made and seconded to approve the charge as modified. There being no further discussion, a vote was taken, 21 were in favor, 1 was opposed, and 4 abstained. The motion passes.

Dr. Stewart informed Faculty Council that, in the interest of time, the Discussion of the draft committee charge for the ad hoc committee to study Faculty Council Representation (Membership polices) and the Report by the SOM Representative on the Faculty Senate Executive Committee will have to be postponed until the next meeting. The faculty climate survey must be completed by February 28; Dr. Stewart encouraged everyone to participate.

There being no further business to address, the meeting was adjourned at 5:29PM.

Respectfully submitted,

Joyce Helton
Charge for ad hoc committee to study Faculty Council Representation Structure (Membership policies)

Background: The School of Medicine delegates all powers not reserved to the Faculty of Medicine itself to Faculty Council (see SOM Bylaws Article 2 and Article 3.1). The membership policies that determine the composition of the SOM Faculty Council (see Article 3.2) were approved approximately 20 years ago, when the SOM was much smaller, and fewer departments required representation. The number of representatives that serve on Faculty Council (73 as of January 1, 2018) is anticipated to increase due to increasing numbers of academic departments at affiliate institutions.

Faculty Council will appoint an advisory ad hoc committee that will study the membership structure of this body, identify challenges facing the current structure and its practical implementation, and make recommendations to Faculty Council, if deemed necessary.

1) The Committee will be comprised of two faculty representatives from each institution (SOM, UH, VA, MHMC, CCCLM);

2) Committee members need not be current Faculty Council representatives, but current or past service on Faculty Council is deemed important for service on this committee;

3) Committee representatives from each institution will be elected by current Faculty Council representatives from each institution, respectively;

4) Faculty Council representatives from each institution shall inform the Chair of Faculty Council the names of their two appointed representatives by the end of April 2018;

5) If this committee does not include at least two tenured and two non-tenure track faculty, or if the committee does not include at least two faculty from basic science departments and two faculty from clinical departments, then the Steering Committee reserves the right to appoint up to two additional faculty representatives;

6) The ad hoc Committee will elect a Chair from among its members and inform the Chair of Faculty Council by May 15, 2018;

7) The Committee will meet at least monthly and seek advice from faculty colleagues at their institutions. The Committee will provide a report with recommendations to the Faculty Council Steering Committee by December 1, 2018 and with approval of the Steering Committee be placed on the agenda for the December 2018 Faculty Council meeting; and

8) The Committee will sunset in January 2019 after submitting its final report including comments from Faculty Council representatives.
CWRU Action Form for Majors/Minors/Programs/Sequences/Degrees

College/School: School of Medicine
Department: Division of General Medical Sciences, Center for Medical Education

PROPOSED: ___ major ___ minor ___ program ___ sequence ___X___ degree

TITLE: ___ Case Western Reserve University Doctor of Physical Therapy (DPT)

EFFECTIVE: ___Fall___ (semester) ___ 2019___ (year)

DESCRIPTION:

This is a proposal for a Doctor of Physical Therapy (DPT), a new clinical doctorate program to be housed in the School of Medicine. This is designed to meet the local and national shortage, as well as anticipated increased demand with our aging population, of highly trained physical therapists. In addition, this program will build on the strengths of CWRU and increase our inter-professional education portfolio throughout the university.

This program is a preliminary proposal to be modified as needed and approved by the Commission on Accreditation for Physical Therapy Education (CAPTE), approval from which must come after University and State approvals.

Is this major/minor/program/sequence/degree: ___X___ new ___ modification ___ replacement

If modification or replacement please elaborate:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Does this change in major/minor/program/sequence/degree involve other departments? ___Yes ___X___ No

If yes, which departments?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Contact person/committee: ___Cheryl Thompson, PhD

SIGNATURES:
Department Curriculum Chair(s)/Program Directors: ____________________________
Department Chair: ____________________________
College/School Curriculum Committee Chair:
College/School Dean(s):
FSCUE Curriculum Subcommittee Chair:

File copy sent to: ___Registrar ___Office of Undergraduate Studies/Graduate Studies
__________________________
Other:

DATE 8/13/17
Case Western Reserve University
Doctor of Physical Therapy (DPT) Program

I. Introduction
The Case Western Reserve University (CWRU) School of Medicine (SOM) proposes a new Doctor of Physical Therapy (DPT) degree. This three-year program will result in a DPT degree, which is a clinical doctorate, for successful students. This program will be housed within the Division of General Medical Sciences, Center for Medical Education.

Acknowledging that there is a workforce shortage of physical therapy both locally and nationally, the CWRU allied health program will aim to set itself apart from other programs in a number of ways. One is to build on CWRU’s track record of exceptional research and evidence based practice by having a research track within the program. CWRU and some of its clinical affiliates have particular expertise in neurorehabilitation (TBI, SCI, movement disorders, etc), as well as in Wellness and Health Promotion programs. Secondly, we propose to expand the inter-professional health education portfolio for the University and can offer the DPT students opportunities to learn with and from other health professional students throughout the university.

We expect this Program to commence May 2020 or May 2021 following achieving candidacy status accreditation from the Commission on Accreditation for Physical Therapy Education (CAPTE).

II. Proposed curriculum
We have modeled our curriculum to be similar to other top ranking DPT programs, as they are excellent programs, meet the DPT accreditation standards and are housed in research-oriented universities. We expect that the curriculum will be updated once a program director and program faculty have been hired, but will keep within the standards of CAPTE.

This curriculum will be designed as a post-baccalaureate degree consisting of 8 semesters, 104 credits of graduate level courses and 36 weeks of full-time clinical education. The proposed curriculum is detailed in Appendix A. It will involve the creation of an entirely new set of classes. All or most courses will be taught by new physical therapy (PT) faculty. Due to the nature of this program, most courses will have a physical therapy clinical focus and thus be new courses not currently existing.

A. Unique curricular threads
The DPT Program will feature three key threads that will extend throughout the program: 1) Evidence-based practice and research, 2) inter-professional practice and communication, and 3) professional and leadership development.

As part of the first thread, graduates of the program are expected to practice using evidence-based approaches of evaluation and intervention. In addition the graduates are expected to be clinical scholars who will bring research to their clinical practices to further develop the evidence-based practice of physical therapy. This will be accomplished by a series of evidence-
based practice courses through the curriculum that lead to the completion of a capstone research project under the supervision of core or adjunct faculty.

As part of the second thread, graduates will be expected to excel at cooperative, inter-professional practice. This will involve skills in inter-professional communication to establish a strong, autonomous yet cooperative physical therapy practice within the larger health care milieu. Graduates will have the skills to communicate the need for them to develop the appropriate physical therapy diagnosis and plan of care for patients/clients under their care while recognizing the skills of other health care practitioners and knowing when to properly refer patients/clients to these other practitioners. This will be accomplished by exposure to other health care professionals in both basic science and clinical courses, a series of inter-professional experiences as part of each clinical course in the curriculum and the logging and discussion of inter-professional experiences in clinical practice affiliations.

The third key thread of the curriculum is the professional and leadership development of the student with attention to personal growth. These seminar-style courses will help the students develop leadership skills and develop an understanding of the need for continued professional development through continuing education, scholarship, taking leadership opportunities and becoming a clinical mentor of others. In these courses, students will understand the need for them to seek residency training and advance clinical certification. In these courses students will recognize the need for them to become clinical educators (clinical instructors or clinical education coordinators) as well as considering the possibility of becoming an academic educator (faculty member) in physical therapy. This segment will be led by program faculty and have lectures and presentations by invited guests from around campus and off campus, as well as readings and discussions. Topics to be covered include:

- Leadership: Identifying your strengths, developing teams, etc
- Team skills: Refining your team skills, providing constructive feedback to others, etc
- Managing your own practice
- Business of physical therapy
- Innovating in the PT space

B. Clinical education

Accredited DPT programs require a minimum 30 weeks of full-time clinical rotations. This proposed program will exceed that minimum with both part-time imbedded clinical experiences within each clinical course and 36 weeks of full-time clinical experiences. This can be done in blocks of 8, 14 and 12 weeks, with each student having both in-patient and out-patient clinical experiences. Many DPT programs offer clinical rotations around the country, and it is common for DPT students to request rotations in their hometown or other area of the country where they might have friends or family, or potentially get a position post-graduation. The Director of Clinical Education (DCE) will work to set these up. However, students must recognize that the Physical Therapy program at Case Western University will be utilizing only the finest clinical experiences, so clinical sites with minimal staff qualifications and resources may not be considered for their full-time clinical experiences. In addition, some standing clinical
collaborations will be necessary and students will be assigned to these sites. We have letters of support from University Hospitals and MetroHealth Medical Center offering rotations to our students.

C. Additional features of curriculum and future development

The curriculum will be built on Case Western’s successful Inquiry (IQ) based curriculum model, similar to the MD program. New cases developed for DPT students which emphasize evidence based clinical decision making within Physical Therapy Practice.

Anatomy instruction will include prosection and dissection but will also features CWRU developed HoloAnatomy\(^1\) instruction.

One of the unique ways we will set ourselves apart from other DPT programs is through significant collaboration with our Department of Biomedical Engineering (see letter from Robert Kirsch, PhD, Chair of the Department of Biomedical Engineering). Our Department of Biomedical Engineering is in the top 15 nationally and is known for its strengths in a systems approach to the field, like the field of physical therapy. There are a significant number of faculty in that Department who are doing related research and, once the DPT program is approved, we will establish a joint DPT/PhD program. Only three DPT/PhD Biomedical Engineering programs currently exist in the country.

Other areas to be explored as opportunities to set us apart only once the program is in place and established include:

- Wellness pathway or electives
- Collaboration and preferred admission from top masters level athletic training programs
- Other joint DPT/PhD and joint DPT/MS or DPT/MPH programs
- Residency programs

D. Admission Requirements

Students to be admitted to this program must meet at least the following criteria:

- Completion of the following pre-requisite courses (note that exception could be made if they complete prior to initiating program and/or are enrolled in other pre-health programs, such as PRIME, during which they can take the pre-requisite coursework):
  - Two semesters of Chemistry with lab
  - Two semesters of Physics with lab, preferably calculus-based courses
  - Two semesters of Biology with lab
  - Two semesters of Anatomy and Physiology with lab
  - Two semesters of Psychology

\(^1\) This refers to Human Gross Anatomy curriculum based on the augmented reality technology of Microsoft HoloLens.
- One semester of Statistics (including both descriptive and inferential statistics)
- Previous baccalaureate degree with an overall GPA of 3.0 or greater and science GPAs of 3.0 or greater.
- Completion of GRE
- 3 letters of recommendation (one from a physical therapy clinician, one from a college instructor and one from either of these or an employer)
- Completion of at least 50 volunteer hours in at least two different PT settings under the supervision of a physical therapist—these are generally observational hours with occasional supervised hands-on assistance to give the students a good understanding of what physical therapists do
- A demonstrated commitment to a career in physical therapy

Following achieving candidacy status, we will utilize the centralized application system used by CAPTE accredited DPT programs, the Physical Therapy Centralized Application System (PTCAS).

**E. Curricular progression requirements**

To graduate from the DPT curriculum, students must pass all required courses with a B or better and maintain an overall GPA of at least 3.0. In addition, they must complete an individual or group capstone research project. Capstone projects are scholarly projects that will be completed in conjunction with a capstone project committee with at least one DPT faculty member and should be mutually agreed upon. Prior to enrolling for the capstone credits, the student and faculty member will create a specific set of learning objectives and project goals to be completed by the student for successful completion of the project. This must be approved by the program director prior to initiation, and must be completed by the last semester they are registered for credits. Capstone projects should represent a minimum of 120 hours (3 credits) of work. At the end of the project, a capstone report (which may be in the form of a manuscript which can be submitted for publication) will be submitted to both the capstone project committee and program director for evaluation. There will be a public oral defense of this project report and a public poster presentation of this project. Submission to a professional meeting will be recommended but not required.

Students will be advised and mentored by core DPT faculty. All incoming students will be assigned to a core DPT faculty. Faculty mentors/advisers will meet individually with each student at least twice per semester. During these meetings, they will advise them on course performance as well as personal growth and assessment of personal challenges they might receive. All DPT faculty will be expected to keep current with resources available on campus to assist students who need additional resources to be successful, such as University Counseling, Career Services, etc. In the event that a relationship between an advisor and student is not working out well, students or faculty will be able to petition the program director to be matched with another faculty member.
III. Faculty and Department information

This program will be housed within the Center for Medical Education. The program will be led by a program director, who will be a new faculty recruit to the School of Medicine. The program director will be joined initially by a Faculty Clinical Education Coordinator and, by the time of submission of the Application for Candidacy (AFC), the addition of additional faculty that will result in a total of at least 7 FTE for teaching efforts for the expected 30 students in each cohort. Please note that this may result in the need to hire more than 7 faculty, as we expect many of them to have or develop a research portfolio and as effort is covered on grants, we may need more faculty to cover teaching obligations.

Cheryl Thompson, PhD, Director of Master's Programs, School of Medicine, Assistant Professor, Department of Nutrition, will sponsor the creation of this new program until a Program Director is hired. The Dean of the School of Medicine will serve as the chief academic officer with overall responsibility to the University for the quality, policy and structure of the program. The Vice Dean for Medical Education will carry the academic and administrative authority for the Dean. The Program Director will directly report to the Vice Dean of Medical Education.

The current working program development advisory committee (as of 11/21/17) is as follows:

- Cheryl Thompson, PhD, Director of Master’s Programs, School of Medicine
- Patricia Thomas, MD, Vice Dean of Medical Education, School of Medicine
- Matthew Lester, MBA, MHA, Sr. Assoc Dean for Finance, School of Medicine
- Brian Foss, MBA, Interim Assistant Dean for Finance, School of Medicine
- Briana Motley Partee, PT, DPT, Practicing physical therapist at University Hospitals with clinical focus on sports therapy, Adjunct Instructor, CWRU
- Jessica Jenkins, PT, DPT, Practicing physical therapist at University Hospitals
- Mary Vargo, MD, Physical Medicine and Rehabilitation, MetroHealth Medical Center
- Bruce Garba, PT, DPT, MetroHealth Medical Center
- Linda Dundon, PT, DPT, Practicing physical therapist at the Louis Stokes Cleveland VA Medical Center
- Ronald Triolo, PhD, Executive Director, VA Advanced Platform Technology Center, Professor of Orthopaedics and Biomedical Engineering
- David Lake, PT, PhD, Outside Consultant for Program Development

The program development committee has developed a vision statement for the DPT program. It is as follows:

*We aspire to re-imagine and influence the future of the physical therapy profession through excellence and innovation in education, evidence-based autonomous and inter-professional clinical practice, professional leadership and service, community engagement and research.*

Once the program director has been hired and this program is in its development phase, a Steering Committee will be developed. This Steering Committee will be tasked with program evaluation and development. The program director will report to the Steering Committee, which will meet at least twice yearly. The Steering Committee will consist of:
• A least two full time faculty from the DPT program
• A least two full time faculty from the School of Medicine, outside the DPT program
• At least one SOM administrator
• The Vice Dean for Medical Education
• Two physical therapy community clinicians

Members of this committee will be appointed for the duration of the development period. Replacement of individuals who resign may be replaced as needed as long as the structure of the steering committee remains.

There will be a Program Advisory Committee. This committee will meet at least semi-annually and will be tasked providing overall advice to the program from an external perspective. The Program Director will report and receive input from the advisory committee at least twice per year. The Program Advisory Committee will consist of:

• The Program Director
• The Associate Dean of Graduate Education in the School of Medicine and/or the Director of Master’s Programs in the School of Medicine
• The Senior Associate Dean of Finance and/or a senior member of the Finance and Development Office appointed by the Senior Associate Dean of Finance
• Four practicing physical therapy clinicians
• At least one current or former DPT faculty from another institution who understands the landscape and can serve in a consulting role

The School of Medicine Office of Finance and Planning has been involved in researching this new program and conducting the feasibility analysis. The Office of Graduate Education will be involved in advising on the necessary internal and external steps and processes to launch the new degree program. Additionally, the Office of Medical Education has been actively engaged with several DPT practitioners at multiple affiliate hospitals that have provided insight to the current proposal and will prove to be useful consultants in navigating the program launch process. The 3 offices will work closely together on the program launch project until a new Faculty Program Director is hired who will at that point lead the new department and program launch project. A search for a faculty program director will be completed in parallel with this program moving forward with University approvals.

The new program is important to the School of Medicine as it expands the inter-professional health education portfolio for the School of Medicine and the University as a whole. Additionally, it provides an opportunity for the SOM to diversify its financial portfolio into additional education programs. The new DPT program has the opportunity to interface with other schools, such as Nursing and Dentistry, to take on a team-based teaching approach as a model for program excellence as the program develops. In addition, the DPT program will interface and collaborate many of the other Departments in the School of Medicine
IV. Evidence of need for the proposed curricular initiative

There are numerous other DPT programs in the region. Please see Appendix B – DPT Programs – Regional Competitors for more details. However, these are currently not meeting the staffing need of regional hospitals. In addition, none of these are capable of developing the type of DPT graduate described in this proposal.

In Ohio, there is 29% job growth projected with 423 new jobs annually and a median starting salary of $84K per the Ohio Job Outlook 2014-2024 report-Ohio Job and Family Services. Despite the competition within the State of Ohio, current DPT programs are not meeting the demand at the state level. In addition, there are areas of specialization that need more trained physical therapists – particularly in areas of pediatrics, gerontology and in-patient rehabilitation. Independent of this analysis, Educational Advisory Board (EAB) did an analysis of opportunities in the Health Professions for CWRU. The top program identified was a DPT program. For more details on the market analysis and feasibility, please see Appendix D.

We aspire to not only meet the regional needs for DPTs in Ohio but to meet the need nation-wide as well. Nationally, from 2014 to 2024, the Bureau of Labor Statistics anticipates job growth of 34% for PTs. This is faster growth than the Ohio rate and # 8 of all occupations.

Importantly, we also aim to be a top program with a goal of being not only a leader in the field, but a trainer of future DPT faculty. The imbedded professional and leadership development thread within the curriculum will direct students toward an appreciation of obtaining advanced clinical certification and perhaps an advance doctoral degree. Joint DPT/PhD programs (see more below) is one way we are not only training the next generation of DPT clinicians, but also of DPT researchers and educators. There are very few DPT/PhD programs nationally and in the State of Ohio, only Ohio State University (PhD in Health and Rehabilitation Sciences) and University of Toledo (PhD in Exercise Science) have joint DPT/PhD programs. We are poised, with both existing and future PhD programs, to offer more options for areas of physical therapy research (for example, neuroscience, clinical research, biomedical engineering, etc).

Below are the top ranked national programs grouped by differentiating factors:

- **Research** - Many programs and virtually all top 10 programs (Pitt, OSU, Delaware, Emory, Wash U, Duke, etc.) highlight research as a selling point for their programs. This may come via a joint PhD program or just based on their faculty and the labs that have been setup. Sponsors include NIH, NSF, and foundations. We will prioritize hiring of research intensive faculty that can lead students on research experiences during the completion of their program.

- **Team based approach** - Top ten programs such as, Duke and Massachusetts General Hospital Institute of Health Professions (Boston), utilize a team-based approach rooted in collaborative inter-professional (Medical, PA, and Nursing school students) team-based learning.

- **Joint Degree programs** - Pitt and Northwestern offer research-focused joint degrees with Engineering. (Note that CWRU Department of Bioengineering is already collaborating in rehabilitation research in Cleveland). Emory offers numerous joint
degrees-MA Bioethics, MBA, MPH, and PhD). The CWRU Department of Nutrition already has a joint degree program with the MD and PA degrees. We will explore joint degree programs in the future after the core program is in place.

- **Global Health**-OSU and Duke offer international clinical rotations. This is also a potential area for CWRU, given its international recognition in Global Health through the Center for Global Health. Students may also jointly complete a certificate in Global Health.

Our program would be set apart from much of the competition due to our top ranked medical school and its research focus. The majority of the regional competitors’ programs (Walsh, Mt. Union, Cleveland State, etc.) are not at Universities with medical schools or robust biomedical research programs. We are also embarking on a large investment into Brain Health that fits well with a new DPT program. We also have the ability to build on educational expertise in the SOM Department of Medical Education.

V. **Projected Enrollment**
Per the Bureau of Labor Statistics, nationally there is a projected 34% growth in jobs for PTs or graduates of DPT programs over the next decade. This will require an increase in enrollment and DPT graduates nationally to meet the job growth demands. Per the Commission on Accreditation for Physical Therapy Education (CAPTE) Fact Sheets, specific figures are not yet available for future enrollment targets, but the underlying strong projected job growth creates a need for increases in enrollment. That increased enrollment will need to be met with the creation of new DPT programs. We anticipate enrolling 25 students in the first year, ramping up to 40 in later years. Once established, we will consider raising this if there remains a high demand for DPT students, and continuing need for additional practicing physical therapist and the raise is approved by CAPTE.

Admissions decisions would be handled internally by a committee of primarily DPT faculty and local clinicians. Additional volunteers can be drawn from the CWRU School of Medicine community as well as external partners and collaborators to provide other insights into who are the best students for this program.

Recruitment efforts would be coordinated by a staff person within the DPT program. Multiple marketing will be utilized, including attendance at PT related conferences or career fairs, as well as online virtual fairs. Email blasts to GRE takers and other lead databases of prospective names will be sent regularly. Follow-up of interested applicants will be a priority of this staff person.

VI. **Resources required**
All the program courses would be Physical Therapy-specific and will need to be taught by new DPT program faculty.

Immediate faculty hiring of a Program Director and Director of Clinical Education (DCE) is required. In addition, full-time core faculty in each key area of physical therapy practice (musculoskeletal/orthopedic, neuromuscular/neurologic, cardiovascular and pulmonary, wound care/amputee care, geriatrics and pediatrics) need to be hired prior to submission of the
Application for Candidacy (AFC) and the Candidacy site visit by CAPTE. CAPTE requires that the first two years’ CORE faculty are hired prior to the AFC and they also require a core faculty to student ratio of 12:1. CAPTE required that at least half of those hired including the Program Director must have an advance doctoral degree (PhD, EdD). At a minimum, additional new part-time faculty will also need to be hired to teach courses in the program to teach in specific clinical areas not covered by the core faculty. Two staff members will likely need to be hired as well, with one to provide administrative and faculty support and the other to support the DCE in the development and management of the clinical education program and in student affairs (including marketing and recruitment of potential applicants). A Department administrator/student affairs position and a department assistant will run the operations of the new department and DPT program. Additionally, space and facilities will need to be identified to serve as a home to the new program. Existing facilities (i.e. vacated space currently being used for the Medical Students who will move to the Health Education Campus (HEC) building in 2019, or other local buildings) would need to be renovated, or new space in the HEC would need to be built-out to house the DPT program. Jill Stanley, Associate Dean for Space and Facilities Planning in the SOM, has been consulted and is working with us to understand different options (see letter). Investment would be required for both the new DPT faculty, facilities and equipment for the program.

VII. Expenses and Revenue
The DPT Program Financial Model with specific assumptions disclosed that impact the revenue and expense projections is provided in Appendix C. Major program launch timelines are both noted per program launch and CWRU fiscal year. Two scenarios were modeled that factored a revised timeline based on feedback from our consultant, David Lake. One had a student ramp up (discussed below) and another with the same basic assumptions but with a flat class size of 25 with no growth in enrollment which is referred to as the base model.

The models assume new faculty and staff hires, expenses for renovation/setup of both educational and research space, annual tuition of $35.1K or $105.3K for the whole program. The enrollment targets are for an inaugural class of 25 and then growing the incoming class size by 5 students a year until a class size of 40 students is reached in the program’s fourth year of enrolling students. The average class size nationally is 44 students per CAPTE. The financial models assume that the first two year’s faculty are on board in time for the AFC. The core faculty salaries are shown at CAPTE benchmarks and there are funds budgeted for associated or adjunct faculty as well. The model adheres to the CAPTE requirement of 12 student per core faculty member. Non-salary expenses include both supplies as well as recruitment and marketing materials and efforts. The models also factor in $1M for educational equipment and $1M for research equipment/startup packages to be spent over 5 years. Renovation of existing facilities or buildout of space in the HEC is not factored into the financial model. The curricular initiative is designed to be revenue generating and the DPT program is projected to be sustainable over the long-run. Please see the financial model (Appendix C) for detail on expected revenues and expenses per year. There is a detailed model for the student ramp-up scenario along with a summary table that compares the net annual margin or (P/L) for each scenario, the Base scenario and then the Student ramp up scenario. As expected and is typical of
similar programs, this program will result in a revenue loss for the first few years. Once students come, the program will have a positive annual margin contribution or generate an annual surplus in program year 4 or FY 22 in both scenarios, and we expect to recoup the investment around year 6 in the student ramp-up scenario. The investment is recouped a year later or in year 7 of the base model or with no growth in student enrollment. Please see letter from Matthew Lester, Senior Associate Dean for Finance, for information on the School of Medicine’s commitment to investing these resources into the program.

VIII. Program Assessment

This program will implement a comprehensive ongoing assessment. The program will be evaluated at a program level as well as a class level and efforts will be made to remediate in any area showing any amount of deficiencies. This comprehensive ongoing assessment is a CAPTE requirement. A key metric in measuring our program success will be achieving an NPTE pass rate higher than the national average. Another will be meeting the CAPTE guidelines for having >80% graduation rate.

IX. Required University and SOM resources

With regard to classroom and faculty space, we estimate approximately 12,000 sq ft are needed. This is predominantly classroom/lab space (6,500), faculty office space (about 3,000), administrative office space (about 500 sq ft) and student lounge/locker room space (about 2,000). The classroom space required includes a lecture hall as well as two clinical lab rooms, with patient beds and appropriate equipment. Courses for first and second year students, as well as their clinical rotations, will be coordinated to most efficiently utilize the classroom space. Since students will need to change at various times, locker rooms are necessary. The Associate Dean for Space and Planning is in ongoing discussions and will assist in space planning to identify potential space to house the new program. It will either be held in the new Health Education Campus (HEC) (if budget allows as appropriate approvals are received) or it will be housed in renovated space that is currently allocated to medical student education, when they move to the HEC.
Appendix A: Proposed Example Curriculum, subject to change. Course descriptions are provided in Appendix E.

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<td><strong>Year 1 Term 1</strong></td>
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<td>PT 501: Physiology for Physical Therapy</td>
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<tr>
<td></td>
<td>PT 502: Biomechanics and Kinesiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PT 530: Introduction to PT Evaluation and Intervention</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PT 571: Evidence Based Practice 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PT 581: Professional Leadership &amp; Professional Growth 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td><strong>Year 1 Term 2</strong></td>
<td>PT 504: Clinical Medicine for Physical Therapy 1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PT 505: Introduction to Pharmacology for PT</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PT 506: Neuroscience in Physical Therapy</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PT 531: Musculoskeletal Physical Therapy (includes therapeutic agents)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>PT 572: Evidence Based Practice 2</td>
<td>2</td>
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<tr>
<td></td>
<td>PT 582: Professional Leadership &amp; Professional Growth 2</td>
<td>1</td>
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<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>17</strong></td>
</tr>
<tr>
<td><strong>Year 1 Term 3</strong></td>
<td>PT 507: Clinical Medicine for Physical Therapy 2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PT 532: Cardiovascular &amp; Pulmonary Physical Therapy &amp; Integument</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>PT 533: Neuromuscular Physical Therapy</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>PT 508: Development and Aging</td>
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</tr>
<tr>
<td></td>
<td>PT 573: Evidence Based Practice 3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PT 583: Professional Leadership &amp; Professional Growth 3</td>
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<td></td>
<td><strong>TOTAL</strong></td>
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</tr>
<tr>
<td><strong>Year 2 Term 4</strong></td>
<td>PT 691: Clinical Internship 1 (8 weeks)</td>
<td>4</td>
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<tr>
<td></td>
<td>PT 634: Advanced Musculoskeletal Physical Therapy</td>
<td>4</td>
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<td></td>
<td>PT 674: Evidence Based Practice 3 (Design)</td>
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<td></td>
<td>PT 684: Professional Leadership &amp; Professional Growth 4</td>
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<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>11</strong></td>
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<td><strong>Year 2 Term 5</strong></td>
<td>PT 635: Advanced Neuromuscular Physical Therapy</td>
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<td>PT 636: Pediatrics</td>
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<td>PT 685: Professional Leadership &amp; Professional Growth 5</td>
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<tr>
<td></td>
<td>PT 701: Capstone Project 1 (Data Collection)</td>
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<tr>
<td></td>
<td><strong>TOTAL</strong></td>
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<tr>
<td><strong>Year 2 Term 6</strong></td>
<td>PT 637: Complex Patient Assessment &amp; Intervention</td>
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<td>PT 638: PT in Health and Wellness</td>
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<td></td>
<td>PT 686: Professional Leadership &amp; Professional Growth 6</td>
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<tr>
<td>Course/Internship</td>
<td>Credits</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>---------</td>
<td></td>
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<tr>
<td>PT 702  Capstone Project 2 (Data Collection, Analysis &amp; Report)</td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
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<tr>
<td><strong>Year 3 Term 7</strong></td>
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<td>PT 692: Clinical Internship 2 (14 weeks)</td>
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<tr>
<td><strong>Year 3 Term 8</strong></td>
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<tr>
<td>PT 693: Clinical Internship 3 (12 weeks)</td>
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<td></td>
</tr>
<tr>
<td>PT 639: Clinical Synthesis and Exam Preparation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>104 credits</strong></td>
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</table>
# Appendix B: Other Regional DPT Programs

<table>
<thead>
<tr>
<th>School</th>
<th>National Program Rank</th>
<th>Tuition per semester</th>
<th>Total Program Cost</th>
<th>Avg. Class</th>
<th>Program Type</th>
<th>Length</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>University of Pittsburgh</td>
<td>3</td>
<td>15,197</td>
<td>136,773</td>
<td>60</td>
<td>4+3</td>
<td>9 sem</td>
<td>In-state tuition is $56.4K</td>
</tr>
<tr>
<td>Ohio State University</td>
<td>19</td>
<td>15,952</td>
<td>188,188</td>
<td>50</td>
<td>4+3</td>
<td>9 sem</td>
<td>In-state tuition is $56.4K</td>
</tr>
<tr>
<td>Ohio University</td>
<td>46</td>
<td>8,718</td>
<td>78,462</td>
<td>45</td>
<td>4+3</td>
<td>9 sem</td>
<td></td>
</tr>
<tr>
<td>University of Cincinnati</td>
<td>64</td>
<td>12,266</td>
<td>106,717</td>
<td>35</td>
<td>3+3, 4+3, Direct Admit</td>
<td>9 sem</td>
<td></td>
</tr>
<tr>
<td>Walsh University</td>
<td>136</td>
<td>10,125</td>
<td>81,000</td>
<td>34</td>
<td>3+3, 4+3, Direct Admit</td>
<td>8 sem</td>
<td></td>
</tr>
<tr>
<td>University of Dayton</td>
<td>136</td>
<td>10,605</td>
<td>84,840</td>
<td>35</td>
<td>4+3</td>
<td>8 sem</td>
<td></td>
</tr>
<tr>
<td>Cleveland State</td>
<td>154</td>
<td>12,151</td>
<td>95,337</td>
<td>40</td>
<td>4+3</td>
<td>9 sem</td>
<td>TR shown is FT, some semesters are PT and factored in Total program cost</td>
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<tr>
<td>Youngstown State University</td>
<td>164</td>
<td>8,006</td>
<td>72,000</td>
<td>30</td>
<td>4+3</td>
<td>9 sem</td>
<td>In-state program cost is $58K</td>
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<tr>
<td>University of Toledo</td>
<td>164</td>
<td>9,922</td>
<td>89,300</td>
<td>28</td>
<td>4+3</td>
<td>9 sem</td>
<td>In-state program cost is $49K</td>
</tr>
<tr>
<td>Mt. St. Joseph University</td>
<td>182</td>
<td>9,000</td>
<td>81,000</td>
<td>36</td>
<td>4+3</td>
<td>9 sem</td>
<td></td>
</tr>
<tr>
<td>University of Findlay</td>
<td>193</td>
<td>11,565</td>
<td>104,086</td>
<td>36</td>
<td>3+3, Direct Admit, Weekend PTA to DPT Bridge</td>
<td>9 sem</td>
<td></td>
</tr>
<tr>
<td>University of Mt. Union</td>
<td>39</td>
<td>11,025</td>
<td>88,200</td>
<td>28</td>
<td>4+3</td>
<td>8 sem</td>
<td>Developing program-1st class entered Fall of 2016-28 students, anticipate 30 for next class</td>
</tr>
</tbody>
</table>

*Current total average class size for all Ohio programs* 397

Sources: Program websites
## Appendix C: Financial Model

<table>
<thead>
<tr>
<th>Program Milestone</th>
<th>Cumulative Number of Students</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
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<tbody>
<tr>
<td>FY 19</td>
<td></td>
<td>25</td>
<td>50</td>
<td>90</td>
<td>105</td>
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<tr>
<td>FY 20</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FY 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>FY 23</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FY 24</td>
<td></td>
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### Personnel

<table>
<thead>
<tr>
<th>Role</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
<th>FY 23</th>
<th>FY 24</th>
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</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>121,250</td>
<td>175,000</td>
<td>176,500</td>
<td>178,618</td>
<td>180,203</td>
<td>123,106</td>
</tr>
<tr>
<td>Dir of Clinical Education (DCE)</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
<td>101,000</td>
</tr>
<tr>
<td>4.0FTE Core Faculty</td>
<td>340,000</td>
<td>343,400</td>
<td>346,844</td>
<td>350,302</td>
<td>353,805</td>
<td>353,805</td>
</tr>
<tr>
<td>1.0FTE Core Faculty</td>
<td>170,000</td>
<td>171,700</td>
<td>171,700</td>
<td>171,700</td>
<td>171,700</td>
<td>171,700</td>
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<tr>
<td>Associated Faculty</td>
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<td>85,850</td>
<td>86,709</td>
<td>117,575</td>
<td>133,751</td>
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<tr>
<td>Adms/Std Affairs</td>
<td>75,000</td>
<td>75,750</td>
<td>76,508</td>
<td>77,273</td>
<td>78,045</td>
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<tr>
<td>Dept Asst</td>
<td>35,000</td>
<td>35,350</td>
<td>35,704</td>
<td>36,061</td>
<td>36,421</td>
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<tr>
<td>Subtotal Salaries</td>
<td>187,500</td>
<td>210,000</td>
<td>213,315</td>
<td>216,804</td>
<td>220,393</td>
<td>223,982</td>
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<tr>
<td>Fringe</td>
<td>5,975</td>
<td>5,975</td>
<td>5,975</td>
<td>5,975</td>
<td>5,975</td>
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<tr>
<td>Total Salary/Fringe</td>
<td>203,475</td>
<td>2,075,075</td>
<td>2,080,080</td>
<td>2,084,084</td>
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### Non-Salary

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<tr>
<th>Role</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
<th>FY 23</th>
<th>FY 24</th>
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<tbody>
<tr>
<td>Educational Equipment</td>
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### Research Lab/startup packages

<table>
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<tr>
<th>Role</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
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### Total

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<tr>
<th>Role</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
<th>FY 23</th>
<th>FY 24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>239,475</td>
<td>2,327,300</td>
<td>2,332,300</td>
<td>2,337,300</td>
<td>2,342,300</td>
<td>2,347,300</td>
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### Revenue

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<th>Role</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
<th>FY 23</th>
<th>FY 24</th>
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</thead>
<tbody>
<tr>
<td>Net Tuition Revenue</td>
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<td>384,388</td>
<td>1,901,543</td>
<td>3,111,615</td>
<td>3,680,238</td>
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### Program Net

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<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
<th>FY 23</th>
<th>FY 24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>864,388</td>
<td>1,901,543</td>
<td>3,111,615</td>
<td>3,680,238</td>
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</table>

### Cumulative Net

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<th>Role</th>
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<th>FY 20</th>
<th>FY 21</th>
<th>FY 22</th>
<th>FY 23</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(239,475)</td>
<td>(2,327,300)</td>
<td>(2,332,300)</td>
<td>(2,337,300)</td>
<td>(2,342,300)</td>
<td>(2,347,300)</td>
</tr>
</tbody>
</table>

### Notes:

- A - same as PA program tuition per semester -$11.7K, total program cost is $105.3K
- B - Table showing assumptions for student population
- C - Per CAPTE requirement, 6.0 FTE Core Faculty members at time of Application for Candidacy. Salaries are shown at CAPTE benchmarks and associated faculty represents funds available for adjuncts and partial FTE faculty. A 5th Core faculty is added with the 4th class of students to keep CAPTE ratio of 12 students : 1 Core faculty.
- D - 1% annual salary increases, 33% FB
- E - $20K non-salary/consulting cost for FY 19, $30K in FY 20 with faculty hire, $100K FY 21 and thereafter (follows PA business plan)
- F - Cost to build out (HEC) or renovate space (Robbins-vacated Med Ed) are separate. This is to set up educational space with equipment
- G - $1.0M over 5 yrs. For research lab setup/startup packages
Appendix D: Doctor of Physical Therapy Program Feasibility Analysis

Executive Summary

The SOM Finance Office explored the possibility of establishing a Doctor of Physical Therapy (DPT) program at the CWRU SOM as an opportunity to provide a high value educational program while simultaneously fulfilling the SOM’s mission and diversifying its revenue stream. While a DPT program at the SOM would be a good program addition and financially viable, there are key risks that could outweigh the rewards. The benefits include: roughly $1.8M surplus per year with a final class size of 40 students in program year 6 when the investment is paid back expansion of the SOM’s allied health program portfolio and furthering of the mission of providing comprehensive healthcare education. Although CWRU would be a late mover and the educational market at/near saturation point wherein ~94% of the new projected job growth in Ohio would be covered by the current Ohio-based DPT programs, our goal is to be a national program and help meet the demand at the national level, where the shortfall is much higher. Additionally, two top-tier programs exist in the region (Pitt and Ohio State).

While there are a number of risks and benefits, we recommend that the SOM could embark on the development of a DPT program if the following were completed:

1) Confirm support from affiliates to provide the necessary clinical training,
2) Secure a unique value proposition that would differentiate it among the Ohio and national programs especially as a new entrant, and
3) Hire a program director with experience in developing and running DPTs programs.

Analysis

Job Outlook- There is a projected high demand for Physical Therapists (PTs) or DPT program graduates. Nationally, from 2014 to 2024, the Bureau of Labor Statistics anticipates job growth of 34% for PTs. This is # 8 of all occupations. In Ohio, there is expected to be a 30% increase with 423 new jobs annually (per Ohio Job Outlook 2014-2024-Ohio Job and Family Services).

Competitive landscape- There is competition in the region with Pitt (#1 nationally) and Ohio State (#10) leading the way. CWRU would be a late mover in a state with 10 other programs including CSU already in Cleveland and Mt. Union admitting its first class this past fall. More details are presented in Appendix B. However, we believe our strengths, particularly in training future clinician/educators and clinician/researchers through our DPT/PhD programs, will help us place our graduates both locally as well as around the country.

Accreditation risk- The CAPTE (accrediting body) application process has become more stringent. Program applications are only reviewed twice a year (reduced recently from 3), with a maximum of 6 applications reviewed per candidacy cycle. Additionally, the accreditation process does not move forward until a Faculty Program Director is hired. Then there are workshops, subsequent faculty hires, curriculum development and then a formal application to the CAPTE.
Facilities and Clinical rotations-The program would require a unique large space for treatment tables and specialized equipment. The program also requires clinical rotations for students. CSU currently has clinical rotations with all of our affiliated hospitals in the city (CCF, MHMC, UH, and the VA). However, space has been committed by the School of Medicine (see letter from Jill Stanley, as well as other letters).

Financial Model- The financial model estimates an inaugural class of 25 and then growing the incoming class size by 5 students a year until a class size of 40 students is reached in the program’s fourth year of enrolling students. The program requires a $3M investment is projected to run its first surplus in project timeline year 4. The payback period is a 6 years. Major program milestones are noted per fiscal year.

Program launch timeline-Program launch time is estimated to take a little over 4 years before the 1st class is admitted. The major hurdles in the accreditation process are hiring a qualified Faculty Program Director, Clinical Education Coordinator, developing curriculum, and securing clinical rotation slots.
Appendix E: Course Descriptions

PT 500: Anatomy for Physical Therapy. 6 credits, graded
This is a regional study of the structure, function, histology and development of the human body with emphasis on skeletal, muscular, vascular and peripheral neurologic systems. Course involves use of dissection, prosection, bone kits, models and HoloAnatomy™ technology. Regional study of anatomy will be accompanied by basic palpation and an introduction to regional medical imaging. Laboratory with brief introductions to the dissection.

PT 501: Physiology for Physical Therapy. 3 credits, graded
This is a systems study of human physiology with emphasis on cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, respiratory, and renal and urologic systems and system interactions. This course will include the implications of exercise and aging on each system discussed. Discussion.

PT 502: Biomechanics and Kinesiology. 3 credits, graded
This is a regional examination of biomechanics and kinesiology of the human musculoskeletal systems. It will follow and be linked with PT 500 Anatomy for Physical Therapy. Discussion and Laboratory components.

PT 504: Clinical Medicine for Physical Therapy 1. 3 credits, graded
This is a systems exploration of the pathology, histopathology, differential diagnosis; and the medical and surgical interventions and applications of pharmacology commonly seen in physical therapy practice across the lifespan with specific reference to musculoskeletal, peripheral neural and vascular conditions. This course will also explore basic principles of genetics, inflammation, immunology and cellular and molecular medicine. Discussion.

PT 505: Introduction to Pharmacology for Physical Therapy. 2 credits, graded
This is an introduction to pharmacodynamics, pharmacokinetics and systems approach to classification of pharmaceuticals. This course will discuss the actions, mechanisms and adverse reactions of most classes of drugs used in conditions seen in physical therapy practice. Discussion.

PT 506: Neuroscience in Physical Therapy. 3 credits, graded
This course is an exploration of nervous system structure and function with an emphasis on the central nervous system and review of peripheral nervous system structure and function. Course involves use of prosected materials, models, HoloAnatomy™ technology, and neural imaging. Discussion and laboratory.

**PT 507: Clinical Medicine for Physical Therapy 2.  3 credits, graded**

This is a systems exploration of the pathology, histopathology, differential diagnosis; and the medical and surgical interventions and pharmacology applications commonly seen in physical therapy practice across the lifespan with specific reference to cardiopulmonary, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, integumentary, lymphatic, nervous, and renal and urologic systems. Discussion

**PT 508: Development and Aging. 1 credit, graded**

This course will specifically explore the anatomical, physiological and behavioral changes that occur through the lifespan including both normal and pathologic development and aging. Discussion and experiential activities.

**PT 530: Introduction to Physical Therapy Evaluation and Intervention. 3 credits, graded**

This is a regional exploration of goniometry, muscle testing and basic therapeutic exercise. This content will be sequenced with the content of PT 500 Anatomy for Physical Therapy and PT 502: Biomechanics and Kinesiology. Laboratory.

**PT 531: Musculoskeletal Physical Therapy. 6 credits, graded**

This regionally oriented course will develop skills to effectively manage patients/clients with musculoskeletal dysfunctions with emphasis on musculoskeletal disorders of the upper and lower extremities. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision including manual therapy techniques, therapeutic exercise, electrotherapy and other physical agents. Critical appraisal of musculoskeletal tests and measures, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

**PT 532: Cardiovascular & Pulmonary Physical Therapy & Integument. 4 credits, graded**
This course will develop skills to effectively manage patients/clients with cardiovascular, pulmonary and integumentary dysfunctions with emphasis on both the acute care and long term rehabilitation management of these conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision of care with emphasis on airway clearance, wound care, management of the amputee and therapeutic exercise. Critical appraisal of cardiovascular, pulmonary and integumentary tests and measures, critical thinking, and evidence-based practice are emphasized using case studies, clinical simulations and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 533: Neuromuscular Physical Therapy. 6 credits, graded

This course will develop skills to effectively manage patients/clients with neuromuscular dysfunctions with emphasis on both the acute care and long term rehabilitation management of these conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision of care with emphasis on therapeutic exercise. Critical appraisal of neuromuscular tests and measures, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 571: Evidence Based Practice 1. 1 credit, graded

This is an introduction to evidence based practice with a discussion of the different forms of research and how each can be used to create an evidence based approach to physical therapy practice. Discussion

PT 572: Evidence Based Practice 2. 2 credit, graded

This is an introduction to descriptive and inferential statistics used in physical therapy studies. Examples from the physical therapy literature will be used in the students understanding of how to apply statistics to studies of different designs. Discussion

PT 573: Evidence Based Practice 3. 2 credit, graded

Practical application of descriptive and inferential statistics used in physical therapy studies. Examples of different research designs from the physical therapy literature will provide data sets for analysis with statistical software. Laboratory

PT 581: Professional Leadership & Professional Growth 1. 1 credit, graded
This is an introduction to leadership principles and the laws and guidelines that govern physical therapy practice with emphasis on the Ohio physical therapy practice act with discussion of American Physical Therapy Association organization, governance, Code of Ethics, Core Values and Vision. Discussion.

**PT 582: Professional Leadership & Professional Growth 2. 1 credit, graded**

This course focuses on taking the leadership through understanding the psychosocial needs in managing the individual’s care during illness and disability as well as ways to successfully interact with and enhance wellness of patients and families in health care settings. Discussion and experiential activities.

**PT 583: Professional Leadership & Professional Growth 3. 1 credit, graded**

This is an introduction to communication and leadership including patient/client communication, interprofessional communication with other health care providers and advocacy describing physical therapy practice to legislators and insurance companies. Discussion.

**PT 691: Clinical Internship 1 (8 weeks). 4 credits, ungraded.**

The first, full-time clinical education experience in which the student will begin developing proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning in a setting that will give the student an opportunity to integrate academic coursework. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings. Clinical practicum

**PT 634: Advanced Musculoskeletal Physical Therapy. 4 credits, graded**

This course expands upon material presented in PT 531 to develop skills to effectively manage patients/clients with musculoskeletal dysfunctions with emphasis on musculoskeletal disorders of the head, neck and spine. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision including manual therapy techniques, therapeutic exercise and physical agents. Critical appraisal of musculoskeletal assessments, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

**PT 674: Evidence Based Practice 3. 2 credits, graded**
Design, development, achieve IRB approval and begin implementation of the capstone research project.

**PT 684: Professional Leadership & Professional Growth 4. 1 credit, graded**

Emphasis on leadership in interprofessional activities and direction of the physical therapist assistant and other ancillary personnel. Discussion.

**PT 635: Advanced Neuromuscular PT. 4 credits, graded**

This course expands upon material presented in PT 533 to develop skills to effectively manage complex patients/clients with neuromuscular dysfunctions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision. Critical appraisal of advance neuromuscular assessments, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

**PT 636: Pediatrics. 3 credits, graded**

Application of skills developed in previous course work to infants and children with musculoskeletal, neuromuscular, integumentary, cardiovascular and pulmonary conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision. Critical appraisal of pediatric assessments, critical thinking, and evidence-based practice are emphasized using case studies and clinical simulations and clinical exposures. Discussion, laboratory and experiential activities.

**PT 685: Professional Leadership & Professional Growth 5. 2 credits, graded**

The focus is on identifying and analyzing ethical dilemmas facing the individual therapist and on the application of ethical principles, the APTA Code of Ethics, and the Guide for Professional Conduct to these dilemmas.

**PT 701: Capstone Project 1. 4 credits, ungraded**

Begin data collection for the capstone research project.

**PT 637: Complex Patient Assessment & Intervention. 6 credits, graded**
This course expands upon material presented in previous coursework to develop skills to effectively manage patients/clients with complex, multisystem dysfunctions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and referral to other practitioners. Critical appraisal of patient management, critical thinking, and evidence-based practice are emphasized using case studies, standardized patients and clinical exposures. Emphasis will be on acute care and rehabilitation management of the complex. Discussion and experiential activities.

**PT 638: PT in Health and Wellness. 3 credits, graded**

This course expands upon material presented in previous courses to place a health promotion and wellness programs within the context of musculoskeletal, neuromuscular, integumentary, cardiovascular and pulmonary physical therapy practice. Emphasis will be on the development or expansion of health and wellness programs through critical, evidence-based appraisal of the need, design and effectiveness of wellness activities. Discussion and experiential activities.

**PT 686: Professional Leadership & Professional Growth. 6. 1 credit, graded**

Focus on clinic leadership and practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

**PT 702 Capstone Project 2. 4 Credits, ungraded**

Complete data collection, analyze data and develop written and oral presentation of the capstone research project.

**PT 692: Clinical Internship 2 (14 weeks). 7 credits, ungraded**

The penultimate, full-time clinical education experience in which the student will begin developing independence and proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning in a setting that will give the student an opportunity to integrate academic coursework. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings.

**PT 693: Clinical Internship 3 (12 weeks). 6 credits, ungraded**
The culminating, full-time clinical education experience in which the student will achieve independence and proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings.

**PT 639: Clinical Synthesis and Exam Preparation. 2 credits, ungraded**

Seminars designed to review and integrate the clinical experiences from the two capstone clinical experiences into the academic curriculum and to review for the National Physical Therapy Examination.
October 19, 2017

Cheryl L. Thompson, Ph.D.
Director of Master's Programs, School of Medicine
Assistant Professor
Department of Nutrition
Case Comprehensive Cancer Center
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106

Dear Dr. Thompson:

On behalf of the School of Medicine (SOM), I would like to express the SOM’s commitment to support the creation and continued advancement of the Doctor of Physical Therapy (DPT) program at Case Western Reserve University (CWRU).

The SOM is committed to the future of medicine and the creation of the DPT program provides another educational program reflecting the current and future healthcare delivery model. The DPT continues the SOM’s mission of providing quality educational programs that will enhance healthcare delivery, support academic medicine and interdisciplinary care, and positively impact human health. Importantly, the DPT program will bring a new class of students with a unique perspective which will further enhance our inter-professional healthcare education at CWRU.

Therefore, the SOM will commit the necessary financial resources to launch the DPT program with a robust operating budget, faculty recruitments, equipment and capital as outlined in the program pro forma. The investment totals more than $2M. The financial expectation is that the program will require an investment of dollars and existing resources including faculty and staff in the early years, but will ultimately result in a positive margin. This will allow the program to not only sustain itself, but make additional investments to advance the program’s educational and research goals. The funds for the investment will come from donations, grants and the SOM’s prior year retained surplus.

The SOM enthusiastically supports the Doctor of Physical Therapy program and will ensure it is successful and a key component to the SOM’s future of medicine goals.

Sincerely,

Pamela B. Davis, MD, PhD
January 24, 2018

On behalf of the School of Medicine (SOM), I would like to express the SOM’s commitment to support the creation and continued advancement of the Doctor of Physical Therapy (DPT) program at Case Western Reserve University.

The SOM is committed to the future of medicine and the creation of the DPT program provides another educational program reflecting the current and future healthcare delivery model. Additionally, the DPT continues the SOM’s mission of providing quality educational programs that will enhance healthcare delivery, support academic medicine and interdisciplinary care, and positively impact human health.

Therefore, the SOM will commit the necessary financial resources to launch the DPT program with a robust operating budget, faculty recruitments, equipment and capital as outlined in the program proforma. The investment totals more than $3M. The financial expectation is that the program will require an investment of dollars and existing resources including faculty and staff in the early years but will result in a positive margin. This will allow the program to not only sustain itself, but make additional investments to advance the program’s educational and research goals. The funds for the investment will come from donations, grants and the SOM’s prior year retained surplus.

The SOM enthusiastically supports the Doctor of Physical Therapy program and will ensure it is successful and a key component to the SOM’s future of medicine goals.

Please let me know if you have any questions.

Sincerely,

Matthew Lester
Senior Associate Dean, Finance
School of Medicine
Program Review Committee  
Case Western Reserve University  
Cleveland, Ohio 44106

Dear Program Review Committee,

Appropriate space to house the proposed Doctor of Physical Therapy (DPT) Program is an essential component of the extensive planning process to develop said program. As a preliminary step, I have been benchmarking other physical therapy programs to estimate the type and amount of space needed to accommodate our proposed program. The preliminary estimate is 8,500-10,000 net assignable square feet of space. Although we are not sure of the exact location of the program’s space at this time, the School of Medicine is committed to providing a quality DPT program. As such, I commit to ensuring sufficient and necessary space is provided to run a strong educational program.

Best Regards,

Jill Stanley  
Associate Dean  
Space and Facilities Planning  
School of Medicine  

Cc: Cheryl Thompson  
Mark Chance
February 22, 2018

RE: Doctor of Physical Therapy Program at Case Western Reserve University

Dear Dr. Thompson,

On behalf of the Department of Biomedical Engineering, I would like to express our strong enthusiasm for the development of the Doctorate of Physical Therapy (DPT) program. Within our department, there is a significant amount of research in the area of physical therapy and rehabilitation. We could both contribute to the education of the students in the DPT program and benefit from their clinical insight in our research. I am quite familiar with other DPT programs around the country, and am convinced that such a program at CWRU would be an important and strong asset. I surveyed the BME faculty and nine of them responded in an enthusiastic manner. I believe that one of our faculty members, Dr. Ronald Triolo, is already on the organizing committee. He is very well suited for this.

In addition, I have a very close personal friend and former colleague (Julius Dewald) who is the Chair of the Department of Physical Therapy and Human Movement Sciences at Northwestern University. Dr. Dewald is one of the pioneers of DPT programs, and he told me during a recent visit that a DPT program would be a perfect fit for CWRU. Dr. Dewald also started the first DPT-PhD program (with engineering PhD’s!), and he believes that this would also be perfect for CWRU once the DPT program itself is up and running. He expressed his willingness to participate in an advisory role throughout the process if that is useful.

In summary, Biomedical Engineering is a strong supporter of the proposed Doctor of Physical Therapy program at CWRU. I suggest that you consult with Dr. Dewald on some of the philosophical and practical aspects of realizing this program, as well as a potential future DPT-PhD program.

Sincerely,

Robert F. Kirsch, Ph.D.
Allen H. and Constance T. Ford Professor
Chair, Department of Biomedical Engineering
Case Western Reserve University
Wickenden Building 340A1
10900 Euclid Avenue, Cleveland, OH 44106
rfk3@case.edu
(216)-368-315
September 28th, 2017

Cheryl,

It was nice to speak with you briefly about Case Western’s Doctor of Physical Therapy program.

As per our conversation, I am happy to offer clinical placements for the Case DPT students at University Hospital’s Cleveland Medical Center.

Looking forward to working with you and your DPT program.

Sincerely,

Brittany Krajewski PT, DPT, Education Coordinator
January 25, 2018

Pamela B. Davis, MD, PhD  
Dean, School of Medicine, and Senior Vice President for Medical Affairs  
Case Western Reserve University  
10900 Euclid Avenue  
Cleveland, OH 44106

Re: Doctorate of Physical Therapy (DPT) program

Dear Dean Davis and DPT program planning committee:

On behalf of MetroHealth’s Department of Physical Medicine and Rehabilitation and the Neuromusculoskeletal Service Line, this letter expresses unequivocal support towards MetroHealth having a role in providing placements for clinical rotations for future Case Western Reserve University DPT students. MetroHealth’s rehabilitation services are highly varied and include inpatient neurologic rehabilitation (including inpatient brain injury, stroke and spinal cord services), inpatient acute consultative care (including trauma, medical-surgical, pediatric and burn), and a myriad of outpatient services including orthopedic/musculoskeletal, pain, amputee, sports, concussion, lymphedema, and pediatric programs. We provide extensive support to our Level I Trauma Center, Adult and Children Burn Center and Comprehensive Stroke Center at all levels of care. Additionally, MetroHealth is a designated Spinal Cord Injury Model System, sponsored by the National Institute on Disability, Independent Living and Rehabilitation Research, and one of only 14 such sites in the nation.

MetroHealth has a large physical therapy division, and, along with the rest of the institution, a long tradition and culture of providing clinical experiences to students, including physical therapy students. In addition to service to our community, stated elements of MetroHealth’s mission include "teaching, discovery and teamwork", which aligns well with the goal of enhancing the clinical education of DPT students.

Sincerely,

John Chae, MD  
Director, Neuromusculoskeletal Service Line  
MetroHealth System  
Professor and Chair, Physical Medicine and Rehabilitation  
Professor, Biomedical Engineering  
Case Western Reserve University
February 15, 2018

Pamela B. Davis, MD, PhD
Dean, CWRU School of Medicine and
Vice President for Medical Affairs
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106

Dear Dean Davis:

It is my privilege to propose the creation of the Academic Department of Reproductive Biology at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University which we would like to name Ob/Gyn & Reproductive Biology. The Academic Chair of this new Ob/Gyn & Reproductive Biology department would be the same person as the Clinical Chair of the Ob/Gyn & Women’s Health Institute (WHI) at Cleveland Clinic, who is currently Dr. Tommaso Falcone.

1. The breadth and depth of the identified faculty’s teaching and research productivity.

The Department of Ob/Gyn & Reproductive Biology has an outstanding reputation for clinical and academic excellence, being rated as the number five gynecology program in the Nation by U.S. News & World Report. Members of the Department are engaged in a wide variety of clinical and research activities including breast disorders, chronic pelvic pain, fertility, general gynecology, gynecologic infectious disease, gynecologic oncology, maternal-fetal medicine, menstrual disorders, fibroid tumors, urogynecology and pelvic floor disorders, and women’s weight management. Research activities include clinical trials for gynecological tumors, investigating novel MUC1 vaccine agents to prevent recurrence of ovarian cancer, evaluation of minimally invasive treatments for pelvic floor disorders, use of time-lapse imaging and morphokinetics in the ICF lab to improve clinical outcomes, role of microRNAs in endometriosis, and pelvic sensory discrimination mapping. Notable faculty include Drs. Linda Bradley, Miriam Cremer, Lourdes Falconi, Rhoda Goldschmidt, Rosanne Kno, Chad Michener, Marie Fidela Paraiso, Peter Rose, and Holly Thacker. A list of CCLCM Ob/Gyn & Reproductive Biology Faculty is in Appendix A and a list of potential new faculty comprises Appendix B.

All of the teaching faculty are dedicated to education and demonstrate that with their high teaching scores and willingness to teach medical students, residents, and fellows. All trainees are engaged in a wide variety of clinical and research activities. WHI offers the resources and commitment to support education within our Institute.
The Institute supports medical student trainees by providing Acting Internships and Clerkships. An Acting Internship is a one month clinical rotation in which a 4th year Medical Student who is interested in pursuing a career in Ob/Gyn and Women’s Health is given the opportunity to rotate in inpatient units, outpatient health centers and participate in surgeries supervised by Residents and Attending Physicians. Students apply for this opportunity though an online application on the Cleveland Clinic Lerner College of Medicine website. In the past 3 years, 15 Acting Interns have rotated though our Institute.

Third year Medical Students from Case Western Reserve University School and Medicine, Cleveland Clinic Lerner College of Medicine, and Ohio University Heritage College of Osteopathic Medicine complete their 3rd year Clerkship in our Institute. CCLCM and CWRU students are assigned a 12-week block in which they rotate through Pediatrics and Ob/Gyn & Women’s Health; they complete a 6 week rotation in each specialty. The rotations are through main campus, Hillcrest, and our 13 Family Health Centers, and 48 CCLCM and CWRU students complete this program yearly.

Students from Ohio University Heritage College of Osteopathic Medicine (OUHCOM) complete their Clerkship at Fairview Hospital and rotate in a 4-week program. OUHCOM students began rotating in our Institute in 2016 with a total of 18 students per year. In 2017-2018, 36 students in total are scheduled to complete their Clerkship with us.

The trainees go on to become national and international leaders in research and academic medicine as well as successful private practitioners due to the extensive training we provide. We have 1 Ob/Gyn residency program with 21 residents (recently improved for an increase from 5 to now 7 residents per year for a total of 28 residents per year) and 4 fellowships: Gynecologic Oncology, Female Pelvic Medicine & Reconstructive Surgery, Reproductive Endocrinology & Infertility, and Women’s Health; all of which are ACGME accredited. We have a total of 21 residents and 12 fellows that currently train here. In our last two residency classes, 6 of our 10 graduates have gone on to prestigious fellowship programs around the U.S. including one of our chief residents who is staying in WHI for her fellowship training. The other 4 graduates have obtained specialty Ob/Gyn Specialist positions in academic teaching institutions including 1 graduate who we recruited as faculty. Additionally, we have recruited several of our Oncology, Female Pelvic Medicine & REI fellowship graduates as faculty.

There are many research opportunities for trainees and staff. Residents have a number of different educational opportunities to support their education and experience with research including; EBM rotation (during intern year), didactics, Obstetrics and Gynecology Journal clubs, and a mentored research project in which they learn about research methodology, the conduct of research, and scientific writing.

Fellow trainees have the WHI Research Seminars, which are run by the institute’s Vice Chair of Research and cover an array of different topics ranging from research methodology to research ethics. Fellows also have mentored research project in which they learn about research methodology, the conduct of research, and scientific writing. Resident and fellow research conducted throughout the year culminates with a presentation at the WHI Research Day.

Associate Dean, Faculty Affairs
Professor of Neurological Surgery
Cleveland Clinic / CAS1 | 9500 Euclid Avenue | Cleveland, Ohio 44195
Office: 216/442-5627 | E-mail: barnetg@ccf.org | clevelandclinic.org/cclcm/
For staff, we have research and career mentorship and support for early-mid career physician researchers to initiate or participate in clinical research.

Overall we have dedicated research infrastructure to support the research activities within our institute that includes a dedicated data manager, a dedicated statistician, and mentored support for protocol development and scientific writing (grant and manuscript preparation).

2. Any additional factors that are relevant to the proposed new department.

The proposal to create an Academic Department of Ob/Gyn & Reproductive Biology comes at the request of Dean Pamela Davis. Faculty members of the clinical department are actively involved in the teaching of medical students, residents and fellows, and it is fitting that they be recognized for the academic pursuits in this specialty. They are currently in the Academic Department of Surgery and would then transfer into the newly created Academic Department of Ob/Gyn & Reproductive Biology. At its inception, CCLCM purposefully started off with few departments, however as the College has matured, we believe that it is important to align our academic departments with those of the other institutions that are CWRU-SOM teaching institution and that, in this case, Ob/Gyn & Reproductive Biology is sufficiently robust that it should stand apart from the Academic Department of Surgery.

3. An analysis of the effect of establishment of the second department on existing departments of the School of Medicine.

The proposed name of Ob/Gyn & Reproductive Biology, was chosen to better reflect the Cleveland Clinic department and the services it provides to all medical trainees, and in no way means the department will be any different from the current CWRU department of Reproductive Biology. Creation of this department would parallel the existence of such academic departments at other CWRU School of Medicine teaching hospitals, but would have no adverse impact on them and may facilitate academic interaction amongst them. The new academic department will clearly define the academic disciplines that already exist within our clinical department.

4. A statement that research publications authored by faculty with appointment in the new department will make note of the Case Western Reserve University faculty appointment.

Research publications authored by faculty with appointment in this new department will make note of their Case Western Reserve University faculty appointment.

5. A five-year business plan demonstrating how the second department will achieve and maintain financial viability or, in the alternative and if appropriate, the proposal should affirm that the new department will not require funding from the School of Medicine.

The creation of this department will have no financial impact on CWRU or the School of Medicine and will not require any funding from either. It is anticipated that this validation of the faculty’s academic
accomplishments will further stimulate these pursuits in the future. Further, alignment of these faculty appointments with the other CWRU-SOM departments should facilitate engagement with students and like faculty at the new Health Education Campus.

Thank you for your consideration,

Gene H Barnett, MD, MBA
Associate Dean for Faculty Affairs
Cleveland Clinic Lerner College of Medicine
of Case Western Reserve University
# Cleveland Clinic
## Ob/Gyn and Women's Health Institute

Gray = Appointed with CCLCM  
White = Will seek appointment in the future

### ObGyn (44)

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<tbody>
<tr>
<td>Mariam AlHilli, MD</td>
<td>Amy Merlino, MD</td>
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<td>Marjan Attaran, MD</td>
<td>Chad Michener, MD</td>
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<td>Cynthia Austin, MD</td>
<td>S. Jules Moodley, MD</td>
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<td>Linda Bradley, MD</td>
<td>Kevin Muise, MD</td>
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<td>Lizbeth Brooks, MD</td>
<td>Cara Ninivaggio, MD</td>
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<td>Jeffrey Chapa, MD</td>
<td>Marie Paraiso, MD</td>
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<td>Karen Cooper, DO</td>
<td>Uma Perni, MD</td>
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<td>Miriam Cremer, MD</td>
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<td>Mark Dassell, MD</td>
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<td>Robert DeBernardo, MD</td>
<td>Stephanie Ricci, MD</td>
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<td>Nina Desai, PhD</td>
<td>Beri Ridgeway, MD</td>
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<td>Kenneth Edelman, MD</td>
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<td>Tommaso Falcone, MD</td>
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<td>Ruth Farrell, MD</td>
<td>Yogesh Shah, MD</td>
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<td>Rebecca Flyckt, MD</td>
<td>Lynn Simpson, MD</td>
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<td>Jeffrey Goldberg, MD</td>
<td>Katherine Singh, MD</td>
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<td>Amanda Kalan, MD</td>
<td>Jessica Strasburg, MD</td>
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<td>Rosann Kho, MD</td>
<td>Sharon Sutherland, MD</td>
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<td>Fadi Khoury, MD</td>
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<td>Jason, Knight, MD</td>
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<td>Haider Mahdi, MD</td>
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<td>Margaret McKenzie, MD</td>
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### Regional ObGyn (71)

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<td>Michael Anderson, MD</td>
<td>Tosin Jaiyeoba-Goje, MD</td>
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<td>Rebecka Bagley, MD</td>
<td>Karmon James, MD</td>
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<td>Rachel Barron, MD</td>
<td>Joan Jesse, MD</td>
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<td>Fadi Bashour, MD</td>
<td>Stacie Jhaveri, MD</td>
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<td>Sandra Bellin, MD</td>
<td>Jane Kappus, MD</td>
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<td>Michele Colangelo, DO</td>
<td>Steven Klein, MD</td>
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<td>Kristen Ekman, MD</td>
<td>Swapna Kollikonda, MD</td>
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<td>Jonathan Emery, MD</td>
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<td>Judith Evans, MD</td>
<td>Hanna Lisbona, MD</td>
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<td>Gretchen Fisher, MD</td>
<td>Katie Lyons, MD</td>
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<td>Jon Funk, MD</td>
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<td>Jose Garcia, MD</td>
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<td>Julia Girzheil, MD</td>
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<td>Habbibeh Gitforooz, MD</td>
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<td>Julie Tan, MD</td>
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<td>Holly Thacker, MD</td>
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<td>Carrie Hood, MD</td>
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<td>Pamela Hruby, MD</td>
<td>Brian Nemunaitis, DO</td>
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<td>John Iafelice, MD</td>
<td>Kathryn Newton, MD</td>
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### Laborists (10)

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<td>Stephen D'Abreau, DO</td>
<td>Sarah Calabrese, MD</td>
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<td>Amy Burket, MD</td>
<td>Jennifer Eaton, DO</td>
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<td>Amanda Ferry, MD</td>
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<td>Anhtuan T. Huynh, DO</td>
<td>Rhoda Goldschmidt, MD</td>
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<td>Melissa Lee, MD</td>
<td>Maria Schleicher, MD</td>
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<td>Trina Pagano, MD</td>
<td>Eunji Seward, MD</td>
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<td>Michael Parker, MD</td>
<td>Catherine Wilkins, MD</td>
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<td>Amber Somerville, MD</td>
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### Hospitalists (7)

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<td>John Fernbach, MD</td>
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### Westtown Center Only

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<td>John Fernbach, MD</td>
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### Oncology

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<td>John Fernbach, MD</td>
<td>Haider, Mahdi, MD</td>
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November 2017

CURRICULUM VITAE
Tommaso Falcone, M.D., FACOG, FRCSC

Present Appointment:

- Professor of Surgery Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
- Chairman, Obstetrics, Gynecology and Women’s Health Institute

OFFICE ADDRESS: Cleveland Clinic Foundation
   Dept. of Obstetrics & Gynecology-A81
   9500 Euclid Avenue, Cleveland,
   Ohio, 44195

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CITIZENSHIP: USA

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Education Responsibilities 93-97
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Education
1975       Bachelor of Science, McGill University
1975-1977    Faculty of Pharmacy, Universite-de-Montreal
1981       Doctor of Medicine (MDCM), McGill University
1983-1987    Residency Obstetrics/Gynecology McGill University
1987-1989    Fellow in Reproductive Endocrinology McGill University

Executive Education
1999/2000 Executive Program Practice Management Cleveland Clinic Foundation

Professional Certifications

- Medical Council of Canada Qualifying Exam (no.53,363)
- US National Board of Medical Examiners Graduate (no.256616)
- Fellow of the Royal College of Surgeons (Obs/Gyn) 1987
- Certificate of Specialty Obs/Gyn Province of Quebec 1987
- Diplomate of the American Board of Obs/Gyn 1990/recertified 1998
- Diplomate of the American Board (Subspecialty) in Reproductive Endocrinology 1992/recertified 1998/ recertification up to date 2015

Other Certifications


Professional Licenses

Active
    Quebec Medical License (82202)
    Ohio (67763)
    Illinois (036-106328)
    New York (226036)
    California (G86901)
    Florida (ME88372)
    Pennsylvania (MD418235)

Expired:
    Province of Ontario Medical license # 67553 (expired 1995)
    Michigan (4301079191) (expired 2015)
Faculty Positions Held

Current Appointment

- Chair of the Obstetrics, Gynecology and Women’s Health Institute (newly formed institute that includes the departments of Regional Obstetrics & Gynecology and the (Academic) department of Obstetrics & Gynecology, and the Center for Specialized Women’s health and department of Gynecology Cleveland Clinic Florida. 2008-
- Chairman of Department of Obstetrics & Gynecology Feb 2001-
- Professor of Surgery, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University -2004-
- Staff Gynecologist, Cleveland Clinic Foundation Jan. 1995-present.

Previous Academic Positions-Cleveland Clinic Foundation

- Member of the General Medical Sciences Review Committee (RPC) 1999-2001 (internal granting agency of the CCF)
- Interim Chief of Surgery, Cleveland Clinic 2007-2008
- Acting Chairman Dept. of Obstetrics & Gynecology July 2000-Feb 2001
- Professor of Obstetrics & Gynecology, Ohio State University 2000-2003: academic appointment was switched from OSU to Case Western Reserve U in 2004 with the opening of the new Cleveland Clinic medical school.
- Head, Section of Reproductive Endocrinology and Infertility Jan 1995-2001
- Director of the Minimally Invasive Surgery Center 1999-2001
- Associate professor, Ohio State University 1995-1999.

Departement Statistics-2016

The Obstetrics, Gynecology & women’s health institute has 133 employed physicians, a large midwifery program, and over 360 non physician support staff including ultrasound technicians, embryologists, nurse practitioners and nurses. The gross revenue in 2016 is predicted to be more than 300 million dollars with more than 368,000 patient visits, 10,000 deliveries and 11,000 surgeries distributed over 36 sites, 3 main tertiary care hospitals with Level 3 NICU and 4 secondary hospitals. We are ranked No.3 by U.S. News & World Report.
Administrative service-

**Institutional-current Cleveland Clinic**
- Member of Professional Staff Affairs committees 2007-
- Member of the Medical Executive Committee (now Council of Institute Chairs) 2007-
- Member of the Care Affordability committee (2013-

For national society committees – see below

**Previous administrative committees-Cleveland Clinic**
- Member of Patient Care committee (CCF) 1997-99
- Member of Surgical Committee 1998-01 (elected)
- Member of the CCF Ethics committee 2000
- Member of Women's Health Center Planning committee 2001-2.
- Member of the Hospital Management Committee 2007
- Member of the Institutional Medico-Legal Committee 2007
- Member of the Canadian Advisory Board 2004-8
- Cost Reduction Strategy-Purchased Services Subcommittee-2006-8
- Member of the Clinical Operations & Technology Committee 2007-2008
- Co-Chair of the Huron Community Health Center group -2009 -2010
- **Member of the BOARD OF GOVERNORS OF Cleveland Clinic 2006-2010 (voting member)**
- Member of the BOARD OF GOVERNORS of Cleveland Clinic - non-voting 2011-2013
- Board of Trustees Cleveland Clinic Health System Western Region (Fairview & Lutheran Hospitals) 2008-2013
- **Member of the Board of Trustees of Cleveland Clinic 2010**
- Member of the Executive Team 2007-2010
- Member of the Board of Trustees of the Cleveland Clinic Community Physician partnership-2007-2011
- Vice Chairman of Professional Staff Affairs, Cleveland Clinic Foundation, Cleveland, Ohio 2007-2014.

**Search Committees/Department –Institute Reviews**
- Member of the Transplant Center Review committee 1997-98
- Member Search Committee for Chairman Division of Anesthesia 2004
• Member of “Chairman of Endocrinology” review committee-2005
• Chair of the Search Committee for the Chair of Vascular Surgery 2006
• Member Search Committee for Chair of department of Endocrinology & Metabolism 2006-2007
• Member Search Committee for Neurological Surgery 2007
• Chair of the Search Committee for the Chair of Digestive Disease Institute 2007
• Member of the Search Committee for the Dermatology & Plastic Surgery Institute 2007.
• Member of the Search Committee for Education Institute-2008
• Member of the Search Committee for the Chair of the Department of Endocrinology 2008
• Member of the Search Committee for the for the Chair of the Department of Colo-rectal Surgery 2008
• Chair of the Search Committee for the Chair of the Cole Eye Institute 2008
• Chair of the committee for the 5 year review of the Chair of the Lerner research Institute-2010
• Chair of the Search Committee for the Chair of the Digestive Disease Institute (DDI) 2010
• Chair of the Search Committee for the Chair of General Surgery 2011
• Member of the Search Committee for the Chair of the department of Pediatric Gastroenterology 2011
• Member of the Search Committee for the Chair of the department of Gastroenterology (adult)2011
• Chair of the Search Committee for the Chair of Taussig Cancer Institute 2011
• Chair of the Review Committee on Pediatric cardiac Surgery 2012
• Chair of the Review Committee of the Chair of the Heart & Vascular Institute 2013
• Chair of the Review Committee Sports Medicine 2013
• Chair of the Search for Chair of General Anesthesia 2013-2014
• Chair of the Search for Chair of Heart & Vascular Institute 2014
• Chair of the Search for Chair of Vascular Surgery 2015
• Chair of the Review Committee of Pediatrics Institute 2015
• Chair of the Search for Chair of Cardiac surgery

Previous Department of Obstetrics & Gynecology Committees
• Chair Quality Assurance committee, dept. Obstetrics & Gynecology, 1997-1999
• Member of Quality Assurance committee dept. Obstet & Gynec, 1995-99

Previous Surgery Division Committees
• Member, Surgical committee (renamed Surgical Services Council) 2000-7
• Member, Minimally Invasive Surgery Center (renamed cSITE in 2006) steering committee 1996-2007
• Director of Committees under the responsibility of the Chief of Surgery 2007
  o Operating Room Management Team 2007-
  o Surgical Services council 2007

Previous Appointments/administrative positions-McGill University
• McGill University (Montreal, Quebec, Canada):
  • Assistant professor of Obstetrics & Gynecology, McGill University 1989-94
  • Associate professor (with tenure) of Obstetrics & Gynecology, McGill University June 1994-95
• McGill University Hospitals:
  • Royal Victoria Hospital 1989-95
  • Jewish General Hospital 1889-95
  • Montreal Children’s Hospital 1989-95
  • Montreal General Hospital 1989-95
• Director of Undergraduate Medical Education in Obstetrics & Gynecology-McGill University 1991-4.
• Course director (Reproductive Medicine 534-121M; Obstetrics and Gynecology 534-300M)-McGill University
• Coordinator of Therapeutic Donor Program, Royal Victoria Hospital 1989-94
• Coordinator of Gynecological Endoscopy, Royal Victoria Hospital 1991-94
• Member of department steering committee 1989-94
• Faculty of Medicine Evaluation Committee 1991/92
• Member of the Clinical Investigation Unit (CIU) Review Committee, Royal Victoria Hospital, McGill University 1994
• Member of Obstetrics & Gynecology Chair Selection Committee 1992-1993
AWARDS

Research

Undergraduate awards
1970-1975 Steinberg Scholarship
1975 McGill University B.Sc. (Great Distinction and University scholar)
1981 Graduated McGill U. M.D.C.M. University Scholar

Residency awards
1984 Wyeth Award - Quebec Association of Obs/Gyn
1985 Syntex Award - Quebec Association of Obs/Gyn
1986 Syntex Award - Quebec Association of Obs/Gyn

Post Residency Awards
1997 American Society of Reproductive Medicine Infertility surgery video award (National meeting of the American Society of Reproductive Medicine Ohio 1997).
1998 Endometriosis Society video (VI world Congress on Endometriosis, Quebec City 1998)
1999 Robotic Laparoscopic surgery. "Computerworld Smithsonian Laureate". Originally part of the Smithsonian Institution's Permanent Research Collection. Washington, DC; presently "Computerworld Honors program) (web site: http://www.cwheros.org)-search under Case studies- Cleveland Clinic)
1999 Robotically assisted tubal anastomosis. Best video award for infertility surgery. American Society for Reproductive Medicine, Toronto, Canada.
1999 Pelvic anatomy for laparoscopists. Best video award for basic science. American Society for Reproductive Medicine, Toronto, Canada.
1999 Endoscopic Surgery in the Pediatric and Adolescent Patient. Video Accepted in the ACOG Audiovisual Library, Philadelphia, PA
1999 Primary Left Upper Quadrant Trocar insertion. Best video award in laparoscopy at The Global Congress of Gynecologic Endoscopy, American Association of Gynecologic Endoscopy, Las Vegas, 1999 (also a separate award given for the manuscript)
2000 Robotic Laparoscopic surgery. "Computerworld Smithsonian Laureate". It is part of the Smithsonian Institution's Permanent Research
Collection. Washington, DC (web site: http://www.cwheroes.org/home.asp: search under Cleveland Clinic)

2001 Autotransplantation of an entire ovary with vascular anastomosis. Reproductive surgery video award at American Society for Reproductive Medicine. Orlando Florida

2001 Ultrasound Guided Embryo transfer. Assisted Reproductive Technology video award at American Society for Reproductive Medicine. Orlando Florida

2001 Laparoscopic Repair of Ureteral injuries. “Jerome J.Hoffman” award for best manuscript at the American Association of Gynecologic Laparoscopists. San Francisco, CA


2002 “Are Heat Shock Proteins Acting as Modulators of Pre implantation Mouse Embryo Development and Apoptosis”” Prize paper for the Reproductive Immunology Special Interest Group. Presented at the 58th Annual Meeting of the American Society for Reproductive Medicine in Seattle, WA


2003 “Use of the deep inferior epigastric vessels to vascularize cryopreserved-thawed ovarian grafts” Reproductive Surgery video award. Presented at the 59th Annual Meeting of the American Society for Reproductive Medicine, San Antonio, TX, 2003


2007- American College of Obstetricians & Gynecologists Annual meeting-all 3 film awards won by CCF fellows:


2009- Society for Gynecologic Investigation (SGI) President’s Presenter Award (Mentor) for Skaznik-Wikiel ME (resident)


2011-Catenacci M, Attaran M, Falcone T. Laparoscopic assisted myomectomy. ASRM Honorable Mention for Technical Achievement in Video: Surgery Category

2012

2013

2014


2015- Jamie Stanhiser, Brian Mouille, Rebecca Flyckt, Jeffrey Goldberg, Tommaso Falcone and Linnea R. Goodman. Trends Over Time and Surgical Outcomes of Abdominal, Mini-Laparotomy, and Traditional and Robotic-Assisted Laparoscopy with and without Tandem Mini-Laparotomy; A Compassion of Myomectomy Techniques. Kurt Semm Award for the Best Abstract on Laparoscopic Surgeries. AAGL annual meeting November 2015 Las Vegas NE


**Teaching Awards**
- Teacher of the Year in Obstetrics & Gynecology (2001-2002): Selected by Cleveland Clinic residents & fellows
- Association of Professors of Gynecology and Obstetrics (APGO) Excellence in Teaching Award 2005

**Innovation Awards**
- 2008 Cleveland Clinic Innovation Award- Ohio Cryo: A novel vitrification loading device for homogenized tissue or high cellular contents load (US patent # 61/073392)

**Departmental Awards**
2012- Roy Pitkin Award- award established to honor departments of Obstetrics & Gynecology that promote excellence in research- award given by the “Green” Journal (Obstetrics & Gynecology)

- Ranked number 3 in the US News & world report rankings of clinical programs- (ranked in the top 10 2006-2016)
- Becker’s Hospital Review- 100 Hospitals With Great Women’s Health Programs —

**Society Honors**
- Elected member of American Gynecological & Obstetrical Society
Professional Societies & Service:
Member of & committees served

- **Food & Drug Administration (FDA)**
  - Chair on the Obstetrics & Gynecology Devices Panel of the Medical Devices Advisory Committee-2010-2014; reappointed 2015-2018
    - Chair of the FDA review of meshes used for pelvic organ prolapse

- **American Board of Obstetrics & Gynecology** - oral boards examiner
  - 2008-present

- **Society for Reproductive Surgery (of the ASRM)**
  - Officer of society 2003-2004
  - Assistant secretary/Treasurer 2004-2005
  - Secretary/Treasurer 2005-2006
  - Vice-President 2006-2007
  - Board of Directors 2003-2010
  - **President 2007-2008**

- **Endometriosis Special Interest Group (of the ASRM)**
  - Board of Directors 2009-
  - Vice-Chair- 2009-2010
  - Chair Elect 2010-2011
  - **Chair 2011-2013**
  - Past Chair-2013

- **American Society for Reproductive Medicine (ASRM)**
  - General Program abstract committee 2007
  - Abstract review committee 2001, 2007 (SRS)
  - Video review committee 2004-2015
  - Postgraduate course director 2006, 2011
  - **Board of Directors 2007-2008**
  - Scientific Program Prize Poster Committee 2011
  - ASRM 2017 Scientific Congress-Video Committee-
    - **Program chair**
  - ASRM Practice Committee-2017-

- **American College (Congress) of Obstetricians & Gynecologists-ACOG**
  - Postgraduate course director 2002-4
  - ACOG Update program: moderator 2005
  - Member of the Committee on *Practice Bulletins* (gynecology) 2008-
  - Vice Chair of the *Practice Bulletins* (gynecology) -2010
  - **Chair of Practice Bulletins (gynecology)- 2011-2013**
- Member of Committee on Gynecologic Practice 2011-2013

- **American Association of GYN laparoscopy (AAGL)**
  - Board of Directors of the Council for Gynecologic Endoscopy 2006 (1 year term)
  - Practice committee 2010-2013
  - MRC committee- (consultant) -2010

- **Gynecologic Surgery Society**
  - Officer of society 2002-

- **Society of Laparoendoscopic Surgeons 2003**-
  - Elected to the Board of Directors 2005-2007
  - Abstract review committee 2006, 2007
  - Euro American Multispecialty Summit 2007-Program Director

- **European Society for Human Reproduction**

- **World Endometriosis Society**
  - 13th World Congress on Endometriosis 2017 Vancouver Canada- member of Scientific Committee

- **Association of Professor of Gynecology & Obstetrics (APGO)**

- **American Gynecologic & Obstetric Society (AGOS) 2010**-

- **International Society for Fertility Preservation**-
  - Member Board of Directors 2010-
  - Treasurer 2013-2016
  - Vice President 2017-
Editorial Responsibilities: Journals

- Journal of Minimally Invasive Gynecology-(JMIG)
  - Editorial Advisory Board 2009-2012
  - Editor-in-Chief 2013-
- Fertility & Sterility
  - Editorial board 2002-2009
  - Associate Editor 2011-2013
- Editorial Board of Obstetrics & Gynecology (official journal of the American College of Obstetricians & Gynecologists) 2009-2013
- Section Editor Minimally Invasive Gynecologic Surgery for “Up-To-Date” (www.uptodate.com) 2006-present
- Associate Editor Journal of Robotic Surgery (Springer) 2006-2014
- Member of the Editorial board for the Journal of Gynecologic Surgery (Elsevier) 1999-present
- Member of the Advisory Panel US Obstetrics & Gynecology (Touch Briefings) 2008-2014

Invited Editor of special editions

- Clinical Obstetrics and Gynecology. Guest Editor. Lippincott, Williams & Wilkins, 2009;52 =”Laparoscopic Surgery”

Ad Hoc reviewer:

American Journal of Obstetrics & Gynecology
Fertility Sterility
Human Reproduction
Gynecologic and Obstetric Investigation
American Journal of Gastroenterology
Diseases of Colon & Rectum
Epidemiology
Expert Review of Endocrinology and Metabolism
European Journal of Obstetrics & Gynecology & Reproductive Biology
Evidence-Based Obstetrics & Gynecology
International Journal of Gynecology & Obstetrics
The International Journal of Medical Robotics and Computer Assisted Surgery
Journal of Pediatric & Adolescent Gynecology
Journal of Women’s Health
Journal of Clinical Endocrinology & Metabolism
Journal of Reproductive Medicine
Journal of the Society for Gynecologic Investigation.
Journal of Pelvic Medicine & Surgery
Journal of Assisted Reproduction and Genetics
Journal of Obstetrics and Gynecology Research
Lancet
Medscape Ob/Gyn & Women's Health
New England Journal of Medicine
Reproductive Biomedicine online (www.rbmonline.com)
**Books Published**


4. Office Hysteroscopy and the Evaluation of the Uterine Cavity Edited by Linda Bradley and Tommaso Falcone Mosby (Elsevier) 2008

5. Basic, Advanced and Robotic Laparoscopic Surgery by **Tommaso Falcone and J M Goldberg**. Saunders (Elsevier) 2010


**Books for the public**

**Overcoming Infertility**, A Cleveland Clinic Guide by Tommaso Falcone, MD with Davis Young. Cleveland Clinic Press (2006)

**Cleveland Clinic Guide to Infertility** by Tommaso Falcone and Tanya Falcone Kaplan Publishing New York-2009
RESEARCH ACTIVITIES

Research Grant Reviewer

Federal Review Committee (USA)

- NICHD Review committee (P01/R03 reviews) 2004 and 2005
- NIH/NICHD Review committee for U 54 Center grants (Specialized Cooperative Centers Program in Reproduction and Infertility Research) 2006
- NIH PAR-08-105: Optimizing Technologies for the Preservation of Fertility (R21) 2009

International Review Committees

- Ad Hoc Reviewer for Medical Research Council of Canada
- Ad Hoc Reviewer for Dutch Cancer Society 2005 & 2008
- Ad Hoc Reviewer for Swiss National Science Foundation 2006
- Ad Hoc Reviewer for MRC (UK) (Uterine Transplantation) 2009
- Ad Hoc Reviewer University of Leuven (Endometriosis) 2009
- Ad Hoc Reviewer Research Foundation Flanders 2012

Institutional (internal granting agency of the CCF)

- Member of the General Medical Sciences Review Committee (RPC) 1999-2001

Main areas of research:

Reproductive surgery (Endometriosis, ovarian & uterine transplantation, robotics): translational and clinical.

Grants: Principal Investigator or Co-PI

1991 - Royal Victoria Hospital Research Institute Grant (Dr. Falcone P.I.) ($35,000) to study the effects of hyperinsulinemia on DHEA clearance in patients with PCOS.

1995 Program Project Grant $ 1,000,000 in direct funding ($500,000 in indirect funding) over 5 years funded by Ethicon Endo-Surgical for Education & Research in Gynecologic Minimally Invasive Surgery  P.I. Dr. T. Falcone

1995 Cleveland Clinic Foundation ($ 5000.00); Reactive Oxygen Species in Peritoneal Fluid
PI Dr. Falcone

1997 Minimally Invasive Surgery Center CCF.... ($10,000). "Prospective Randomized Clinical Trial Comparing Laparoscopic Assisted Myomectomy versus Abdominal Myomectomy" IRB #1732 PI Dr. Falcone

1997 Laparoscopic Tubal Reanastomoses Using Robotically Assisted Instrumentation in the Porcine Model Protocol # CMN 97-001, RPC 6065. Grant from Computer motion Inc. ($25,000) PI Dr. Falcone

1998 Evaluation of Reproductive Outcomes and Pelvic Pain after Surgical Treatment of different stages of endometriosis. IRB #2600

1998 Laparoscopic Tubal Reanastomoses Using Robotically Assisted Instrumentation in the Human Model. FDA protocol Grant from Computer motion Inc. & Minimally Invasive Surgery Center ($100,000) PI Dr. Falcone

1999 Role of Cytokines and Oxidative Stress on fertility in laparoscopically Retrieved Peritoneal Fluid from patients with Endometriosis RPC 6329 IRB 2156 ($94,000.00)

1999 Laparoscopic Adnexal Surgery using the ZEUS robotic system RPC 6382 ($2500)

1999 Laparoscopic Hysterectomy using the ZEUS robotic system RPC6399 ($2032)

1999 Predicting Fertilization in an IVF program by the use of Mannose Receptor Assay IRB 2988 ($6000)

2000 Laparoscopic Tubal Reanastomoses Using Robotically Assisted Instrumentation in the Human Model. FDA protocol Grant from Computer motion Inc. & Minimally Invasive Surgery Center ($60,000) PI Dr. Falcone (IRB 2373)

2000 Laparoscopic Management of Ureteral injuries RPC 6370 ($11, 566)

Laparoscopic Oophorectomy and Autotransplantation ARC #6624 ($24,976)

2001 Reproductive function in hydrocephalic females treated with endoscopic ventriculostomy. IRB 4126

2001 Laparoscopic oophorectomy and autotransplantation of cryopreserved ovarian tissue and entire sheep ovaries. (RPC#6624; $24,976).

2003 Effect of TNF and Anti-TNF (alpha) antibody on embryo development ($25,000) grant from Organon Inc. 2003-present Cryopreservation of whole Ovary in patients undergoing Oophorectomy (IRB# 5289) no funding
2005 Effect of time to surgery on the outcome of subsequent IVF cycles in endometriosis patients (IRB# 8303) no funding

2005 The spectrum of cytologic and histologic abnormalities associated with pelvic endometriosis (IRB# 8302) no funding

2005- Retrospective review of two different methods for tubal reanastomosis (IRB 5417) (no funding)

2009-2010 Research grant of $ 25,000 K for research on the healthcare costs of endometriosis (Endocost). The World Endometriosis Research Foundation (WERF) through grants from Bayer Schering Pharma, Takeda Italy, Pfizer Inc, and the European Society funds EndoCost for Human Reproduction and Embryology (ESHRE)

2010- IRB 09-107: The Cleveland Clinic experience in Open, Laparoscopic and Robotically assisted Myomectomy

2010-IRB 09-108: The Cleveland Clinic experience in Laparoscopic and Robotically Assisted Tubal Reanastomosis. no funding

2012-IRB# 12-173 Laparoscopy vs. Robotic Surgery for Endometriosis (LAROSE): a prospective randomized controlled trial (registered on clinicaltrials.gov)-no funding

2012- IRB 12-299: MicroRNAs and the MIF System in Uterine Function and Disease (NIH) Co investigator- R01HD069043 (PI Dr. Nothnik-University of Kansas). $1,218,244 (03/06/12 – 01/31/17)-2.5 % effort

Projects that my Research Fellows, residents and students act as primary investigators.

1999 Effect of oxidative stress on embryo development and sperm function RPC 6376 & 6362 (Dr. Mamta Singh; $12,103)

2000 Laparoscopic Ureteral Injury in a porcine model RPC 6291 ($5900)(Dr.P.Tulikangas)

2000 Laparoscopic versus Abdominal Surgeries: Return of Physical work capacity after hysterectomy and Burch RPC#6454 ($2100) (Dr.Stephanie Cogan)
2000 Assisted Laparoscopic Autotransplantation of Ovine Hemi-Ovaries”, ARC 6558; MISC funds ($8809) (Dr.Elisabeth Jeremias).

2001 Histology and Strength of Uterine incisions. ARC # 6642, ($18,581.00) (Dr.Tristi Muir)


2001 Protective effect of heat shock proteins against reactive oxygen species in "in vitro fertilization" RPC #6706 ($24,841) (Dr.Navid Esfandiari)

2002 Autotransplantation of cryopreserved-thawed mammalian ovary: Assessment of long term functions RPC 07031 ($24,000) (Dr.Bedaiwy)

2003 Hemosiderin Laden Macrophages in the Diagnosis of Endometriosis and Protective Effect of anti-oxidant and Anti-TNF (alpha) antibody on embryo development RPC 07235 ($24,500) (Dr.Noriega)

2004 Fertilization outcomes after autotransplantation of frozen thawed whole ovary with microvascular anastomosis in sheep model. RPC 07688($25,000) (Dr.Choi)

2005 RPC 07832 renewed ad RPC# 1016-R1 “Effect of oxidative stress on the mouse oocyte cytoskeleton” (Dr.Choi) ($22,2274)

2006 IRB# 8407) (RPC 07993) “Does peritoneal fluid of patients with endometriosis and idiopathic infertility affect the spindle structure in metaphase II oocytes” (Dr.Gihan Mansour) ($24,925)

2006 IRB # 8243 “Comparative study of letrozole versus clomiphene citrate induction of ovulation in endometriosis patients” (Dr.Gihan Mansour) no funding

2006 IRB #06-138 RPC 2006 Evaluation of the effect of oxidative stress in the peritoneal fluid in patients with endometriosis on sperm DNA fragmentation (Dr.Gihan Mansour) $ 24,000

2006 ARC # 08197 RPC # 2006-1122 Ovarian Cryopreservation: assessment of vascular injury. (Amr Abdel Kader) $ 12,500 cSITE funds


2007 RPC# 2007-1041 Evaluation of Orthotopic Autologous Transplantation of Cryopreserved Isolated Primordial Follicles (Amr Abdel Kadar) ($24,000)
2008: RPC # 2007-1074 A Prospective Randomized Trial Comparing Conventional vs. Robotic Assisted Laparoscopic Hysterectomy (Amy Park) (funded by cSITE and the RPC)

2008: **RPC 2008-1032** Hormonal Maintenance and Stimulation of Autotransplanted Vitrified Ovarian tissue. (Amr Abdel Kadar) ($24,000)

2008 Product Development fund of the Cleveland Clinic-"Tissue Vitrification Carrier Device and Auxiliary tissue slicer for Cryopreservation of Large Volume of tissue or cells"- (Amr Abdel Kadar) $35,676

2009- **RPC # 2009-1033** RPC Project Title: Novel Use of the Surgical Robot in Female Fertility Preservation (Barakat, Ehab El-Sayed) $25,000

2009- **IRB # 09-107**: EXEMPT: The Cleveland Clinic experience in Open, Laparoscopic and Robotically assisted Myomectomy. (Barakat, Ehab El-Sayed)

2009- **RPC # 2009-1061**- Evaluation of the role of fibroblast growth factor - 2 and Activin A on human follicular growth (Catenacci, Michelle) $25,000

2009- **IRB # 09-633**-Effects of myomectomy on In Vito Fertilization outcomes (Catenacci, Michelle)

2009-IRB# 09-108- Laparoscopic & Robotically assisted tubal anastomosis

2010-IRB # 10-280- Robotic treatment of ureteric injury

2010-IRB # 10-443- Oxidative damage and endometriosis progression

2010-IRB# 10-899 Assessment of long- term bowel symptoms after segmental resection for deeply infiltrating endometriosis (Dr. Soto).

2010-IRB # 10-899- Assessment of long term bowel symptoms after segmental resection for deeply infiltrating endometriosis (Dr. Soto).

2011-IRB# 11-035 Comparison of long term fertility and bleeding outcomes after robotic-assisted-assisted, laparoscopic, and open myomectomy (Dr. Flyckt)


2011-IRB# 12-143 Functional Role of microRNA-451 in the pathogenesis of endometriosis

2012- IRB# 12-927 Endometriosis Progression: Natural Development and Oxidative Damage (Dr. Al-Aref, Ibraheem)
2013 IRB# 13-559 Supraumbilical primary laparoscopic access: relationship between point of entry and retroperitoneal vital structures (Dr. Soto)


2013- RPC# 2013-1044. Prospective evaluation of ovarian reserve in women with endometriosis vs. endometrioma undergoing surgery. November 7, 2013. $25,000 (Dr. Goodman- fellow)

2015-IRB #15-1366: (RPC # 2015-87) Assessing the relationship pre- and post-operative serum samples in endometrial samples with patient-specific outcomes. November 15, 2015-$25,000 (Alexander Kotlyar-resident)

IRB#:  16-1184
Quality of life and progression of chronic pelvic pain in women with or without endometriosis. Arvizo, Cynthia

IRB#:  16-735
Medical records: Obstetrical outcomes in surgical managed endometriosis patients. Kim, Suejin

IRB#:  16-1570
Preoperative imaging of the fibroid uterus. Is 3D ultrasound superior to MRI? Fortin, Chelsea

IRB#:  16-351
Medical records: Effect of myomas and myomectomy on assisted reproductive technology outcomes. Fortin, Chelsea

IRB#:  15-1366
Assessing the relationship pre- and post-operative serum samples in endometrial samples with patient specific outcomes. Kotlyar, Alexander

IRB#:  15-341
Medical records: Effect of biologic anti-rheumatic drugs on endometriosis progression. Kotlyar, Alexander.

IRB#:  17-371
Medical records: What is the effect of postoperative prevention therapy on recurrence rates after surgical treatment for endometriosis? A follow up study. Luu, Thanh Ha

IRB#:  15-1326
Medical records: Changes in ovarian morphology associated with bariatric surgery. Christ, Jacob
IRB#: 16-587
Comparison of long-term fertility outcomes after myomectomy: Relationship with number of fibroids removed. Shue, Shirley

Research projects: site director

1993 - Member of Endocan Group - funded by MRC (Dr.R.Maheux P.I. Quebec), Surgical Laparoscopy in Infertile Women with Minimal or Mild Endometriosis: A Canadian Multicentre Randomized Controlled Trial; $8,000 (1992/93/94)

1993 - Zoladex Surgery Trial - ICI Pharmaceuticals; $2000

1993 - Zoladex Add back therapy trial...$4000

1994-HAL-C Adhesion prevention trial.... $ 6000.00

1997- Minimally Invasive Surgery Center CCF $17,000 “ Design of Uterine-Rectum manipulator for pelvic surgery” PI J.Miller, Biomedical Engineer CCF.

1997- Minimally Invasive Surgery Center CCF.... $35,000. PI Dr.M.Walters Laparoscopic Burch in the Canine Model: a Prospective Study of Histologic Response to Suture Vs. Hernia mesh & stables RPC 5852.

1997- Randomized, Comparative Multicenter Trial to Assess the Safety and Efficacy of Gonal-F versus Gonal-F and Lhadi for the Treatment of Subfertile Couples Undergoing ICSI. Protocol 9261-$100,000 (CCF-PI Dr.Falcone )

1998 Reactive Oxygen species in human hydrosalpinges fluid IRB 1506, RPC 5557

1998 A randomized trial of guided imagery for in vitro fertilization IRB 1763

1998 Assessment of the feasibility of performing microlaparoscopy under local anesthesia IRB 1084

1999 Reactive oxygen species and total antioxidative capacity of follicular fluid. IRB 2169

2000 Effectiveness of Thermal Ablation of endometriosis RPC 6385 $4845.00

2001 "Molecular Model to develop a non-invasive diagnostic aid for endometriosis” IRB#4490/RPC#6566 ($25,000)
2001 "Amniotic fluid reactive oxygen species levels and birth weight in smokers"
RPC#6706 ($24,841.94)

2001 Phase 3, prospective, randomized, assessor blind, multicenter, multinational, comparative trial of a new formulation of r-hFSH versus Fertinex and Gonal-F in oligoanovulatory infertile women undergoing ovulation induction (site PI: Dr. Falcone) IRB 4235 ($20,000).

2001 A randomized controlled double masked multi-center pivotal study to evaluate ADCON-P in the reduction of adhesions following peritoneal cavity surgery (site PI Dr. Falcone) IRB 3476 (Gliatech funding $10,000).

2002 Endometriosis Association grant to develop “Non-surgical Diagnosis of endometriosis in adolescent and adult women with endometriosis” $35,000.

2003 Phase III trial of LHRH analog administration during chemotherapy to reduce ovarian failure following standard adjuvant chemotherapy in early stage, hormone receptor negative breast cancer. Study coordinators: Dr HCF Moore coordinator.

2005 IRB 7880 Autoantibodies in Premature Ovarian Insufficiency (No funding)
Publications (peer-reviewed)


33. Pagidas K. *, **Falcone T**., Hemmings R, Miron R. Comparison of Surgical Treatment of Moderate (Stage III) and Severe (Stage IV) Endometriosis-Related Infertility with IVF_ET. Fertil Sterility 1996;65:791-5.


42. Yao M*, Tulandi T, **Falcone T.** Treatment of Ectopic Pregnancy by Systemic Methotrexate, Transvaginal Methotrexate, and Operative Laparoscopy. *Int J Fertil* 1996; 41::470-75


75. **Falcone T**. what an internist should know about infertility.(review) Cleveland Clinic Journal of Medicine 2001; 68:65-73.


100. Foldvary-Schaefer N, **Falcone T**. Catamenial Epilepsy: Pathophysiology, Diagnosis and management. (review) Neurology 2003; 61(suppl 2):2-15.


140. McBee W*, Escobar P, Falcone T. Ovarian cysts: How to differentiate those that require intervention from those that require observation. (review) Cleveland Clinic Journal of Medicine 2007; 74:149-157


180. Mohamed A*, Bedaiwy M.D., Ph.D., Reda Z. Mahfouz, M.D., Jeffrey M. Goldberg, M.D., Rakesh Sharma, Ph.D., **Tommaso Falcone**, M.D., Mohamed F. Abdel Hafez, M.S., and Ashok Agarwal. Relationship of reactive oxygen species levels in day 3 culture media to the outcome of in vitro fertilization intracytoplasmic sperm injection cycles. Fertility & Sterility. 2010 94(6):2037-42.


190. Bedaiwy MA*, Abou-Setta AM, Desai N, Hurd W, Starks D, El-Nashar SA, Al-Inany HG, **Falcone T**. Gonadotropin-releasing hormone analog cotreatment for preservation of ovarian function during gonadotoxic


215. Desai NN. Goldberg JM. Austin C. **Falcone T.** The new Rapid-i carrier is an effective system for human embryo vitrification at both the blastocyst and cleavage stage. Reproductive Biology & Endocrinology. 11:41, 2013.


228. Graham A; Falcone T; Nothnick WB. The expression of microRNA-in human endometriotic lesions is inversely related to that of macrophage migration inhibitory factor (MIF) and regulates MIF expression and modulation of epithelial cell survival. Human Reproduction. 30(3):642-52, 2015 Mar.


246. Nothnick WB, Falcone T, Joshi N, Fazleabas AT, Graham A. Serum miR-451a Levels are significantly elevated in women with endometriosis and recapitulated in baboons (papio Anubis) with experimentally-induced disease. Reprod Sci. 2016;Dec5;


* = Medical student, resident, or fellow
Letters & Editorial

1. **Falcone T.** Laparoscopic compared to abdominal hysterectomy resulted in better clinical outcome & less tissue trauma.(editorial) Evidence-based Obstetrics & Gynecology 2001;3:30-1.


7. **Falcone T.** , Bedaiwy MA. Cryopreservation of intact ovaries- size is a variable? Fertil Steril 2005;83:1587 (letter)

8. Thacker HL, **Falcone T.** , Atreja A, Jain A, Harris CM. How should we advise patients about the contraceptive patch, given the FDA warning? Cleveland Clinic Journal of Medicine 2006;73:45-47 (comment)


10. **Falcone T.** . Adnexal masses, when to observe, when to treat, when to refer (editorial)-Obstetrics Gynecology 2010 April, (response to letter to the editor about the editorial July issue 2010)

11. Escobar PF, Kaouk JH, Geisler, Kroph, Fader AN, **Falcone T.** Single –Port laparoscopy, NOTES, and endoluminal surgery. Diagnostic and Therapeutic Endoscopy 2010 (editorial)


29. **Falcone T**, Flyckt R. Tissue extraction technique at the time of laparoscopic myomectomy. Fert Steril 2016


Invited Reviews


11. Michener C, **Falcone T.** Expert tips for adnexal surgery through the laparoscope. OBG Management; 2009; 21:19-34


13. Michelle Catenacci and **Tommaso Falcone** Surgical Management Options for Patients with Infertility and Endometriosis Current Women’s Health Reviews Volume 6, Number 2, May 2010-page 161-166


16. **Falcone T,** Magrina J. “When is the Robot truly the best option” OBG management February 2015

17. **Falcone T.** Uterus Transplantation. OBG management February 2016

**Expert Panels: published transaction**

1. American College of Obstetricians and Gynecologist: Update; CME program. “Hysterectomy: How to Choose the Best Approach for your Patients” December 2005 Moderator and participant


American Society for Reproductive Medicine-Practice Committee authorship


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Removal of myomas in asymptomatic patients to improve fertility and/or reduce miscarriage rate: a guideline. Practice Committee of the American Society for Reproductive Medicine. Electronic address: ASRM@asrm.org; Practice Committee of the American Society for Reproductive Medicine.
**Book Chapters**


17. **Falcone T**. Laparoscopic Hysterectomy. An online chapter for [WWW.websurg.com](http://WWW.websurg.com). 2002


Abstracts & Videos (Peer Reviewed)


4. Morris D., Falcone T. Polycystic Ovary Syndrome—an Association with Familial Diabetes Mellitus Canadian Fertility Society meeting L'Esterel Quebec, 1988


6. Morris D. Falcone T. Polycystic Ovary Syndrome: Association with Type II Diabetes Mellitus. 49th scientific sessions meeting of the American Diabetes Assoc., 1989


44. Khalife S, Watkin KL, Falcone T. Ovarian volume estimation of polycystic ovaries using a three dimensional reconstruction of freehand vaginal ultrasonic images. The III World Congress of Ultrasound in Obstetrics & Gynecology. Las Vegas 1993


51. Falcone T, Pagidas K, Hemmings R, Miron P. Comparison of Surgical Treatment of Moderate and Severe Endometriosis Related Infertility with IVF-ET using Life Table Analysis. World Congress on In Vitro Fertilization, Vienna Austria, 1995


59. Miller KF, Goldberg JM, **Falcone T**. Increased Follicle Size at time of HCG may improve IVF outcome. Presented at the Annual meeting of the American Society for Reproductive Medicine, Boston, 1996. (Also presented at the 16th annual research day October 1996).

60. Wang Y, Sharma RK, **Falcone T**, Goldberg J, Agarwal A. Significance of Reactive Oxygen Species in the peritoneal fluid of women with endometriosis. Presented at the Annual meeting of the American Society for Reproductive Medicine, Boston, 1996.


63. **Falcone T**, Mascha E, Tulandi T, Marino T, Saxon D, Yao M. Retrospective comparison of surgery versus methotrexate in the treatment of unruptured ectopic pregnancy. Presented at the Annual meeting of the American Society for Reproductive Medicine, Boston, 1996


72. Walters M, Amundson B, **Falcone T**, Laparoscopic Burch using standard suturing technique. World Congress of Gynecologic Endoscopy Rome June 19, 1997 **video presentation**

73. Bradley L, **Falcone T**. Myomectomy. American College of Obstetrician & Gynecologists (ACOG) 1998. **Video presentation**


76. Margossian H, **Falcone T**. Laparoscopic cul de sac dissection prior to hysterectomy in patients with Stage IV endometriosis. VI World Congress on Endometriosis. Quebec City. 1998 **video presentation**

77. Margossian H, **Falcone T**. Laparoscopic Management of Pelvic Endometriosis involving the Ureters. VI World Congress on Endometriosis. Quebec City. 1998 **video presentation**


presented at the 16th World Congress on fertility and Sterility and the 54th Annual meeting of the American Society for Reproductive Medicine.


84. Amundson B*, Falcone T. Laparoscopic excision of Adnexal masses in pregnancy Video presentation. Presented at the 16th World Congress on fertility and Sterility and the 54th Annual meeting of the American Society for Reproductive Medicine.

85. Margossian H*, Falcone T. Laparoscopic Management of Pelvic endometriosis involving the ureters. Video presentation. Presented at the 16th World Congress on fertility and Sterility and the 54th Annual meeting of the American Society for Reproductive Medicine.

86. Margossian H*, Falcone T. Laparoscopic management of colorectal endometriosis. Video presentation. Presented at the 16th World Congress on fertility and Sterility and the 54th Annual meeting of the American Society for Reproductive Medicine.

88. Margossian H*, **Falcone T** Laparoscopic Cul de Sac Dissection prior to hysterectomy in patients with Stage IV endometriosis. **Video presentation** Presented at the 16th World Congress on fertility and Sterility and the 54th Annual meeting of the American Society for Reproductive Medicine.


93. Miller KF, Fry KL, Arciaga RL, Attaran M, Goldberg JM, **Falcone T**: Correspondence of day 3 selection of best quality embryos and actual development to blastocyst on day 5. European Society of Human Reproduction and Embryology, Tours, France 1999.

94. Goldberg J, **Falcone T**, Attaran M: Comparison of general and local anesthesia with 2 vs. 10-mm laparoscopes. Pacific Coast Fertility Society, Carlsbad, CA.1999


**Video presentation**, ACOG 47th Annual Clinical Meeting 1999, Philadelphia, PA (video approved by the American College of Obstetrics & Gynecology Educational Library)


104. Margossian H, Walters M, **Falcone T**. Pelvic anatomy by laparoscopy. video presentation Conjoint Annual meeting American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society Toronto 1999 (Best video award for basic science)

105. Tulikangas P, **Falcone T**. Primary left upper quadrant trocar insertion. Video presentation Conjoint Annual meeting American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society Toronto 1999

106. **Falcone T**, Goldberg J. Robotically Assisted Laparoscopic Tubal Anastomosis: First Human Trial. video presentation Conjoint Annual meeting American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society Toronto 1999 (Best video award for infertility surgery)
107. Margossian H, **Falcone T.** Laparoscopic management of endometriosis overlying the ureter. **video presentation** Conjoint Annual meeting American Society for Reproductive Medicine and the Canadian Fertility and Andrology Society Toronto 1999


109. Tulikangas P*, **Falcone T.** 1999 “Primary Left Upper Quadrant Trocar insertion”. **video and oral presentation** The Global Congress of Gynecologic Endoscopy, American Association of Gynecologic Endoscopy, Las Vegas, 1999 **Best video Award (also a separate award given for the manuscript).**


111. Margossian H, **Falcone T.** “Bilateral Adenexectomy by complete Robotic Assistance”. **Video presentation**, American Society for Reproductive Medicine San Diego CA 2000. **Best video award: Open category.**


113. Cogan S., **Falcone T.** “Laparoscopic supracervical hysterectomy”. **Video presentation**, American Society for Reproductive Medicine San Diego CA 2000. also presented at ACOG 2001 ANNUAL Meeting & IS part of the ACOG Audio Visual library


126. Cogan S., Falcone T. Laparoscopic supracervical hysterectomy. Video presentation. American College of Obstetrics & Gynecology (ACOG) annual clinical meeting. Chicago 2001 (accepted for the ACOG video library.)


137. Margossian H, **Falcone T**. Laparoscopic Repair of Ureteral Injuries. **Video presentation.** The Global Congress of Gynecologic Endoscopy 30th Annual


Fluid. 59\textsuperscript{th} Annual Meeting of the American Society for Reproductive Medicine, San Antonio, Texas, October 2003.


174. Said TM, Sharma RK, Bedaiwy MA, Agarwal A, \textbf{Falcone T}. Toxicity of Tumor Necrosis Factor (TNF)-a on Human Spermatozoa – Possible Role in


187. Choi W, Sharma RK, Agarwal A, Paik W, **Falcone T**. Oxidative Stress Induced Alterations in the Mouse Oocyte Cytoskeleton. Annual Meeting of the American Society of Reproductive Medicine, Montreal, Canada, October, 2005.

188. Bedaiwy M, **Falcone T**, Casper RF. Plasminogen Activator Inhibitor (PAI) and Thrombin Activatable Fibrinolysis Inhibitor (TAFI) Polymorphisms in Women with Endometriosis. Annual Meeting of the American Society of Reproductive Medicine, Montreal, Canada, October, 2005.


192. Choi W, Banerjee J, Zhang X, Sharma RK, Agarwal A, **Falcone T**. Effect of Tumor Necrosis Factor-a on Oocyte Cytoskeleton and Embryo Development in Mouse. Annual Meeting of the American Society of Reproductive Medicine, Montreal, Canada, October, 2005.

193. Esfandiari N, **Falcone T**, Goldberg JM, Agarwal A, Sharma K. Modulation of Preimplantation Embryo Development and Apoptosis by Peritoneal Fluid from
Patients with Endometriosis. Annual Meeting of the American Society of Reproductive Medicine, Montreal, Canada, October, 2005.


211. Sokol A, **Falcone T.** Criteria for Choosing the Optimal Myometrial Incision During Laparoscopic Myomectomy. Annual Meeting of the American Society for Reproductive Medicine, New Orleans, Louisiana, October, 2006.


218. **Falcone T.** Laparoscopic Techniques for Excision of Endometriosis on the Pelvic Peritoneum. **Film Presentation.** Annual Meeting of the American College of Obstetricians and Gynecologists, San Diego, California, May, 2007 (accepted into the permanent library of ACOG –DVD # 193)


220. Bedaiwy MA, Mahfouz R, Goldberg J, Miller A, Agarwal A, **Falcone T.** Relationship of reactive oxygen species levels in day 3 culture media with the


**Video Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

250. Kader A, Mansour G, Agarwal A, Sharma R, Falcone T. Apoptosis is not induced by slow cryopreservation or vitrification in biopsied cleavage stage embryos. 
**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Poster Presentation.** Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.

**Video Presentation.** Best Surgical Videos of the AAGL. Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008.


262. Mansour GK, Sharma RK, Agarwal A, Goldberg JM, **Falcone T**. Effect of endometriosis on DNA integrity of embryo development and the role of L-Carnatine in preventing damage. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.

263. Desai N, AbdelHafez F, **Falcone T**, Goldfarb J. Cumulative pregnancy rate after transfer of fresh and frozen embryos from a single oocyte retrieval. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.

264. AbdelHafez F, Bedaiwy MA, Desai N, **Falcone T**, Goldfarb J. Assessment of follicular fluid levels of anti-mullerian hormone in patients undergoing IVF/ICSI. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.

265. Kader A, Desai N, **Falcone T**. Laparoscopic assisted injection transplantation of vitrified ovarian tissue in sheep model. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.

266. Desai N, AbdelHafez F, **Falcone T**, Goldfarb J. Pregnancy and live births after transfer of embryos vitrified on day 3 at the 8 cell stage-A three year
experience. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.

267. Desai N, AbdellHafez F, Falcone T, Goldfarb J. Do patients with no embryos to freeze have lower pregnancy potential?. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.

268. Desai N, AbdellHafez F, Falcone T, Goldfarb J. Sequential analysis of zygotes from syngamy to first cleavage can be used to identify cases most likely to have a good prognosis with day 5 transfer. Annual Meeting of the American Society for Reproductive Medicine, Atlanta, Georgia, October, 2009.


270- Muffly TM, Falcone T. Laparoscopic hemostasis for leiomyoma with parasitic vasculature. Video presentation American College of Obstetricians & Gynecologists- Annual Meeting San Francisco 2010


284-Wilson BM, Nutter B, Falcone T. Long Term Fertility Outcomes After Laparoscopic Surgery for Endometriosis-Associated Pelvic Pain in Late

285-Carvalho L, Rakesh S, Biscotti C, Nutter B, Abrao MS, Falcone T. DNA Damage Induced by Oxidative Stress In Advanced Stage of Endometriosis – Preliminary Results. Poster Presentation. 11th World Congress on Endometriosis, Montpellier, France, September, 2011.


294-Desai N, Goldberg J, Falcone T, Austin C. The new Rapid i carrier is an effective closed system for human embryo vitrification at both the blastocyst and cleavage stage. Accepted for oral presentation at the Annual meeting of the European Society of Human Reproduction and Embryology, Istanbul, Turkey, July 1-4, 2012.


297-Gandhi A, Carvalho L, Nutter B, Falcons T. Training Award for Research. Determining the fertility benefit of controlled ovarian hyperstimulation (COH) and intrauterine insemination (IUI) after operative laparoscopy in patients with endometriosis. Annual Meeting of the American Society for Reproductive Medicine, San Diego, California, October, 2012.


the American Society for Reproductive Medicine, Boston, Massachusetts, October, 2013.


Al-Aref I, Goodman L, Flyckt R, Goyal A, Falcone T, Oral Presentation. Surgical management of endometriosis does not affect oxidative damage in endometriotic tissue over time. Annual Meeting of the American Society for Reproductive Medicine, Baltimore, MD, October, 2015.

Meeting of the American Society for Reproductive Medicine, Baltimore, MD, October, 2015.


327- Gueye N, Goodman L, Falcone T. **Video Presentation.** The versatility of the suprapubic port in robotic assisted laparoscopic myomectomy. Annual Meeting of the American Society for Reproductive Medicine, Baltimore, MD, October, 2015.

328- Caronia L, Goodman L, Falcone T. **Video Presentation.** Value of selected venous catheterization in the diagnosis of hyperandrogenism. Annual Meeting of the American Society for Reproductive Medicine, Baltimore, MD, October, 2015. **Best Surgery Video.**

329- Kotlyar A, Falcone T. **Video Presentation.** Achieving hemostasis during ureterolysis in the setting of fibrosis secondary to endometriosis. Annual Meeting of the American Society for Reproductive Medicine, Baltimore, MD, October, 2015.


331- Gingold J, Falcone T. **Video Presentation.** The retroperitoneal approach to endometriosis. Annual Meeting of the American Society for Reproductive Medicine, Salt Lake City, UT, October, 2016.


334- Arian S, Flyckt R, Tzakis A, Falcone T.. **Demographic Characteristics of Women with Uterine Factor Infertility Seeking Information on Uterine Transplantation.** Annual Meeting of the American Society for Reproductive Medicine, Salt Lake City, UT, October, 2016. **In-training-award**

anastomoses alone. Annual Meeting of the American Society for Reproductive Medicine, Salt Lake City, UT, October, 2016. InTraining award


TEACHING ACTIVITIES

Teaching Awards
- Teacher of the Year in Obstetrics & Gynecology (2001-2002): Selected by Cleveland Clinic residents & fellows
- Association of Professors of Gynecology and Obstetrics (APGO) Excellence in Teaching Award 2005

Curriculum/Course Development

Postgraduate (Residency program): Cleveland Clinic residency program—Department developed a novel curriculum that enabled a Tracking residency program. Our program is considered to be in the top 20 programs by US news & World report. The department obtained a Kenneth J Ryan residency program educational grant in 2014.

Presentation of this theme:

Undergraduate: Cleveland Clinic Lerner College of Medicine of Case Western Reserve University)

Member of the Medical School Curriculum Development Task force-2001-2005
Endocrinology-Reproductive Biology Year 1 and Year 2 course: Member of the Course planning committee 2001-6
- Course Director (Endocrinology/Reproductive biology) chair 2001-2006.

Teaching activities- Obstetrics & Gynecology Residency Program Teaching-
CCF program
Complications of Laparoscopic surgery-lecture
Management of endometriosis-lecture
Laparoscopic surgery skills cadaver laboratory-once per year
Laparoscopic surgery skills porcine lab-once per year

National Teaching Program
AAGL Resident’s Circle Program 2004
Teaching video- ACOG DVD library- Laparoscopic techniques for excision of endometriosis on the pelvic peritoneum

Undergraduate: Cleveland Clinic Lerner College of Medicine of Case Western Reserve University)
Seminar leader

Process of Discovery- Year 1: Research involving gametes and pre-embryos

Endocrinology-Reproductive Biology Year 1 course-seminar leader (Oogenesis)

Endocrinology-Reproductive Biology Year 2 course-seminar leader (Dysmenorrhea)

Case Western Reserve University-traditional track Medical school
Lecturer Year II Reproductive Biology & Endocrinology Course 2001-2005

Administrative

- Case Western Reserve University Faculty Council 2004-2007
- Cleveland Clinic Lerner College of Medicine’s Committee on Appointments and Promotions 2005-2007

Previous Educational Responsibilities

McGill Courses
* Coordinator of all Undergraduate Teaching for the Department of Obs & Gyn. 1991/92/93/94

Reproductive Medicine 534-121M-(Basic Science Years) Course coordinator & Lecturer 1990/91/92/93/94

Obstetrics and Gynecology 534-300M Course coordinator & Lecturer 1989/90/91/92/93/94
Trainees / Mentees

Clinical Fellows: 1992- present

McGill University
F.Khalifa, Saudia Arabia, 1992
Jose Cabalero, Spain, 1992
M.Bugnah Saudia Arabia, 1993/94
K.Pagidas Canada, 1993/94
P.Lin Canada 1993/4

Cleveland Clinic Foundation
M.Paraizo 1995/96.
B.Amundson 1996/97
H.Margossian 1997/98
P.Tulikangas 1998/99
S. Cogan 1999/2000
T.Muir 2000/01
J.Whiteside 2001/2002
K. Stepp 2002/2003
A. Sokol 2002/2003
J.E.Jelosevk 2003/2004
A.Ashby 2004/2005
G.Chen 2005/2006
A.Park 2006/2007
B.Ridgeway 2006/2007
G. Diwadkar 2007/2008
A. Frick 2008/2009
T.Muffly 2009/2010
J.Reddy 2009/2010
M. Catenacci 2009-2012
R. Flyckt 2010-2013
E. Soto 2011-2014
Kristin Holoch 2012-2015
Linnea Goodman 2013-2016
Gueye, Ndeye-Aicha 2014-2017
Arian Mehr, Sara 2015-16
Ann Davis-2016-2017

Research Fellows

McGill University
Deborah Cohen, Ultrasonography, 1992 (see publication section)
Ron Seigal, Medical Endocrinology, 1992
Kelly Pagidas, Gyn Endocrinology, 1993/94 (see publication section)
Perry Lin, Gyn Endocrinology, 1993/4 (see publication section)
Cleveland Clinic Research fellows, residents & students

Research fellows

1998-99 Eleanor Pasqualotto, M.D. (gynecologist, San Paolo, Brazil) Risk Factors for multiple gestation in women undergoing intrauterine insemination with ovarian stimulation. (See publication section)

1999-2000 Mamta Singh M.D. Effect of oxidative stress on embryo development and sperm function. (See publication section)

2000-1 Elisabeth Jeremias MD M.D., Autotransplantation of ovaries (see publication list).

2001-2003 Mohamed Bedaiwy, M.D., Ph.D. Role of Cytokines and Oxidative Stress on fertility in laparoscopically Retrieved Peritoneal Fluid from patients with Endometriosis and Autotransplantation of intact cryopreserved-thawed ovary (winner of the 2003 Fertility Society of Australia Exchange award; see publication & award list for further awards)2001-3.

2001-2 Xia Wang, M.D., Ph.D., Effect of oxidative stress on embryo development.


2002-3 Javier Noriega, M.D. Hemosiderin laden macrophages in the diagnosis of endometriosis and protective effect of antioxidant and anti-TNF antibody on embryo development.

2003-4 X. Zhang, M.D. Protective effect of anti-TNF antibody and other immune modulators on embryo development.


2005-6 Jashoman Banerjee, M.D. Oxidative Stress Induced Alterations in Metaphase-II Mouse Oocyte Spindle Structure

2005-7 Gihan Mansour, M.D. Effect of peritoneal fluid of patients with endometriosis on mouse oocyte cytoskeleton

2006-9 Amr F Kader, M.D., Effects of cryopreservation /transplantation methods on embryos and ovarian tissue

2008-10-Ehab Barakat use of robotics for ovarian tissue transplantation

2009-2010-Geetu Pahlajani-endometriosis

2010-2011-Luiz Fernando Pina de Carvalho-endometriosis

2009-2012- Michele Catenacci- Endometriosis

2010-2013- Rebecca Flyckt- Leiomyoma

2011-2014- Enrique Soto-Endometriosis

2012-2015- Kristin Holoch- endometriosis

2013-2016- Linnea Goodman- endometriosis

2015-2017- Gueye, Ndeye-Aicha- fibroids

Medical students & residents


1997- Rahsaan L. Lindsey (medical student- Case Western Reserve University) Comparison of Conventional with Laparoscopic Myomectomy

1998- Dawn Miller (medical student- Northeastern Ohio Universities College of Medicine) Analysis of factors that may predict which patients requires repeat surgery for endometriosis

1999- Jose Berthe (resident, Mt Sinai Medical Center) Analysis of the Effect of Antiphospholipid antibodies on IVF outcome (presented at the Cleveland Ob Gyn Society meeting 1999; Prize paper)

1999- Sara G. Beesley (medical student, Ohio State University College of Medicine) Evaluation of reproductive outcomes and pelvic pain after surgical treatment of endometriosis

1999- Anuradha Munshi (medical student, Northeastern Ohio Universities College of Medicine) Effect of reactive oxygen species on mouse embryo development

1999- Manisha Gunasekera (medical student, Ohio State University College of Medicine) The prevalence of autoimmune and allergic disease among women with endometriosis

2001- Kevin Stepp, resident in Obstetrics & Gynecology, Metro Health, Laparoscopic surgery in pregnancy

2005- Allison Rodgers, resident Metro health/CCF. Robotic tubal reversal.

2006- Kathryn Feldman, medical student Case Western Reserve University. Ovarian Autotransplantation


2011-2014-Anjaliika Gandhi- medical student CC -Fertility outcome after surgery for advanced endometriosis

2015- Alexander Kotlyar- CC resident research - Inflammatory mediators of endometriosis

2015- Jamie Stanhisher- CC resident research-relative anatomy of the abdominal wall for trocar insertion

2015-Lisa Caronia- CC ovulation induction in endometriosis patients & meta-analysis of GnRH agonist protection against gonadal toxicity

2016- Thanh Ha Luu- CC resident Robotic vs. laparosocopic surgery for endometriosis

2016-2017- Jacob Christ-CC-CWRU medical student- PCOS and bariatric surgery

2017- Shirley Shue-CWRU medical student –fibroid research
National and international: Invited lectures, Grand Rounds, Visiting professor and Graduate Medical Education programs

- "Dysfunctional Uterine Bleeding", SOGC, Vancouver, 1988
- "Clinical Use of LHRH Analogues", Charlottetown, PEI, Nov. 1992
- "Ectopic pregnancy after tubal repair versus IVF" Workshop Facilitator, Second Canadian Conference on Reproductive Medicine. Puerta Vallarta Mexico, 1992
- "Medical management of endometriosis", Everett Chalmers Hospital, Fredericton, New Brunswick, 1993
- "Medical management of endometriosis", Moncton, New Brunswick, 1993
- Surgical management of Endometriosis, Eastern Ontario Gynecological Society, Ottawa, Ontario, 1993
- "Insulin and Insulin Like Growth Factors in PCO"; VIII th World Congress on Human Reproduction, Bali, Indonesia, 1993
- "Laparoscopic Removal of Ovarian Cysts", McMaster University, Hamilton, Ontario, 1993
- "Insulin & Insulin-like growth factors in PCO", Memorial University, St.John's, Newfoundland, 1993
- "Insulin & Insulin-like growth factors in PCO", University of Western Ontario, London, Ontario, 1993
- "Laparoscopic LUNA and Presacral Neurectony for Chronic Pelvic Pain." SOGC 49th Annual Clinical Meeting, Ottawa, 1993
- "Ovulation Induction in the Insulin Resistant PCO Patient " International Symposium on Ovarian Function and Induction of Ovulation. Tel Aviv, Israel, 1993
- " Management of Endometriosis " Edmonton, Alberta 1994
"Management of Endometriosis" Calgary, Alberta 1994

"Polycystic Ovary Disease" Grand Rounds University of Ottawa 1994


"Polycystic Ovary Disease" Canadian Association of Medical Biochemists Quebec City 1994


Moderator FIGO World Congress Montreal, 1994: "Endoscopic Surgery: An Update"

"Dysfunctional Uterine Bleeding" Pediatric & Adolescent Gynecology Special Interest Group; American Fertility Society San Antonio Texas 1994


"Management of Advanced Endometriosis in the infertile patient" Canadian Fertility & Andrology Society Annual meeting, Montebello Quebec 1995

"New Developments in Endoscopic Surgery" Ontario Medical Association Thunder Bay Ontario 1995

"Adolescent Dysfunctional Uterine Bleeding" Roundtables, American Society for Reproductive Medicine, Annual Meeting, Seattle, Washington, 1995

"Laparoscopic Burch procedure" Belgrade, Yugoslavia, 1996


“Metabolic Aspects of Polycystic Ovary Syndrome” American Society for Reproductive Medicine, Cincinnati, Ohio, 1997
• “Robotically Assisted Tubal Surgery” McGill University Grand Rounds (Jewish General hospital/Royal Victoria Hospital March 1998)

• “Robotically Assisted Tubal Surgery” International Society of Gynecological Endoscopy (ISGE). Sun City, South Africa. 1998


• “Robotic Surgery” & Visiting Professor Allegheny University hospitals. June 1998


• “Role of Reactive Oxygen species in Female Infertility” 44th Annual reunion of the Canadian Fertility Society. Mont Tremblant Quebec. 1998

• “Role of Reactive Oxygen species in Female Infertility” 16th World Congress on fertility and Sterility and 54th Annual Meeting of the American Society for Reproductive Medicine. San Francisco 1998

• “Laparoscopic Tubal Reanastomosis Using Robotically Assisted Instrumentation” 8th Annual Congress of the International Society for Gynecological Endoscopy. Montreal, Canada 1999


• Third International Congress on Computers and Robotics in the Operating Room 2000; Santa Barbara, CA July 1999; Applications of robotics in gynecology.

First Congress on Controversies in Obstetrics, Gynecology & Infertility, Prague Czech Republic Nov 1999. “Do the different approaches stem from real medical advantages or surgeon preferences?”

Women’s Foundation continuing medical education program. “Laparoscopic hysterectomy” Lafayette Louisiana Nov 1999


International Society for Gynecologic Endoscopy 9th Annual scientific meeting, Gold Coast, Australia, April 2000. ”Computers & Robotics in the operating room”.


American Society for Reproductive Medicine Annual meeting in San Diego CA 2000. Live Telesurgery from the Cleveland Clinic to the Convention Hall. “Live Robotic Tubal Reanastomosis”

International Society for Gynecologic Endoscopy 10th Annual scientific meeting, Chicago 2001."Postoperative Recovery: Quicker after Laparoscopic Hysterectomy?

British Fertility Society Belfast, Ireland, 2001."Robotic Gynecologic Surgery”.


- University of Louisville, Kentucky.” Advanced Workshop on Gynecologic Laparoscopic Anatomy & Surgery”. Louisville, Kentucky (2002)Course Director & Lecturer 2002


- International Society for Gynecologic Endoscopy XII Annual Congress. Key note speaker’ Robotic Surgery”. Cancun Mexico 2003


- University of Louisville, Kentucky.” Advanced Workshop on Gynecologic Laparoscopic Anatomy & Surgery”. Louisville, Kentucky (2002)Course Director & Lecturer 2003


- Symposium on robotic surgery, “Gynecologic applications” Minister of Health Rome Italy, March 2004


- 18th World Congress on Fertility and Sterility held in Montreal, Canada. “Future directions and development in Reproductive Surgery”. 2004

- 5th International meeting on Controversies in Obstetrics, Gynecology and Infertility, Las Vegas, June 2004: “Controversies in laparoscopic surgery”

• Peking University (Third hospital), Beijing China, visiting professor. September 2004

• 5th International meeting in Reproductive Medicine, Beijing, China. “Endometriosis & infertility” & “Leiomyoma & Infertility”. September 2004.


• University of Utah, Annual Review Course Salt Lake City, Utah, 2005: “Surgical Management of Endometriosis”

• Grand Rounds, Hartford hospital, Hartford CT 2005 “Laparoscopic Hysterectomy”

• Gynecologic Surgery Society 21st Annual meeting, 2005 Washington “Surgical Management of Endometriosis”

• 8th Annual Gyn Endoscopy course, University of Connecticut, April 2005, Norwalk CT “Surgical Management of Endometriosis”

• 7th World Congress on Controversies in Obstetrics, Gynecology & Infertility (“Role of Robotics in Gynecologic surgery”; “Complications of Laparoscopy-Can they be eliminated?”. Athens, Greece. April 2005

• Annual meeting of the Society for Laparoendoscopic surgeons “Implementation of telesurgery” September 2005


• Grand Rounds Queen’s University, Kingston Ontario Canada April 2006

• New York Society of Reproductive Medicine –invited lecture “Role of Surgery in the infertile patient” May 2006

• Weill-Cornell Center for Reproductive Medicine grand rounds “Robotic Surgery” May 2006

• Wayne State University Grand Rounds and Visiting Professor. “Laparoscopic Hysterectomy” and “Anatomy from the Laparoscopic perspective” May 2006

• Visiting professor Genesys Regional Medical Center ( Grand Blanc, MI) “Robotic Surgery” July 2006

• Grand Rounds Sparrow Hospital (Lansing, MI) “Robotic Surgery” July 2006

• Fifteenth International Congress & Endo Expo SLS Annual meeting Boston September 6-9, 2006 Invited lectures “Laparoscopic Hysterectomy” & “Robotic Applications in Gynecologic Surgery”


• Annual Meeting of the American Society for Reproductive Medicine, New Orleans, Louisiana, October, 2006. Course director and lecturer. Laparoscopic Suturing: Microscopic and Macroscopic Techniques and Clinical Application.

• 35th Annual meeting of the AAGL; PG course director and lecturer: November 6-9, 2006. PG course on Complex Surgical Problems in fertility preserving surgery. Preservation of fertility in cancer patients.


• Evidence-based OB/Gyn Hawaii (University of Hawaii) Feb.14-16 2007 (Laparoscopic anatomy/complications of laparoscopic surgery)


• Society for Laparoendoscopic Surgeons (SLS)-Annual meeting San Francisco September 2007 Robotic gynecologic surgery/ Management of Leiomyomas

• Oocytes, Ovary, and Transplantation – Biosymposia- Boston September 2007- “ Whole Ovary Transplantation in the Sheep”

• Reproductive Surgery-Serono Symposia-Rome Italy 2007 “Robotic Gynecologic Surgery”

• Robert C Knapp endowed lectureship-Brigham and Women’s Hospital-October 2007 Boston MA-" New technology in myoma treatment"

• Brigham and Women’s Hospital- October 2007 Boston MA- Complications in Laparoscopic Surgery- Grand Rounds

• American Society for Reproductive Medicine 2007 Washington D.C.- Evolving Role of Robotics in Gynecology- PG review course


• University of Michigan, - Grand Rounds, “Surgical Management of Endometriosis” March 5-6, 2008 - Ann Arbor, Michigan

• New England fertility Society, Boston MA, March 13-14, 2008. ““Robotic Surgery”

• Bridgeport Hospital 11th Annual Gyn Endoscopy Course March 28-29, 2008 Bridgeport, Connecticut. ““Complications of Laparoscopy”

• A.Marsh Poulson Lectureship, University of Utah, Salt Lake City, Utah ““Preservation of Fertility in the Cancer Patient” April 29-30, 2008

• Association of Obstetrician Gynecologists of Quebec May 7-9, 2008 Montreal, Canada. ““ Surgical Management of Endometriosis”

• International Society for Gynecologic Endoscopy –June 4-7 2008 Bari, Italy. ““Preservation of Fertility in the Cancer Patient”

• 29th annual Daniel K.Roberts Ob/Gyn Update Wesley Medical Center, Wichita, KS-June 20, 2008. ““Surgical Management of Endometriosis”

• Society of Laparoendoscopic Surgeons Annual meeting. Chicago September 2008. ““Adhesions & Adhesion prevention”

• Annual meeting of the Italian Society for Gynecology & Obstetrics. Turin Italy October 2008. ““Surgical Management of Endometriosis”

• Annual Meeting of the American Society for Reproductive Medicine, San Francisco, CA, November, 2008. “New therapeutics for Myomas” Postgraduate Course - “Fertility Preserving Surgery” Interactive Session

• Dartmouth Hitchcock Feb 2009- Grand Rounds- “Surgical management of endometriosis”.

• European Society of Human Reproduction & Embryology Annual meeting- June 2009-Amsterdam, Netherlands- Invited Speaker-“Surgical Procedures that enhance IVF outcome”

• SLS Annual meeting 2009. Boston Massachusetts. Faculty- Masters class- Laparoscopic suturing

Management Options for Uterine Leiomyomata." “Laparoscopic Management of Endometriosis.”

- Annual meeting of the AAGL Orlando Florida 2009. “Surgical procedures for the Management of Myomas-course chair and presenter”


- Alexandria forum on Women’s Health Alexandria Egypt March 23-25, 2010; Endometriosis and robotics talk

- Hartford Hospital (University of CT)- CT – April 8, 2010-Management of fibroids-grand rounds

- Bridgeport Hospital (University of CT)-CT- 13th Annual Gyn Endoscopy course- April 10, 2010- Management of Endometriosis.

- 17th annual gynecologic seminar of the Gate Institute of Holy Cross Hospital April 17, 2010- Management of advanced endometriosis.

- American College of Obstetricians & Gynecologists- Annual Meeting San Francisco 2010–PG SS02- lectures on endometriosis/myomas/hysterectomy/ adnexal masses


- Postgraduate course on Laparoscopic suturing- tutor; Annual Meeting of the American Society for Reproductive Medicine, Denver, Colorado, October, 2010.


• Hartford Hospital Review course on robotics- Robotic Myomectomy. Hartford CT April 2011

• American College of Obstetricians & Gynecologists- Annual Meeting Washington DC May 2011–PG SS02- lectures on endometriosis/myomas/hysterectomy/ adnexal masses

• University of Wisconsin- Madison- Visiting Professor- Grand Rounds- Management of Endometriosis- May, 2011

• Albany Medical College- Albany NY- Visiting Professor- “Management of Endometriosis” June 2011.

• Inova Fair Oaks Hospital- Reston Virginia- Minimally Invasive Surgery Conference ( multiple topics: Myomectomy; adnexal masses) September 2011

• Serono Symposia-Milan Italy “From Infertility Treatment to Reproductive Health” lecture on Robotics- September 2011

• ASRM annual meeting Orlando Florida- October 2011 – 2 postgraduate courses- Lectures in Fibroid/suturing course and PG chair and lecturer in the Endometriosis PG course,

• Epworth Health Care 2nd Annual Obstetrics & Gynecology Symposium Melbourne Australia October 2011.- 4 lectures Robotics/ Endometriosis/myomas/preservation of fertility.


• Annual Meeting of the American Society for Reproductive Medicine, Orlando, Florida, October, 2011. “Endometriosis: The Link Between Pathophysiology and Treatment. Postgraduate course”

• Pelvic Anatomy and Gynecologic surgery-Dec 2011 Las Vegas- Course co-director and lecturer. Endometriosis; Hysterectomy; Myomectomy. Complications.

• Brown Alpert Medical School- Women and Infants. Chief Pro Tempore- residency education day. April, 2012.
- Sunshine seminar XXXI Recent advances in ObGyn. Puerto Rico – Endometriosis. 2012


- Fibroids: Myomectomy and new approaches (didactic). Chair, Postgraduate Course. 41st AAGL Global Congress of Minimally Invasive Gynecology, Las Vegas, NV, 2012.

- Endometriosis- Visiting Professor Department of Molecular & Integrative Physiology University of Kansas Medical Center. April 2013

- American College of Obstetrics & Gynecology Annual meeting- PG course on pelvic surgery. New Orleans May 2013- Endometriosis & Gynecologic Surgery-


- Surgical management of Endometriosis-Association of Obstetrician & Gynecologists of Quebec., Quebec Canada May 2013.


- Chair of Editor’s Conference (sponsor by Elsevier) Boston November 2013.

- Pelvic Anatomy & Gynecologic Surgery- Las Vegas December 2013- lecturer & course co-director


• American College of Obstetricians & Gynecologist annual clinical & scientific meeting Chicago-2014: Postgraduate course lectures on endometriosis & fibroids.

• 22nd Regional Congress on Obstetrics & Gynecology- Juarez Mexico May 2014- “Endometriosis”

• 2nd Annual Collaborative Symposium Minimally Invasive Gynecologic Surgery (Harvard/CC/Mayo) Boston May 2014- “Pelvic Anatomy” “Endometriosis”.

• European Society for Human Reproduction (ESHRE)- Annual meeting Munich Germany. June 29-July 2. Invited lectures- Postgraduate course (Fertility preservation) & plenary session (complications of laparoscopy).

• Northwestern University- Chicago. Grand Rounds- Surgical Management of Endometriosis. September 2014

• University of Chicago Lying-In hospital- Honorary Lecturer (Dr. Samir Hajj Honorary Annual lecture”) – Surgical Management of Myomas. October, 2014.


• Pelvic Anatomy & Gynecologic Surgery- Las Vegas December 2014- lecturer & course co-director


• American College of Obstetricians & Gynecologist annual clinical & Scientific meeting San Francisco May 2015- Postgraduate course lectures on endometriosis & fibroids.

• Earl Plunkett lecture at the Paul Harding Obstetrics & Gynecology Research day – Western University, London Ontario- endometriosis
- Vanderbilt University- 26 Annual resident research forum. Guest speaker –May 2015
- First United Family Healthcare International conference- Beijing United Family Hospital, Beijing China- June 2015. Lectures on endometriosis & fibroid surgery
- Annual Meeting of the American Society for Reproductive Medicine, Baltimore, MD, October, 2015. Surgical track interactive session: Morcellation and tissue extraction options after new FDA rulings.

11th Turkish German Gynecologic Congress, Belek, Antalya, May, 2016: 3 presentations by Skype from CC: Management of advanced endometriosis in the infertile patient; Surgical management of endometriosis. Pelvic anatomy from a laparoscopic surgeon’s point of view.


- XVII Congresso Argentino Medicina Reproductiva September 2 2016- 3 presentations- Endometriosis; robotic surgery; tissue morcellation

- Women’s Health Services Grand Rounds Henry Ford Health System September 7, 2016. Surgical Management of Endometriosis

- Northwestern’s Second Annual Update in Clinical and Surgical Gynecology Chicago IL October 2016 “Surgical Management of Endometriosis”
- Virginia Commonwealth University (VWU)- October 2016 – Advances in Obstetrics & Gynecology- John A. Board Lecture- “Surgical Removal of Endometriosis” & “Preservation of Fertility in Cancer patients”
- University of British Columbia- November 2016- D.A.Boyes Society meeting. “Surgical removal of endometriosis”
- North Shore University Hospital- The 7th Annual Current Topics in Pediatric & Adolescent Gynecology. November 2016. “Uterus Transplantation”
- University of Wisconsin School of Medicine & Pubklic Health –April 2017 Grand Rounds-Surgical management of endometriosis.
- 13th World Congress on Endometriosis-May 2017- Speaker- “Surgery in Endometriosis”
- University of Rome-Tor Vergata-University- Rome Italy – grand Rounds June 7, 2017- “Uterus Transplantation”
- 12th National Congress of SEGI (Societa Italiana Endoscopia Ginecologica) Bari Italy June11-14 – “Evolving Role of Robotic Surgery” & “Uterus Transplanation”
- AAGL Global Endometriosis Summit- July20-21-Reykjavik, Iceland. “ From Pathophysiology to Diagnosis: Unraveling the Enigma”
- ASRM Scientific Congress-October 28 -November 1,2017 – San Antonio Texas- SRS lecture (Plenary)- Uterine Transplantation: Lessons learned o & Symposium on Reproductive Surgery
Presentations- Postgraduate & CME: Cleveland Clinic (local) Postgraduate courses & Research Presentations

Pregnancy: Increasing the Odds in your Favor; July 22, 1995; organizer & lecturer.

Advances in the Management of Infertility October 25, 1995; moderator & lecturer


Pediatric & Adolescent Gynecology (October 1996) Workshop: Difficult Surgical Cases

Laparoscopic Suturing course CCF Jan & Feb 1996

Laparoscopic Burch course CCF Oct. 1996

Needlescopic surgery courses CCF Nov 1996

Treatment of the infertile couple in the 21st century, Review course Health Care in the New Millennium April 1997

Female Hypogonadism in Endocrinology & Metabolism Board Review Sept 1997

Treatment of the infertile couple in Advances in Obs & Gyn Oct 1997

Ethics & Reproduction in Medical Institute for Law faculty course 1997

Essentials of Pelvic Anatomy for the Surgeon 1997

Robotically assisted Laparoscopic tubal anastamosis in Computer Assisted Minimally Invasive Symposium April, 1998

Research Week at the CCF 1998 Abstracts
  "Peritoneal fluid environment in patients with endometriosis and its effect on sperm function"
  “Relationship of follicular fluid reactive oxygen species with pregnancy rates following IVF

Diagnostic and Operative hysteroscopy Review course Oct 1998 Codirector


Laparoscopic Burch course CCF co director June 1999
Diagnostic and Operative hysteroscopy Review course June 1999 Codirector

Surgical Treatment of Endometriosis. Pediatric & Adolescent Gynecology Sept 1999

Research Week at the CCF 1999 Abstracts:
- Effect of indication for pelvic surgery on the outcome of intrauterine insemination
- Risk factors for multiple gestation in women undergoing intrauterine insemination with ovarian stimulation
- The effect of follicular fluid Reactive Oxygen Species on the Outcome of In vitro fertilization

Laparoscopic Hysterectomy. Minimally Invasive Approaches to Female Urinary Incontinence and Pelvic Organ Prolapse. May 2000

- “Novel Surgical Technique for ovarian transplantation” 2001 Jeremias E. Bedaiwy M, Falcone T et al
- Cryopreservation and Autotransplantation of an entire ovary Bedaiwy M, Jeremias E, Falcone T et al
- Importance of Ischemia time & tissue size in the preparation of ovarian tissue for cryopreservation Jeremias E, Bedaiwy M, Falcone T et al

2001 Teleconference Program to Keio University Hospital, Japan
- “Robotic Surgery for Gynecologic Diseases”
- 2001 Interurban club meeting: Robotic surgery

2001 Fourth Annual Essentials of Female Pelvic Anatomy & Reconstructive Surgery.

- Follicular viability and apoptosis rates after cryoperfusion of intact mammalian ovary. Bedaiwy et al
- Combined approach for detection of apoptosis in cryopreserved thawed ovarian tissue prior to autotransplantation

2002 Cleveland Ob Gyn society meeting-resident/fellow research
- Transplantation of intact frozen-thawed mammalian ovary (prize paper winner).

2002 Update on Gynecologic Endoscopy (June6,7). Course Director and lecturer
2003 Update on Gynecologic Endoscopy (Feb 28,29; June 7&8). Course Director & lecturer
2004 Third annual Update on Gynecologic Endoscopy (Feb 26 & 27,2004). Course Director & lecturer
2005 Fourth Annual Update on Gynecologic Endoscopy ( Feb 27 & 28, 2005). Course Director & lecturer
2005 Update on Obstetrical Dilemmas. Lecturer (Is it time to transfer one embryo.)
2005 1st Annual Women’s Health Summit. lecturer. Lecturer (Insight into Ovarian aging)
2006 Fifth Annual Update on Gynecologic Endoscopy (March 9 & 10). Course Director & lecturer
2007 Hysterectomy-Tricks, Tools and alternatives- Cleveland Clinic Florida. Lecture “Endometriosis”
2007 Sixth Annual Update on Gynecologic Endoscopy (March 9 & 10). Course lecturer- Anatomy, Endometriosis

2008 Hysterectomy-Tricks, Tools and alternatives- Cleveland Clinic Florida. Lecture “Endometriosis” & Pelvic Anatomy
2008- Cleveland Clinic, Endoscopy Conference- February “Surgical management of Endometriosis”
2008- Panel Discussion: Resident Career Path Forum – The Society of Black Academic Surgeons 18th Annual Symposium, Cleveland Clinic, April 2008, Cleveland, Ohio
2008- “Laparoscopic Hysterectomy” – Advances in Gynecologic Surgery, Cleveland Clinic, May 2008, Cleveland, Ohio
2008- “Surgical Management of Endometriosis” - Advances in Gynecologic Surgery, Cleveland Clinic, May 2008, Cleveland, Ohio
2008- “Robotic Myomectomy” - Advances in Gynecologic Surgery, Cleveland Clinic, May 2008, Cleveland, Ohio
2008- Lectures to summer internship program offered by the Center for Reproductive Medicine-Cleveland Clinic
2008-“ Robotic Myomectomy’ Fibroid Summit September 2008
2009-Hysterectomy-Tricks, Tools and alternatives- Cleveland Clinic Florida. Lecture “Endometriosis” & Pelvic Anatomy
2010- Cleveland Clinic- Gynecology course Single Port surgery-lecture on anatomy & complications
2010- First Combined course between Cleveland Clinic and Catholic University of Rome, Rome Italy- lectures on endometriosis and robotics
2011- Hysterectomy-Tricks, Tools and alternatives- Cleveland Clinic Florida. Lecture “Endometriosis” & Pelvic Anatomy- Endometriosis & pelvic anatomy
2012- Cleveland Clinic Florida- Endometriosis
2013- Cleveland Clinic Florida, Harvard & Mayo clinic combined course- Endometriosis
2014- Ethical Dilemmas in the practice of obstetrics, gynecology & reproductive medicine. April 2014- co-director
2016- Controversies in the management of endometriosis & adenomyosis. Co-director

**Computerized Teaching Modules**

Faculty on interactive computer program developed for continuing medical education and resident teaching. "Endometriosis" 1993. Software developer is Dr.Steve Edworthy, Heritage Medical Research Bldg, University of Calgary, Calgary Alberta. (Grant Syntex Inc.)

**Media reports**

- Cleveland Magazine September 1995: Women's Health Section; "Against all Odds"
- Medical Tribune, CLINICAL FOCUS, September 1995, "Dysfunctional uterine bleeding different ages, different therapy".
- Appearance on "Health Talk" radio 1300; April 1997
- Value of Ovulation predictor kits...interview Fox news March 1998
- Zeus robotic surgery reported on WUAB TV-11/21/98 Medical report on the evening news
- Treatment of infertility Sun Press Dec 10, 1998
- "Newborn Hope" World’s 1st baby born after Robotic Surgery Reverses Sterilization" Healthcare Monitor, October 11, 1999
- "Robotic Surgery" TV Atlanta Feb 2000
- "Top Docs, Area doctors name the specialists they’d go to". Northern Ohio Live April 2001.
- Listed in Castle Connolly Guide to America’s Top Doctors 2001-5.
- Ladies Home Journal May 2002 Best Doctors for families (under Reproductive Endocrinology.)
- Listed on Best Doctors (www.bestdoctors.com) 2002-5
- Listed in "Cleveland" magazine "Top Docs" physicians rated the best in their fields by other M.D.s. August 2002.
• Cleveland Magazine: listed as a “Top Doc” 2004
• “CCF Fertility Center” listed as one of the Top centers in USA by “Town & Country” magazine July 2004.
• Northern Ohio Live April edition listed under Top Docs -2005
• Cleveland Magazine: listed as “Top Doc” 2006, 2007
• Washington Post January 15, 2007- “uterine transplantation”
• New York Times January 22, 2007 “uterine transplantation”
• Newsscientist.com February 2007-“Ovarian Transplantation”
• Conceive magazine-2007 summer issue “Drug Deals”
• ABC news September 2007- “Value of single port Laparoscopy”
• Newsweek.com “Modern Maternity” (web exclusive) September 2008
• MSNBC.com “pass it on: Sons of infertility men may be next” September 2008
• Channel 19 news- “Genetic Male Infertility and IVF” October 2008.
• Plain Dealer Tuesday May 5-2009- Health & Fitness section- “Women who keep ovaries during hysterectomy live longer”
• Channel 3 news July 26 2009- “Health care for the Cleveland uninsured”
• Multiple radio spots to discuss my book-August 11, 2009
  • WSYR- AM – Syracuse, New York
  • WGVU-AM&FM – Grand Rapids, Michigan
  • KCMN-AM – Colorado Springs, Colorado
  • WPHM-AM – Detroit, Michigan
  • WKAZ-FM – Charleston, West Virginia
  • Radio America Network Nationally Syndicated
  • WBIX-AM – Boston and Nationally Syndicated
  • Lifestyle Talk Radio Nationally Syndicated
  • LA Talk Radio Nationally Syndicated
  • WASN/WRBP/WGFT- AM Regional Radio

July 2010- CBS news, Channel 8 news and Associated press- Comment on article showing increased risk of Pediatric Cancers with IVF
• Plain Dealer- 2010- comment on “ Health Officials look at C-section rates in Ohio”
• Weight in infertility- 2010- WBMA – Birmingham, AL
  Kiii – Corpus Christi, TX
  WTAE – Pittsburgh, PA
  WZZM – Grand Rapids, MI
  WRTV – Indianapolis, IN
  KLTV – Tyler, TX
• Weight in Infertility -WSIL-TV (Paducah, KY) – 2010
• “Endometriosis” - Cleveland Jewish News - September 2011
• Wall Street Journal; Plain Dealer 2014 - “Morcellation of fibroids”
• Time magazine “2014-Direct to IVF treatment”
• 2015 WOIO-TV19 & KLTV-TV - Optimal age to freeze eggs
• New York Times - Thursday November 12, 2015 “Uterus Transplants may soon help infertile women in the US become pregnant”
• People: http://www.people.com/article/cleveland-clinic-successful-uterus-transplant
• ABC America This Morning
• ABC Good Morning America
• ABC World News
• CBS This Morning
• Headline News
• Numerous articles in paper, TV & social media on Uterus transplantation 2016
Patient Education Publications

- **Cancer Consult magazine 2003** “Preserving Fertility in Female cancer patients”
- **Encyclopedia of Women’s Health** edited by Sana Loue and Martha Sajatovic; Kluwer academic / Plenum Publishers; 2004; 4 topics (Infertility, Fecundity, laparoscopy, endometriosis)
- **Female Health Today**, “Getting pregnant isn’t easy”
- **Cancer Consult 2005**. “Team Treatment ideal for BRCA-gene positive women
- **Cancer Consult 2005** “Taussig Cancer Center Adopts New Cancer/Fertility Protocol”
- **Overcoming Infertility**, A Cleveland Clinic Guide by Tommaso Falcone, MD with Davis Young. Cleveland Clinic Press (2006)
- **Cleveland Clinic Guide to Infertility** by Tommaso Falcone and Tanya Falcone Kaplan Publishing New York-2009

Patient Education Conferences & Videos

- Pregnancy: Increasing the Odds in Your favor 1995
- ICSI Offers New Hope to Infertile Couples 1995
- Advances in treating Infertility October 1997 CCF
- Advances in Infertility October 1998 Wooster clinic
- **The Facts About Infertility: A Message of Hope from The Cleveland Clinic,** Bronze Telly Award in the "Health & Medicine," category of the 2001 Telly Awards competition.
- “Minimally Invasive Surgery”. The 3rd Annual Pyramid Day, Cleveland Clinic Foundation 2001
Advisory Boards

Practical Strategies in Women’s Health, a newsletter for Health Care Providers 2005-

Community Activity

- Chair, United Way Staff Campaign for Cleveland Clinic Foundation 2007

Community Recognition

- Listed in Castle Connolly Guide to *America’s Top Doctors* 2001-2016
- Listed on Best Doctors ([www.bestdoctors.com](http://www.bestdoctors.com)) 2002-2014
- Marquis Who’s Who in Medicine and Healthcare 2006
- Women’s Health Magazine-“Top Doctors for Women” special section. Listed under Top Fertility Specialists in the Midwest 2008.

Industry Support

Grant/Research: **None**
Speakers Bureau: **None**
Honorarium from industry: **None**
Consultant: **None**
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