## Faculty Council Meeting
### Meeting Minutes
Monday, December 17, 2018
4:00-5:30PM – BRB 105

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<th>Time</th>
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<tr>
<td>4:00PM</td>
<td>Welcome and Chair’s Comments</td>
<td>Sudha Chakrapani</td>
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<tr>
<td>4:02PM</td>
<td>Approval of Minutes from November 19, 2018 meeting (see attached)</td>
<td>Sudha Chakrapani</td>
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<td>4:04PM</td>
<td>Steering Committee Activities Report</td>
<td>Sudha Chakrapani</td>
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<td>4:05PM</td>
<td>Bylaws Presentation</td>
<td>Darin Croft</td>
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<td>4:15PM</td>
<td>Discussion of Faculty responses to request for input as part of the 5-year Bylaws review related to Article 3 Presentation on BME</td>
<td>Danny Manor</td>
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<td>4:25PM</td>
<td>Report on Faculty Senate Activities</td>
<td>Danny Manor</td>
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<td>Committee on Biomedical Research: new charge/presentation</td>
<td>Stan Gerson</td>
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<td>4:40PM</td>
<td>Presentation of Ad Hoc committee’s report</td>
<td>Cynthia Kubu</td>
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<tr>
<td>5:25PM</td>
<td>New Business</td>
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### Members Present
- Corinne Bazella
- David Buchner
- Cathleen Carlin
- Sudha Chakrapani
- Shu Chen
- Gary Clark
- Pamela Davis
- Piet de Boer
- Jennifer Dorth
- William Dupps
- Judith French
- Monica Gerrek
- Sherine Ghafoori
- Mahmoud Ghannoum
- Hannah Hill
- Beata Jastrzebska
- Hung-Ying Kao
- Allyson Kozak
- David Katz
- Cynthia Kubu
- Suet Kam Lam
- Maria Cecilia Lansang
- Charles Malemud
- Charles Sturgis
- James Howard Swain
- Daniel Sweeney
- Melissa Times
- Carlos Trombetta
- Anna Valujskikh
- Richard Zigmond
- Hilary Petersen
- P. Ramakrishnan
- Satya Sahoo
- Scott Simpson
- Jochen Son-Hing
- Phoebe Son-Hing
- Charles Sturgis
- James Howard Swain
- Daniel Sweeney
- Melissa Times
- Carlos Trombetta
- Anna Valujskikh
- Richard Zigmond
- Vicki Noble
Members Absent
Tracey Bonfield Zachary Grimmett Clifford Packer
Robert Bonomo Stathis Karathanasis Nimitt Patel
Travis Cleland Laura Kreiner Ben Roitberg
Brian D'Anza Varun Kshettry Patricia Thomas
Philipp Dines Rekha Mody Barbara Snyder

Others Present
Nicole Deming Rosa Hand Joyce Helton
Marvin Nieman Klara Papp

Quorum requires 26 voting members.

Chair Announcements (Sudha Chakrapani)
Sudha Chakrapani, Chair of Faculty Council, called the meeting to order at 4:00PM and briefly outlined the agenda items that would be addressed at the meeting.

Only one candidate was interested in running for the Chair-elect position of Faculty Council. Gary Clark, MD, is a full professor of Physical Medicine and Rehabilitation (PM&R), and currently serves as the Faculty Council Institutional Representative for MetroHealth Medical Center. His Chair’s support and a statement of interest were shared with the Nomination & Elections Committee who subsequently approved him to be on the ballot. Upon approval of the ballot, the Faculty Council Steering Committee included the election on today’s agenda.

A motion was made and seconded for Faculty Council to initiate discussion to determine if it is appropriate for a candidate with the title of Assistant Dean to be the Chair-elect of Faculty Council. The floor was then opened for discussion. There is no rule that faculty council representatives or the faculty council chair-elect cannot have an administrative title in addition to their faculty appointment. Dr. Clark’s appointment as Assistant Dean for Medical Services is separate and distinct from Faculty Council. Dr. Chakrapani contacted all of the candidates currently eligible to run for Chair-elect. The current bylaws state that there is a cap for standing committees on how many Assistant or Associate Deans can be on the committee. No such restrictions exist for Faculty Council.

It has been proposed by the Bylaws Committee that anyone, who has at least one year remaining in Faculty Council, could become a candidate for the position of Chair-elect. As this is a proposal and not a current Bylaws recommendation, the current Bylaws requirement regarding term of service must be followed. The question as to whether institutional representatives are appointed or elected was voiced. Institutional representatives are appointed by a method designated by their particular institution.

Dr. Chakrapani inquired if there were any nominees from the floor for the position of Chair-elect of Faculty Council. No nominations were voiced from the floor. Council members were instructed to complete their ballot and return it to Nicole Deming to be tallied. They have the option of voting in favor of Gary Clark, who is running unopposed. The results of the Chair-Elect vote were tallied and the results were: 27 were in favor of Dr. Clark as Chair-Elect of Faculty Council, and 5 abstentions. Dr. Clark has been elected Chair-Elect of Faculty Council.
Approval of Minutes from the November 19, 2018 Faculty Council Meeting (Sudha Chakrapani)
Dr. Chakrapani inquired if there were any edits or additions to the Faculty Council draft meeting minutes previously disseminated to Faculty Council for review. There being no corrections, edits, or further discussion, a motion was made and seconded to approve the minutes as presented. 25 were in favor, 2 were opposed, and 3 abstained. The motion passes.

Steering Committee Activities Report (Sudha Chakrapani)
The Faculty Council Steering Committee met and reviewed Dr. Cynthia Kubu’s presentation from the Ad Hoc Committee on Faculty Representation, and the presentation for the new charge for the Committee on Biomedical Research. They also provided advice to Dean Davis on Emeritus appointments.

Bylaws Presentation (Darin Croft)
In order to broaden representation and amend the eligible pool of people for Faculty Council chair elect, the suggestion was made that change the Bylaws to allow any current Faculty Council representative to run for the position of chair-elect. If the restriction stands as it is written now, only 1/3 of the representatives would be eligible. It is preferable to have multiple candidates from which to choose.

If the amendment passes the chair elect’s term on FC could increase from 4 years (3 years as a representative and 1 as past chair) to 6 years if they are elected as chair elect in their 3rd year on faculty council.

A motion was made and seconded to approve Amendment 3.5 opening the floor for discussion. It was noted that if this motion is approved, an election with a candidate running unopposed could not occur. The council discussed the benefit of restricting chair-elect eligibility to those in their first year on Faculty Council is restricted to first year. While some felt several years serving on Faculty Council provides enough experience and seasoning for the chair position.

As this would be a Bylaws Amendment, Faculty Council would not be able to vote to suspend this requirement as it could with rules of order. There being no further discussion, a vote was taken to approve the amendment to 3.5. 13 were in favor, 22 were opposed, and 2 abstained. The motion does not pass. The time allotted for this discussion has been expended. Discussion will continue at the January 28 Faculty Council meeting.

Discussion of Faculty Responses to Request for Input as Part of the 5-year Bylaws Review Related to Article 3 Presentation on BME (Danny Manor)
The Faculty Council Steering Committee considered and approved Dr. Manor’s request to place this item on the Faculty Council agenda. As Faculty Council Steering Committee sets the agenda for Faculty Council, faculty may contact members on Steering Committee to bring an issue up for discussion or may bring this matter to the attention of the Faculty Council by attending and being recognized or asking their representatives to bring the issue forward for consideration.

There are only three mechanisms to bring an amendment to the Bylaws: by the Dean’s request, by Faculty Council’s request, and by a petition of 20 faculty members. This is not a new amendment that is being proposed, but a discussion of faculty responses. Faculty Council has
the right to vote not to hear this information. There being no request for a vote, the presentation proceeded.

During the 5-year review process, input was solicited from all faculty of medicine. Some input was incorporated and some dismissed. It was determined that a number of responses deserved broader discussion, e.g. how we define ourselves and who we are.

The Chair-elect of Faculty Council shall be elected from five different sites of SOM, on an annual rotating basis in order to increase inclusiveness and provide a fair opportunity at leadership positions. The Bylaws Committee debated that it was too prescriptive and difficult to enforce. The reality is whether we will we get enough candidates from the various sites to carry this out. Faculty engagement is always a challenge.

A recommendation was made to modify the language in article 3.6.b describing the nominating committee of Faculty Council to include equal representation from all CWRU SOM affiliates (SOM, UH/VA, MetroHealthMedicalCenter, CCF/CCLCM/LRI). In the discussion that followed, it was noted that candidates from the existing pool are few, and by limiting the pool of candidates, it would make populating the committee even more difficult. If the candidate pool was open to all affiliates in all years, it would provide the largest selection of candidates. If the candidate can only come from one of five affiliates, some Faculty Council members will never have the chance to run for Chair-elect or Chair. Rotation means that some people will never be able to run. It was noted that while the Nominating Committee is comprised of eight members, only six slots are filled.

The UH and VA should not be grouped together. Some representation of the VA goes with UH because they only had one Department of Medicine at the VA.

**Report on Faculty Senate Activities (Danny Manor)**  
The Faculty Climate Survey from CWRU, which began collecting and analyzing data in 2017, was recently finalized. The satisfaction rate concerning overall satisfaction or dissatisfaction of Case faculty was 60%, and the dissatisfaction rate was 25-30%. The majority of faculty surveyed indicated they were satisfied.

When faculty were polled as to what were the major concerns contributing to dissatisfaction or stress, securing funding for research and teaching responsibilities were the primary concerns. The percentage of participation keeps excluding faculty who have major clinical involvement. A more accurate voice of faculty in SOM is better reflected if the survey response rate is higher.

The committee was asked to reanalyze the SOM basic sciences departments and it was adjusted to account for a stricter definition of faculty to be included in the analysis. This was done in order to obtain a more accurate representation of CWRU at main campus, excluding basic science faculty in the Department of Pathology at UH and Molecular Medicine at CCLCM. Those faculty responses were removed from the survey.

MedImpact has been selected as the new CWRU Pharmacy Benefits Manager for CWRU compensated faculty. Before deciding on MedImpact, the committee studied four basic options: to remain as it currently is, completely go to CVS, a mix of the two, and MedImpact.
Committee on Biomedical Research: New Charge/ Presentation (Stan Gerson)
Stan Gerson and Jill Barnholtz-Sloan proposed last April to simplify the description and activities of the Committee on Biomedical Research (CBR) to a single committee, reporting to the executive committee on various activities. The CBR meets approximately 10 times a year taking up topics suggested by faculty for deliberation. From time to time a subcommittee was formed, bringing forward suggested actions.

Last fall, Dr. Barnholtz-Sloan requested permission from Faculty Council to address a revised structure of the CBR. While the last review to restructure the CBR kept the overall and four sub-councils, the sub-councils have struggled with their responsibilities. The CBR is being reevaluated as to structure and wants to assure that the reporting lines for the committee are well filled out.

Over half of the CBR members are elected. Dr. Gerson requested Faculty Council’s permission to grant a year’s extension to those members currently serving on the committee and addressing its restructuring. These people are well aware of the work and the changes going on, and he proposed that an election be held in 2020 instead of 2019. Terms are staggered with some ending at the end of the 2019 academic year. They are asking to stagger the terms to allow for members to be elected each cycle, so that the entire committee does not turn over in one year. The CBR looks into research and infrastructure at all of the affiliates of the medical school. Elected members from this committee represent each of the institutions that the faculty represent.

It was noted that the restructuring of this committee does not require approval of faculty; all charges must be approved by Faculty Council. The Bylaws Committee has reviewed the revised proposal and this revised structure lines up appropriately with the bylaws.

A motion was made and seconded to approve the CBR’s new charge. There being no further discussion, a vote was taken. 31 were in favor, 3 were opposed, and 3 abstained. The motion passes.

Presentation of Ad Hoc Committee’s Report on Faculty Representation on Faculty Council (Cynthia Kubu)
Committee members were: Cynthia Kubu, PhD, Chair (Cleveland Clinic/CCLCM); Sarah Augustine, MD (VA); Keshava Gowda, MD (Cleveland Clinic); Supriya Goyal, MD (MetroHealth); Alex Huang, MD, PhD (UH); Danny Manor, PhD (SOM Basic Sciences); Maureen McEnery, PhD (UH); Ronda Mourad, MD (VA); Nimitt Patel, MD (MetroHealth); and Phoebe Stewart, PhD (SOM Basic Sciences).

This committee was created in March of 2018 to study the membership structure of Faculty Council; identify challenges facing the current structure and its practical implementation, and make recommendations to Faculty Council, if deemed necessary. Faculty Council is the governing body of the Faculty of Medicine of the SOM, and its representatives are the voice of the faculty helping to decide on matters of import to the SOM, advise the Dean on major changes in faculty and processes, and develop new initiatives.

The current model is comprised of one representative per academic department (except for the VA -- their department representatives are enfolded at UH). Ten at-large representatives (five
Basic Sciences, five Clinical); four institutional representatives (UH, VA, MHMC, CCF/CCLCM); and one past chair. There are 73 voting Faculty Council members.

The rationale for the *ad hoc* committee is that the current Faculty Council is too large for an executive body, presenting challenges for reaching a quorum, geographic issues, and the ability to get to the Faculty Council meeting on time. Faculty Council is a multi-institutional body representing > 2,800 full time faculty across five institutions. The amount of federal funding for 2018 totaled $365M ($14 Million in VA Merit Awards was not included). UH and the VA are combined because all federal grants for VA researchers must go through UH.

The two data sets from the 2016-2017 academic year were reviewed. Neither provided a comprehensive view of the totality of teaching across SOM faculty. Classroom teaching hours by full-time faculty was estimated to be: SOM Basic Sciences – 14,794; UH&VA – 23,826 (MHMC and Cleveland Clinic N/A). The estimated student contact hours in clinical training based on the number of students by clerkship and site was 78,887 hours for all hospital faculty.

Early on in the group meetings, the *ad hoc* committee agreed that the following values should be used to help guide their work. Their intent was to preserve the strength of Faculty Council while increasing engagement in the SOM. Representation should fairly reflect all stakeholders, and Faculty Council would advocate for all faculty. They sought increased input into the SOM decision making process, and hoped to increase faculty knowledge and involvement in the Faculty Council process.

The *ad hoc* committee agreed early on in their work to recommend that Faculty Council should support the CWRU-compensated faculty in establishing processes that would address issues unique to their needs (e.g. compensation, proposed department mergers).

Dr. Kubu listed the dates of the meetings and information sessions that the *ad hoc* committee met stating that they had achieved a quorum on all of the dates except for one. At these meetings, they reviewed representation structures of current Faculty Council and the CWRU Senate, and other top rated research medical schools (e.g. Harvard, Stanford, Washington University at St. Louis, Vanderbilt, Einstein and Northwestern). In an e-mail to faculty, they solicited open-ended input regarding issues of importance. They hosted information sessions to obtain perspectives of faculty in leadership across the city, and constructed a survey that was launched on November 8 addressing the main issues of concern.

Guests invited to the information sessions were: Christine Alexander, MD (MHMC), Gary Clark, MD (MHMC), Nicole Deming, JD, MA (SOM), Marjorie Greenfield, MD (UH/SOM), Clifford Harding, MD, PhD (SOM/UH), Amy Hise, MD, MPH (VA), Karen Horowitz, MD (VA), Bud Isaacson, MD (CC), Brian Mercer, MD (MHMC), and Usha Stiefel, MD (VA).

Data was analyzed using both qualitative and quantitative data analyses. Recurring themes indicated that faculty are committed to a career in academic medicine. The current Faculty Council structure is too large and unwieldy. CWRU Basic Science faculty felt that they need stronger representation. Hospital faculty indicated that much of what is discussed in Faculty Council is not relevant to them and that they do not feel engaged with the SOM, their voices are not heard. The Faculty at the VA stated they feel underrepresented, and should not be included with UH representatives; their needs are different from UH Faculty. Greater recognition of the
challenges facing Hospital Faculty (i.e. clinical demands, geographic) is needed and solutions need to be identified.

Out of the 458 respondents, there was a 16% combined response rate. Site response rates were: SOM-- 51.2%; UH -- 8.7%; VA -- 21.5%; MHMC-- 8.2% and CC-- 14.4 %. Eighty-nine out of the 458 respondents (19.4%) have served on Faculty Council.

Dr. Kubu summarized the survey questions and the responses collected. When asked what can Faculty Council could do for faculty, responses indicated: to advocate and represent faculty across the city; increase involvement and engagement; increase diversity and inclusion; improve institutional relationships; increase collaboration; assist in faculty development; increase input into SOM decisions, and co-governance.

The survey asked all respondents to indicate their preferences on nine different questions. 21.9% felt it was very important that there be a specific number of tenured faculty representatives on Faculty Council. 57.2% felt it was very important that Faculty Council representatives have the option to participate and vote remotely in Faculty Council meetings. 41.2% indicated it was very important to allow a proxy to vote for them when they are unable to attend a Faculty Council meeting. 59.4% felt it was very important to delay voting on specific issues to allow time for deliberation and consultation with their constituents prior to casting a vote. 36.5% felt it was important to rotate the location of Faculty Council meetings among all sites (SOM, UH, VA, MHMC, CC). A percentage of 47.4% felt it was very important that the Chair of Faculty Council be rotated among all sites to ensure leadership representation opportunities for all institutions. 28.1% felt it was very important that the VA have independent Faculty Council representation versus the current model in which their faculty appointments (and department representatives) are based at UH. 43.7% indicated that it was very important to limit the number of terms a faculty member can serve on Faculty Council. 67.5% felt it was very important that Faculty Council work closely with the SOM administration in co-governance.

The committee identified four potential models for Faculty Council as being the current model, senate model, the house model and the weighted CWRU model. The top choice overall was the senate model, with the weighted CWRU model coming in second. How faculty voted seemed to be related to their primary work site. SOM Basic Sciences and Joint favored the weighted CWRU model; the VA and MHMC favored the senate model; UH favored the current model, and the Cleveland Clinic favored the house model.

When polled as to why a particular model was chosen, respondents indicated they felt that it was equitable, fair, and proportional, and that the existing model is effective. The SOM basic sciences are impacted more by the actions of Faculty Council. Concern regarding compensation was a dominant subtheme.

When asked to propose their own model, respondents indicated that present models could be modified (e.g. US Congress Model), that representation should be based on work involving the SOM, and representatives would vote only on issues relevant to them. There could be two separate bodies composed of a Basic Sciences Faculty Council and Clinical Faculty Council, or CWRU-compensated Faculty Council and Medical Education Council.
Themes from e-mails and the information sessions included criticism of the survey/critical of proposed changes, gratitude for the work of the ad hoc committee, and the low response rate to the survey. Other comments were that the SOM basic science faculty should be weighted over hospital faculty, and that there are barriers to participation in SOM Faculty Council. The committee experienced challenges scheduling the information sessions with potential guests, and technical issues (e.g., firewall) may have limited the ability of faculty at MHMC to respond.

Respondents indicated that the current model for Faculty Representation was the least preferred, while the senate model was the most preferred.

General recommendations provided by the survey indicated that Faculty Council representatives must have good institutional knowledge and demonstrate an ability to work collaboratively. They need to do a better job serving as a conduit of information between their home institution and Faculty Council. Faculty Council should support the CWRU compensated faculty in establishing processes that will address issues unique to their needs. Faculty Council shall propose recommendations to the Dean to address the challenges faced by hospital faculty in their work with the SOM (i.e. clinical demands, geographic).

The individual sites determine how their representatives will be democratically elected with the goal of ensuring that the faculty at their site are fairly represented.

Dr. Chakrapani thanked Dr. Kubu and the ad hoc committee for their hard work, and opened the floor for discussion. It was suggested that if each of the affiliated institutions shared their faculty employee council that meet with their management of that institution, it would be a straightforward senate model that would handle general discussions and all problems that affect everybody on a similar level. While what we decide here affects some people more profoundly than others, we are stronger if we work together and can understand each other’s arguments and support each other.

Comments made by Faculty Council noted that it is easier to disseminate information to colleagues when they represent a department. It is far more difficult with five people representing all of CCF. Faculty Council representatives should be more senior and well-connected in their institutions. Faculty Council does not represent the higher echelon of power in the university, but of faculty and not of leadership. There have been no quorum issues since April 2017. Having a smaller representative body stands the risk of not having adequate representation. We are a multi-institutional body. Some very strong conclusions were drawn in this report, but it is important to remember the response rate was 16%.

Faculty Council is not voting on the content of the report, but to approve the report as presented. It is up to faculty as to how this information will be used. Faculty Council will take this information and choose to do nothing or move forward.

A motion was made and seconded to accept the report from the Ad Hoc Committee on Faculty Representation. There being no further discussion a vote was taken. 23 were in favor, 3 were opposed, and 1 abstained. The motion passes.

A motion was made and seconded to continue discussion on the report made by the Ad Hoc Committee on Faculty Representation at the January Faculty Council meeting. There being no
further discussion a vote was taken. 20 were in favor, 6 were against, and 1 abstained. The motion passes.

**New business**
The suggestion was made that after the move to the new HEC has been made, the nursing school or dental school could be utilized as a daycare center.

The Faculty Council Steering Committee is a standing committee of Faculty Council. As such, standing committees have a charge. A motion was made and seconded that the Faculty Council Steering Committee should draft a charge for their committee and bring it before Faculty Council. The motion cannot be voted upon because a quorum was no longer present.

There being no further items to be addressed, the meeting was adjourned at 5:45PM.

Respectfully submitted,

Joyce Helton
Meeting of the School of Medicine Faculty Council

December 17, 2018
BRB 105 4:00 p.m.

Sudha Chakrapani, PhD, (Physiology and Biophysics), Chair
Phoebe Stewart, PhD (Pharmacology), Past-Chair
Nicole Deming, JD, MA, Assistant Dean For Faculty Affairs and Human Resources
Secretary of Faculty of Medicine
Faculty Council Meeting Agenda

• 4.00 PM Chair Announcements
• 4.02 PM Approval of Minutes from November 19th, 2018 meeting.
• 4.04 PM Steering Committee Activities Report (Sudha Chakrapani)
• 4.05 PM Bylaws presentation (Darin Croft)
• 4.15 PM Discussion of Faculty responses to request for input as part of the 5-year Bylaws review related to Article 3 (Danny Manor)
• 4.25 PM Report on Faculty Senate activities (Danny Manor)
• 4.30 PM Committee on Biomedical Research: new charge/presentation (Stan Gerson)
• 4.40 PM Presentation of Ad Hoc committee’s report (Cynthia Kubu)

• New Business

• Adjourn
Do you approve Minutes from the November 19th meeting?

A. Yes
B. No
C. Abstain

![Bar chart showing the results of the vote. 25 votes for 'Yes', 2 votes for 'No', and 3 votes for 'Abstain'.]
Steering Committee Activities Report
Meeting Date: December 3rd, 2018

**Members Present:** Sudha Chakrapani (Chair), Phoebe Stewart (Past-Chair), Shu Chen, Cynthia Kubu, Danny Manor, Gary Clark, and Vincent Monnier

- Reviewed the draft presentation from Cynthia Kubu on the Ad Hoc Committee’s report.
- Reviewed the presentation on CBR’s new charge.
- Provided advice to the Dean on Emeritus appointments.
Amendments Discussion from the Bylaws Committee
(Darin Croft)
5-Year Review Faculty Suggestions

1. I would like to make a faculty suggestion that an individual cannot represent the SOM or be on more than two committees. I realize it's difficult to get faculty to serve, but if faculty are able to continue to be on multiple committees, then a minority of individuals are representing us.

2. I recommend adding language to Article 2:7.b. under the section entitled “Committees of the Faculty”. Added language will state that Faculty shall serve on only two standing committees or governing bodies at the same time. This could be two committee memberships at SOM, or one at SOM and one at the level of the university.

Changes proposed to Article 3.6b
5-Year Review Faculty Suggestions

3. I recommend modifying the language in 2:7.b. under the section entitled “Committees of the Faculty”. Please change the language to state that each standing committee shall conduct a self-review of its charge every 5 years, and submit recommended changes to faculty council for discussion and approval.

No changes proposed
(Basic descriptions of standing committees in Article 2.7; some charges already in Article 3.6)

4. I also recommend adding language that standing committees shall nominate one of its members to chair the committee for ratification by faculty council (with the exception of CAPT).

No changes proposed
(Committee already has input via Article 2.6b)
5. I recommend modifying the language in Article 3.1.a. under the section entitled “The Faculty Council” to implicitly (sic.) state that the SOM faculty council acts as the executive committee of the Faculty of Medicine, so as to comply with the Faculty Senate handbook. As such, faculty council executes executive duties adapted from the Faculty Senate Handbook, which include: a) advising the president on the appointment of an interim or acting dean; b) consulting with the president and dean on matters that they bring before the faculty council; c) advising the dean in the selection of officers of academic administration whose positions carry responsibilities extending beyond a single department; and d) setting the agenda for meetings of the faculty council.
5-Year Review Faculty Suggestions

6. I recommend modifying the language in Article 3:5 describing the “Officers of the Faculty Council” to state that the chair-elect of the Faculty Council shall be elected from preclinical sciences, clinical sciences from UH/VA, clinical sciences from MetroHealth, and clinical sciences from CCF, on an annual rotating basis.

Other changes proposed to Article 3.5

7. I recommend modifying the language in Article 3:6.a. describing the duties of the faculty council steering committee. I recommend modifying the statement that steering committee is empowered to act for faculty council between regular meetings by adding that “such action by the Steering Committee will be restricted to emergency situations”.

No changes proposed (too subjective)
5-Year Review Faculty Suggestions

8. I also recommend adding language to state that faculty shall have a two-term lifetime limit to serving on the faculty council steering committee, with the exception of faculty council chairs who shall have a 3-term lifetime limit.

9. I recommend modifying the language in Article 3:6.b. describing the nominating committee of faculty council to include equal representation from all CWRU SOM affiliates (SOM; UH/VA; MetroHealth; CCF/CCLCM/LRI).

No changes proposed (too prescriptive)
10. I recommend modifying the language in Article 3:6.d. describing ad hoc committees of faculty council to state that memberships and agendas of ad hoc committees shall be ratified and modified by majority vote of the executive committee of the faculty of medicine.

No changes proposed
(FC already specifies membership by Article 3.6; agenda oversight deemed too cumbersome)
Amendments to SOM Bylaws proposed by members of the Faculty of Medicine

Recognizing that faculty input into the 5-year review is critical, we began the process by soliciting suggestions from faculty members through an e-mail sent by the Office of Faculty Affairs. The ten recommendation received are listed below, with the Bylaws Committee’s responses/actions indicated in red.

1) I would like to make a faculty suggestion that an individual cannot represent the SOM or be on more than two committees. I realize it’s difficult to get faculty to serve, but if faculty are able to continue to be on multiple committees, then a minority of individuals are representing us.

2) I recommend adding language to Article 2:7.b. under the section entitled “Committees of the Faculty”. Added language will state that Faculty shall serve on only two standing committees or governing bodies at the same time. This could be two committee memberships at SOM, or one at SOM and one at the level of the university.

Suggestions 1 and 2 are essentially identical. In response, changes were made to Article 3.6b.

3) I recommend modifying the language in 2:7.b. under the section entitled “Committees of the Faculty”. Please change the language to state that each standing committee shall conduct a self-review of its charge every 5 years, and submit recommended changes to faculty council for discussion and approval.

Some committee charges are included in the SOM Bylaws (Nomination and Elections Committee, Committee on Appointments, Promotion and Tenure) and are thus part of the 5-year review. The Bylaws Committee discussed whether other committee charges should also be incorporated and decided against this option.

4) I also recommend adding language that standing committees shall nominate one of its members to chair the committee for ratification by faculty council (with the exception of CAPT).

In its current form, Article 2.6b stipulates that each committee has input into which of its members becomes chair. No amendments were proposed.

5) I recommend modifying the language in Article 3.1.a. under the section entitled “The Faculty Council” to implicitly state that the SOM faculty council acts as the executive committee of the Faculty of Medicine, so as to comply with the Faculty Senate handbook. As such, faculty council executes executive duties adapted from the Faculty Senate Handbook, which include: a) advising the president on the appointment of an interim or acting dean; b) consulting with the president and dean on matters that they bring before the faculty council; c) advising the dean in the selection of officers of academic administration whose positions carry responsibilities extending beyond a single department; and d) setting the agenda for meetings of the faculty council.
The Bylaws Committee agreed that the Bylaws should explicitly state that Faculty Council is the SOM Executive Committee and proposes an amendment to Article 3.1.

6) I recommend modifying the language in Article 3:5 describing the “Officers of the Faculty Council” to state that the chair-elect of the Faculty Council shall be elected from preclinical sciences, clinical sciences from UH/VA, clinical sciences from MetroHealth, and clinical sciences from CCF, on an annual rotating basis.

The Bylaws Committee debated this suggestion and ultimately considered it too prescriptive and difficult to enforce. Instead, we expanded the pool of candidates eligible to run for chair-elect of Faculty Council.

7) I recommend modifying the language in Article 3:6.a. describing the duties of the faculty council steering committee. I recommend modifying the statement that steering committee is empowered to act for faculty council between regular meetings by adding that “such action by the Steering Committee will be restricted to emergency situations”.

No changes were proposed due to the absence of a mechanism to evaluate whether a given situation constitutes an emergency.

8) I also recommend adding language to state that faculty shall have a two-term lifetime limit to serving on the faculty council steering committee, with the exception of faculty council chairs who shall have a 3-term lifetime limit.

See the first sentence of response to suggestion #6.

9) I recommend modifying the language in Article 3:6.b. describing the nominating committee of faculty council to include equal representation from all CWRU SOM affiliates (SOM; UH/VA; MetroHealth; CCF/CCLCM/LRI).

See the first sentence of response to suggestion #6.

10) I recommend modifying the language in Article 3:6.d. describing ad hoc committees of faculty council to state that memberships and agendas of ad hoc committees shall be ratified and modified by majority vote of the executive committee of the faculty of medicine.

Faculty Council does ratify ad hoc committee membership (e.g., the one to study the affiliation agreement). Given that ad hoc committees are generally formed to deal with urgent situations, requiring that their agendas be reviewed by FC would slow down their work.
Do you approve the amendments to 3.5

A. Yes
B. No
C. Abstain
Discussion of Faculty responses to request for input as part of the 5-year Bylaws review related to Article 3 (Danny Manor)
Report on Faculty Senate activities
(Danny Manor)
Discussion of Faculty responses to request for input as part of the 5-year Bylaws review related to Article 3
“Amendments to SOM Bylaws proposed by members of the Faculty of Medicine

Recognizing that faculty input into the 5-year review is critical, we began the process by soliciting suggestions from faculty members through an e-mail sent by the Office of Faculty Affairs. The ten recommendation received are listed below, with the Bylaws Committee's responses/actions indicated in red.”
I recommend modifying the language in Article 3:5 describing the “Officers of the Faculty Council” to state that the chair-elect of the Faculty Council shall be elected from preclinical sciences, clinical sciences from UH/VA, clinical sciences from MetroHealth, and clinical sciences from CCF, on an annual rotating basis.

The Bylaws Committee debated this suggestion and ultimately considered it too prescriptive and difficult to enforce. Instead, we expanded the pool of candidates eligible to run for chair-elect of Faculty Council.
I recommend modifying the language in Article 3:6.b. describing the nominating committee of faculty council to include equal representation from all CWRU SOM affiliates (SOM; UH/VA; MetroHealth; CCF/CCLCM/LRI).

The Bylaws Committee debated this suggestion and ultimately considered it too prescriptive and difficult to enforce.
I also recommend adding language to state that faculty shall have a two-term lifetime limit to serving on the faculty council steering committee, with the exception of faculty council chairs who shall have a 3-term lifetime limit.

The Bylaws Committee debated this suggestion and ultimately considered it too prescriptive and difficult to enforce.
Report on Faculty Senate activities
Report of the *ad hoc* Committee on Faculty Council Representation Structure

December 17, 2018
ad hoc Committee Members

Cynthia Kubu, PhD, CLE Clinic, Chair
Sarah Augustine, MD, VA
Keshava Gowda, MD, CLE Clinic
Supriya Goyal, MD, MetroHealth
Alex Huang, MD, PhD, UH
Danny Manor, PhD, SOM Basic Sciences
Maureen McEnery, PhD, UH
Ronda Mourad, MD, VA
Nimitt Patel, MD, MetroHealth
Phoebe Stewart, PhD, SOM Basic Sciences
History

• In February 2018, a motion was put forth to form an ad hoc committee to study faculty representation on Faculty Council (FC).
• In March 2018, FC voted in favor of forming the committee (Favor=30, Opposed=3, Abstain=1)

Charge

• study the membership structure of this body,
• identify challenges facing the current structure and its practical implementation, and
• make recommendations to FC, if deemed necessary.
Purpose of Faculty Council

The Faculty Council of CWRU School of Medicine (SOM) is the governing body of the Faculty of Medicine of the SOM. The Faculty Council Representatives are the voice of the faculty and help decide on matters of import to the SOM, advise the Dean on major changes in faculty and processes, and develop new initiatives.
History

• **Current Model:** One representative per academic department; 10 at-large representatives (five Basic Sciences, five Clinical); four institutional representatives (UH, VA, Metro, CC); one past-chair.

• Total: 73 voting FC members.

• **Rationale for ad hoc Committee:**
  • Large size
  • Quorum
  • Geographic Issues
Relevant Background

Faculty Council is a multi-institutional body that represents >2800 FT Faculty across five institutions.
% Federal Funding, 2018, Total: $365M*

- SOM Basic Sciences
  - Includes Pathology and Genetics
  - Includes Case Comprehensive Cancer Center with UH and CCF

- CLE Clinic

- UH/VA

*$14 Million in VA Merit Awards not included

The ad hoc Committee voted 6 in favor and 3 opposed to including this slide
Faculty Teaching

• Two data sets from the 2016-2017 academic year were reviewed. Neither provides a comprehensive view of the totality of teaching across the SOM faculty

Classroom Teaching by FT Faculty
Estimated hours worked per faculty

• SOM Basic Sciences 14,794
• UH&VA 23,826
• Metro NA
• CC NA
*Excludes: clerkships, electives, Medical Education paid faculty, CCLCM

Student Hours in Clinical Training
Estimated student contact hours for clinical training based on # students by clerkship and site

• All Hospital Faculty 78,887

The ad hoc Committee voted 6 in favor and 3 opposed to including this slide
The *ad hoc* Committee agreed on the following Values to Help Guide our Work

- Preserve the strength of FC
- Increase engagement in the SOM
- Representation that fairly reflects all stakeholders
- A FC that advocates for all faculty
- Increased input into SOM decision-making process
- Increase faculty knowledge and involvement in FC process
The ad hoc Committee agreed early in our work (Sept 7; 8 in favor, 0 opposed) to recommend that FC should support the CWRU compensated faculty in establishing processes that will address issues unique to their needs (e.g., compensation, proposed department mergers).
Methods

Meetings: 6/18, 7/5, 7/20, 8/24, 9/7, 9/28, 11/30, 12/7/2018
Information Sessions: 10/5,* 10/15, 10/19, 11/8, 11/15 (*quorum not met)

- Reviewed representation structures of current FC, CWRU Senate, and other top rated research medical schools (Harvard, Stanford, Washington University at St Louis, Vanderbilt, Einstein, Northwestern)
- Solicited open-ended input from Faculty regarding issues of importance in an email
- Hosted Information Sessions to get perspectives of Faculty in leadership across the city (the ad hoc Committee voted 7 in favor, 3 opposed)
- Constructed survey that addressed main issues
- Launched survey (Nov 8 with reminders on Nov 12, 16, and 20, 2018; the ad hoc Committee voted 6 in favor and 3 opposed to the survey content)
Information Session Guests

- Christine Alexander, MD, Chair Family Medicine, MetroHealth
- Gary Clark, MD, Assistant Dean for Student Activities, MetroHealth
- Nicole Deming, JD, MA, Assistant Dean, Faculty Affairs and Human Resources, SOM
- Marjorie Greenfield, MD, Division Chief OB/GYN UH, Vice Chair Faculty Development SOM
- Cliff Harding, Chair Pathology, SOM, Chair Pathology UH
- Amy Hise, MD, MPH, Internal Medicine, VA
- Karen Horowitz, MD, Diabetes Program Chief, VA
- Bud Isaacson, MD, Executive Dean CCLCM, Cleveland Clinic
- Brian Mercer, MD, Chair OB/GYN, MetroHealth
- Usha Stiefel, MD, Section Chief Infectious Diseases, VA
Data Analyses

• Qualitative: Open-ended questions were analyzed using standard Content analysis (Bauer, 2000). Content analysis is a well established method of analyzing qualitative data in which the raw data are reviewed and themes are identified to code the data. This method provides a way of summarizing the primary findings from large qualitative data sets.

• Quantitative: Descriptive statistics were conducted using SPSS v25
Themes from emails and Information Sessions

• Faculty are committed to a career in academic medicine
• The current FC structure (i.e., >73 voting members) is too large and unwieldy
• CWRU Basic Science faculty feel they need stronger representation
• Hospital Faculty feel that much of what is discussed in FC is not relevant to them
• Hospital Faculty feel as if their voices are not heard
• Hospital Faculty do not feel as engaged with the SOM
Themes from emails and Information Sessions

- The faculty at the VA feel they are under-represented (i.e., one Institution Representative on FC)
- VA Faculty feel that their needs are very different than UH Faculty and they feel they should not be included with UH Department Representatives
- Greater recognition of the challenges facing Hospital Faculty (i.e., clinical demands, geographic) is needed and solutions identified
Survey: Response Rate & Demographic Data

• 458 Respondents, 16% Combined Response Rate

• Site Response rates:
  SOM = 51.2%
  UH = 8.7%
  VA = 21.5%
  Metro = 8.2%
  CC = 14.4%

• 89/458 (19.4%) Respondents have served on FC
Survey: Demographic Data

Where were the Respondents from?

% Total FT Faculty, % of Total Survey Respondents
Themes: What can FC do for you?

- Advocate for Faculty
  - Hospital Faculty
  - Research Resources
  - SOM Basic Scientists

- Do not know what FC does

- Represent all Faculty, Increase involvement and Engagement, Increase diversity and Inclusion
Themes: What can FC do for you?

• Improve communication

• Improve Institutional Relationships, Increase collaboration

• Faculty Development

• Increased input into SOM Decisions, Co-Governance

• Other
How important is it to you that there is a specific number (or percentage) of tenured faculty representatives on Faculty Council? (n.b., some faculty are not eligible for tenure due to institutional agreements)
Survey Results: Representation Principles

The bylaws are silent on the use of technology to allow remote attendance. Only members present during a meeting can vote (Robert’s Rules).

How important is it to you that Faculty Council representatives have the option to participate and vote remotely in Faculty Council meetings (i.e., audio or video teleconferencing)?

- Remote Participation

- Not at all Important
- Slightly Important
- Moderately Important
- Very Important
- Extremely Important

- 57.2%
Survey Results: Representation Principles
Currently not allowed in bylaws, 3.7.d

How important is it to you that if a Representative is unable to attend a Faculty Council meeting, a proxy can vote for them?

41.2%
How important is it to you that Faculty Council has the option to delay voting on specific issues (e.g., keep electronic ballots open for one day) so people have time to deliberate and consult with their constituents prior to casing a vote?

Survey Results: Representation Principles
The bylaws are silent on this point. Only members present during a meeting can vote (Robert’s Rules)

Delay Voting:
- Not at all Important: 0%
- Slightly Important: 10%
- Moderately Important: 25%
- Very Important: 59.4%
- Extremely Important: 20%

59.4%
How important is it to you that the location of Faculty Council meetings is rotated among all sites (SOM, UH, VA, Metro, CC)?
How important is it to you that the Chair of Faculty Council is rotated among all sites to ensure leadership representation opportunities for all institutions?

Survey Results: Representation Principles

1. Not at all Important
2. Slightly Important
3. Moderately Important
4. Very Important
5. Extremely Important

Chair Rotated

- Not at all Important: 0%
- Slightly Important: 10%
- Moderately Important: 20%
- Very Important: 50%
- Extremely Important: 47.4%
How important is it to you that the VA has independent Faculty Council representation versus the current model in which their faculty appointments (and department representatives) are based at UH?

28.1%
Survey Results: Representation Principles

Bylaws state FC Representatives “may not serve consecutive terms but may be re-elected after an absence of one year” 3.4

How important is it to you that there are limits on the number of terms a faculty member can serve on Faculty Council? (Currently, a term is three years).
Survey Results: Representation Principles

How important is it to you that Faculty Council work closely with the SOM administration in co-governance?

- Not at all Important: 0%
- Slightly Important: 10%
- Moderately Important: 30%
- Very Important: 40%
- Extremely Important: 60%

67.5% of respondents rated co-governance as Very Important.
Representation Models with % of Faculty by Site

C1. Current Model

C2. “Senate” Model: Equal Representation

C3. “House” Model: Proportionate Representation

C4. Weighted CWRU Model
Representation Models: **Number** of Responses Favoring each Model.

- **C1. Current Model:** Top choice, $n=81$
- **C2. Senate Model:** Top choice, $n=151$
- **C3. House of Representatives Model:** Second choice, $n=97$
- **C4. Weighted CWRU Model:** Second choice, $n=129$
Representation Models: 
Number of Responses by Primary Site

C1. Current Model
C2. Senate Model
C3. House of Representatives Model
C4. Weighted CWRU Model

- SOM Basic Sciences
- UH
- VA
- Metro
- CCF
- Joint
Preferred Models, Grouped by % of Respondents by Site

- **Current Model**
- **Senate Model**
- **House Model**
- **Weighted CWRU Model**

![Pie charts for each model at different sites](chart-images)
Themes: Why did you choose the model you did?

- Equity, Fair, Proportional

- SOM Basic Sciences impacted more by actions of FC
  - Concern regarding compensation was a dominant subtheme

- Distrust/lack of respect of other institutions
  (The ad hoc Committee voted 8 in favor and 1 opposed to this language)

- Existing Model is effective
Themes: Propose Your Own Model

• Modifications of presented models (e.g., US Congress Model)

• Representation based on work involving the SOM (e.g., teaching)

• Representatives would vote only on issues relevant to them

• Two separate bodies composed of:
  • Basic Sciences Faculty Council and Clinical Faculty Council or
  • CWRU-compensated Faculty Council and Medical Education Council
Themes: Open Comments

• Criticisms of survey/Critical of proposed changes

• Gratitude for the work of the ad hoc committee

• Weight SOM Basic Science Faculty over Hospital Faculty

• Barriers to participation in SOM FC
Limitations

• Challenges scheduling Information Sessions with all potential guests

• Survey Likert Scale

• Technical issues (e.g., firewall) may have limited the ability of Faculty at Metro to respond

• Low response rate
Conclusions

• Respondents indicated support (i.e., >40% Very important or Extremely important) for:
  • The ability to participate and vote in FC Meetings remotely (>50%)
  • The option to have a proxy vote if a Representative is unable to attend a Faculty Council meeting
  • The option to delay voting on specific issues for one day so that FC Representatives can deliberate and consult with constituents prior to casting a vote (>50%)
  • Chair of FC is rotated among all sites
  • Term limits on FC
  • FC works closely with Administration (>50%)
Conclusions

• The current model for Faculty Representation was the least preferred by the Respondents

• The Senate Model was the most preferred model by the Respondents

• The Respondents’ choice of their preferred model was related to their primary work site. (The ad hoc committee voted 8 in favor, 1 opposed to adding this conclusion)
General Recommendations

• FC Representatives must have good institutional knowledge and demonstrated ability to work collaboratively

• FC Representatives need to do a better job serving as a conduit of information between home institution and FC

• FC should support the CWRU compensated faculty in establishing processes that will addresses issues unique to their needs (e.g., compensation, proposed department mergers).
General Recommendations

• FC shall propose recommendations to the Dean to address the challenges faced by Hospital Faculty in their work with the SOM (i.e., clinical demands, geographic)

• The individual sites determine how their representatives will be democratically elected with the goal of ensuring faculty at their site are fairly represented
Discussion
Table 5. Sources of Stress

<table>
<thead>
<tr>
<th>Source of Stress</th>
<th>All Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Securing funding for research</td>
<td>47%</td>
</tr>
<tr>
<td>Departmental or campus politics</td>
<td>36%</td>
</tr>
<tr>
<td>Scholarly productivity</td>
<td>34%</td>
</tr>
<tr>
<td>Clinical responsibilities</td>
<td>27%</td>
</tr>
<tr>
<td>Managing a research group or grant (e.g., finances, personnel)</td>
<td>26%</td>
</tr>
<tr>
<td>Review/promotion process</td>
<td>25%</td>
</tr>
<tr>
<td>Childcare</td>
<td>21%</td>
</tr>
<tr>
<td>Care of someone who is ill, disabled, aging, or in need of special services</td>
<td>20%</td>
</tr>
<tr>
<td>Managing household responsibilities</td>
<td>20%</td>
</tr>
<tr>
<td>Teaching responsibilities</td>
<td>17%</td>
</tr>
<tr>
<td>Committee and/or administrative responsibilities</td>
<td>16%</td>
</tr>
<tr>
<td>Cost of living</td>
<td>12%</td>
</tr>
<tr>
<td>Timing of departmental meetings and functions</td>
<td>10%</td>
</tr>
</tbody>
</table>
To what extent have the following been a source of stress for you over the past twelve months? (Extensively)

<table>
<thead>
<tr>
<th>Stresses</th>
<th>All Faculty</th>
<th>CAS - A, H, S</th>
<th>CAS - M, NS</th>
<th>DENT</th>
<th>ENGR</th>
<th>LAW</th>
<th>MED - Sci</th>
<th>MED - Clinical</th>
<th>MGMT</th>
<th>NURS</th>
<th>ATHL</th>
<th>MSASS</th>
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<tbody>
<tr>
<td>Securing funding for research</td>
<td>47%</td>
<td>31%</td>
<td>51%</td>
<td>33%</td>
<td>65%</td>
<td>22%</td>
<td>64%</td>
<td>51%</td>
<td>11%</td>
<td>42%</td>
<td>n/a</td>
<td>43%</td>
</tr>
<tr>
<td>Departmental or campus politics</td>
<td>36%</td>
<td>35%</td>
<td>16%</td>
<td>64%</td>
<td>18%</td>
<td>20%</td>
<td>38%</td>
<td>45%</td>
<td>47%</td>
<td>29%</td>
<td>20%</td>
<td>28%</td>
</tr>
<tr>
<td>Scholarly productivity</td>
<td>34%</td>
<td>28%</td>
<td>36%</td>
<td>36%</td>
<td>31%</td>
<td>35%</td>
<td>39%</td>
<td>30%</td>
<td>40%</td>
<td>45%</td>
<td>0%</td>
<td>27%</td>
</tr>
<tr>
<td>Clinical responsibilities</td>
<td>27%</td>
<td>10%</td>
<td>n/a</td>
<td>25%</td>
<td>n/a</td>
<td>n/a</td>
<td>15%</td>
<td>41%</td>
<td>13%</td>
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<td>19%</td>
<td>32%</td>
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<tr>
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<td>29%</td>
<td>14%</td>
<td>18%</td>
<td>23%</td>
<td>23%</td>
<td>18%</td>
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<td>26%</td>
<td>11%</td>
<td>36%</td>
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<td>23%</td>
<td>28%</td>
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<tr>
<td>Cost of living</td>
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<td>Nursing</td>
<td>96</td>
<td>61</td>
<td>64%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical Education &amp; Athletics</td>
<td>28</td>
<td>17</td>
<td>61%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,397</strong></td>
<td><strong>791</strong></td>
<td><strong>23%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total excluding Clinical Medicine</td>
<td><strong>1,295</strong></td>
<td><strong>620</strong></td>
<td><strong>48%</strong></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Faculty Climate Survey 2018: Addendum for Medicine and Arts and Sciences

The Faculty Climate Survey (2018) was administered to full-time faculty, full-time lecturers, and research faculty at Case Western Reserve University hired on or before November 1, 2017. The survey was a continuation of the 2010 and 2014 surveys and was designed to help the university better understand the experience of and improve the academic environment for all faculty members. The 2018 Faculty Climate Survey collected information on the broad faculty experience, with items covering topics such as the atmosphere of the individual’s department, center, or school, campus climate, stressors, the process of tenure and promotion (for those who are tenure-track), and individuals’ perceptions of their department chair and dean.

This report serves as an addendum to the published Faculty Climate Survey 2018: Results by School report. Based on feedback from stakeholders, data were re-analyzed using groups that differ from those on which the data were originally reported.

The School of Medicine – Basic Sciences department was adjusted to account for a more strict definition of faculty to be included in the analysis. This was done in order to get a more accurate representation of climate at CWRU, not at another location.
<table>
<thead>
<tr>
<th>School/Division</th>
<th>Total Sample</th>
<th>Survey Responses</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts, Humanities, and Social Sciences</td>
<td>208</td>
<td>138</td>
<td>66%</td>
</tr>
<tr>
<td>Math and Natural Sciences</td>
<td>117</td>
<td>63</td>
<td>54%</td>
</tr>
<tr>
<td>Dental Medicine</td>
<td>75</td>
<td>58</td>
<td>77%</td>
</tr>
<tr>
<td>Engineering</td>
<td>138</td>
<td>59</td>
<td>43%</td>
</tr>
<tr>
<td>Law</td>
<td>46</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>Management</td>
<td>74</td>
<td>43</td>
<td>58%</td>
</tr>
<tr>
<td>Medicine (Basic Sciences)</td>
<td>472</td>
<td>124</td>
<td>26%</td>
</tr>
<tr>
<td>Basic Sciences (Excluding Medicine)</td>
<td>342</td>
<td>118</td>
<td>35%</td>
</tr>
<tr>
<td>Medicine (Clinical)</td>
<td>2102</td>
<td>171</td>
<td>8%</td>
</tr>
<tr>
<td>MSASS</td>
<td>41</td>
<td>37</td>
<td>90%</td>
</tr>
<tr>
<td>Nursing</td>
<td>96</td>
<td>61</td>
<td>64%</td>
</tr>
<tr>
<td>Physical Education &amp; Athletics</td>
<td>28</td>
<td>17</td>
<td>61%</td>
</tr>
<tr>
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<td><strong>3,397</strong></td>
<td><strong>791</strong></td>
<td><strong>23%</strong></td>
</tr>
<tr>
<td>Total excluding Clinical Medicine</td>
<td><strong>1,295</strong></td>
<td><strong>620</strong></td>
<td><strong>48%</strong></td>
</tr>
</tbody>
</table>
Table 1. Response Rates by Adjusted Group

<table>
<thead>
<tr>
<th>Adjusted Group</th>
<th>Sample</th>
<th>Responses</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine – Basic Sciences</td>
<td>248</td>
<td>112</td>
<td>45%</td>
</tr>
<tr>
<td>Medicine – Clinical</td>
<td>2,102</td>
<td>171</td>
<td>8%</td>
</tr>
<tr>
<td>Math and Natural Sciences</td>
<td>117</td>
<td>63</td>
<td>54%</td>
</tr>
<tr>
<td>Arts and Humanities</td>
<td>154</td>
<td>102</td>
<td>66%</td>
</tr>
<tr>
<td>Social Sciences</td>
<td>54</td>
<td>36</td>
<td>67%</td>
</tr>
</tbody>
</table>

*Note.* Responses include only those instruments returned with at least 20% complete.
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.

A. Background information

Please indicate the site of your primary appointment.

- a. SOM
- b. UH
- c. VA
- d. Metro
- e. CC
- f. Joint appointment (please specify which sites)

Have you served on Faculty Council?

- a. Yes (please specify how many years)
- b. No

What is your primary role?

- a. Scientist/Researcher
- b. Physician-Scientist/Physician-Researcher
- c. Physician Educator
- d. Educator
- e. Physician/Clinician
- f. Administrator
- g. Other

How can Faculty Council best support your interests as a School of Medicine faculty member?

B. Representation Principles.

Please share your opinion on the following representation principles. The survey focuses on voting members of Faculty Council.

How important is it to you that there is a specific number (or percentage) of tenured faculty representatives on Faculty Council? (n.b., some faculty are not eligible for tenure due to institutional agreements)

- Not at all Important
- Slightly Important
<table>
<thead>
<tr>
<th>How important is it to you that Faculty Council representatives have the option to participate and vote remotely in Faculty Council meetings (i.e., audio or video teleconferencing)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not at all Important</td>
</tr>
<tr>
<td>- Slightly Important</td>
</tr>
<tr>
<td>- Moderately Important</td>
</tr>
<tr>
<td>- Very Important</td>
</tr>
<tr>
<td>- Extremely Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is it to you that if a Representative is unable to attend a Faculty Council meeting, a proxy can vote for them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not at all Important</td>
</tr>
<tr>
<td>- Slightly Important</td>
</tr>
<tr>
<td>- Moderately Important</td>
</tr>
<tr>
<td>- Very Important</td>
</tr>
<tr>
<td>- Extremely Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is it to you that Faculty Council has the option to delay voting on specific issues (e.g., keep electronic ballots open for one day) so people have time to deliberate and consult with their constituents prior to casting a vote?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not at all Important</td>
</tr>
<tr>
<td>- Slightly Important</td>
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<tr>
<td>- Moderately Important</td>
</tr>
<tr>
<td>- Very Important</td>
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<tr>
<td>- Extremely Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is it to you that the location of the Faculty Council meetings is rotated among all sites (SOM, UH, VA, Metro, CC)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not at all Important</td>
</tr>
<tr>
<td>- Slightly Important</td>
</tr>
<tr>
<td>- Moderately Important</td>
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<tr>
<td>- Very Important</td>
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<tr>
<td>- Extremely Important</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is it to you that the Chair of Faculty Council is rotated among all sites to ensure leadership representation opportunities for all institutions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Not at all Important</td>
</tr>
<tr>
<td>- Slightly Important</td>
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<tr>
<td>- Moderately Important</td>
</tr>
<tr>
<td>- Very Important</td>
</tr>
<tr>
<td>- Extremely Important</td>
</tr>
</tbody>
</table>
How important is it to you that the VA has independent Faculty Council representation versus the current model in which their faculty appointments (and department representatives) are based at UH?

- Not at all Important
- Slightly Important
- Moderately Important
- Very Important
- Extremely Important

How important is it to you that there are limits on the number of terms a faculty member can serve on Faculty Council? (Currently, a term is three years).

- Not at all Important
- Slightly Important
- Moderately important
- Very important
- Extremely important

How important is it to you that Faculty Council work closely with the SOM administration in co-governance?

- Not at all Important
- Slightly Important
- Moderately important
- Very important
- Extremely important

C. Representation structure of the FC

Some possible faculty council representation structures based on input from some SOM faculty are described below (C1-C4). Please select the model you prefer. If you prefer a different model, please use the space provided below to describe your model.

To help inform your decision, relevant information is provided in the table below.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of Full-Time Faculty</th>
<th>% of Total Full-Time Faculty</th>
<th>Number of Academic Departments</th>
<th>% of Academic Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOM “basic sciences”</td>
<td>277</td>
<td>9.8%</td>
<td>13</td>
<td>22.4%</td>
</tr>
<tr>
<td>Cleveland Clinic</td>
<td>991</td>
<td>35.0%</td>
<td>10* (more in approval process to be commensurate with UH/VA and Metro)</td>
<td>17.2%</td>
</tr>
<tr>
<td>VA</td>
<td>130</td>
<td>4.6%</td>
<td>19 (UH and VA currently combined)</td>
<td>32.8%</td>
</tr>
<tr>
<td>UH</td>
<td>920</td>
<td>32.5%</td>
<td>16</td>
<td>27.6%</td>
</tr>
<tr>
<td>Metro</td>
<td>510</td>
<td>18.0%</td>
<td>16</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>2828</td>
<td>100%</td>
<td>58</td>
<td>100%</td>
</tr>
</tbody>
</table>
C1. Current FC structure.

Principal mechanism: One representative per academic department (per above); 10 at-large representatives (five Basic Sciences, five Clinical); four institutional representatives (UH, VA, Metro, CC); one past-chair.

Rationale: This is the historical model and is based on the number of academic departments in each institution.

Total: 73 voting FC members. As new academic departments are added, this number will grow.

C2. Proposed: Equal representation model (Like the U.S. Senate).

Principal mechanism: Three to four representatives from each institution; one past-chair

Rationale: This simple model ensures that faculty from all sites, regardless of the number of faculty at each site, have an equal voice in Faculty Council.

For example: four representatives each from the SOM Basic Sciences, UH, VA, Metro, CC, and one Past Chair.

Total: 21 voting FC members.

Principal mechanism: Number of representatives based on number of faculty from each institution; one past-chair.

Rationale: The institutional representation on Faculty Council would reflect the proportion of the institution’s faculty in the SOM (i.e. more faculty - stronger voting power).

For example: Two Representatives from the SOM; four Representatives from Metro; seven Representatives from CC; eight Representatives from UH/VA (nb, this reflects the current joint UH/VA representation and may change); one Past Chair.

Total: 22 voting FC members

C4. Proposed: Weighted CWRU Employee Model (provides a larger representation and votes for CWRU-compensated faculty).

Principal mechanism: Greater representation from SOM basic science departments and institutions with CWRU-compensated faculty with additional Faculty Council Representatives from the affiliated institutions.

Rationale: Some faculty have pointed out that the basic science faculty and dual-paid CWRU/Affiliate hospital faculty who receive direct financial compensation from CWRU SOM (i.e. salary – irrespective of grants) are more affected by some School-based decisions. Thus, faculty who receive compensation by CWRU should have a larger proportion of representation in Faculty Council since they may be more directly impacted by some actions of Faculty Council (e.g. advice on guidelines for merit & incentive salary increases for 100% CWRU-compensated faculty, proposed mergers or name changes for SOM basic science departments, strategic planning for research priorities funded solely by the SOM).

For example: 14 representatives from the CWRU SOM basic science departments/Division of General Medical Sciences; 1 representative for every 30 CWRU/UH dual-paid faculty (currently this would be 6 representatives, for ~185 CWRU/UH dual-paid faculty); in addition, four at-large representatives from SOM basic science departments; four at-large representatives from UH; four at-large representatives from the CC; four at-large representatives from Metro; two at-large representatives from VA; one past-chair.

Total: 39 voting FC members
Please briefly share why you chose the model as you did:

C5. Propose your own model. Please indicate the guiding principles underlying your proposed model, and include an example for how will this model be implemented in terms of number of voting members from each institution.

D. Comments
Use the space below to provide any input you feel is important for this committee to consider.
Effective August 1:

MedImpact is new CWRU Pharmacy Benefits Manager

--Direct Scripts: Mail Order Pharmacy

--MedImpact Direct Specialty: Specialty Rx
Committee on Biomedical Research: new charge (Stan Gerson)
Do you approve the CBR’s new charge

A. Yes
B. No
C. Abstain
Presentation of Ad Hoc committee’s report (Cynthia Kubu)
Do you approve the accept the Ad hoc Committee’s report

A. Yes
B. No
C. Abstain
Do you approve the motion to continue discussions on the Ad hoc committee’s report in Jan FC meeting

A. Yes
B. No
C. Abstain
New Business
**Faculty Council Meeting**  
**Draft Meeting Minutes**  
Monday, November 19, 2018  
4:00-5:30PM – BRB 105

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00PM</td>
<td>Welcome and Chair’s Comments</td>
<td>Sudha Chakrapani</td>
</tr>
<tr>
<td>4:02PM</td>
<td>Approval of Minutes from October 15, 2018 meeting (see attached)</td>
<td>Sudha Chakrapani</td>
</tr>
<tr>
<td>4:05PM</td>
<td>Steering Committee Activities Report</td>
<td>Sudha Chakrapani</td>
</tr>
<tr>
<td>4:06PM</td>
<td>Presentation on the Amendment to the UH Affiliation Agreement</td>
<td>Pam Davis</td>
</tr>
<tr>
<td>4:25PM</td>
<td>Presentation on BME</td>
<td>Gene Barnett</td>
</tr>
<tr>
<td>4:35PM</td>
<td>Proposal on Experimental Biotechnology Track</td>
<td>Martin Snider</td>
</tr>
<tr>
<td>4:45PM</td>
<td>Proposal on Experimental Biotechnology Track</td>
<td>Martin Snider</td>
</tr>
<tr>
<td>4:55PM</td>
<td>Review of Robert’s Rules of Order</td>
<td>Nicole Deming</td>
</tr>
<tr>
<td>4:55PM</td>
<td>Bylaws Presentation</td>
<td>Darin Croft</td>
</tr>
<tr>
<td>5:20PM</td>
<td>Discussion of Faculty–Proposed Amendments in Bylaws Article 3</td>
<td>Danny Manor</td>
</tr>
<tr>
<td>5:30PM</td>
<td>Report on Faculty Senate Activities</td>
<td>Danny Manor</td>
</tr>
<tr>
<td>5:35PM</td>
<td>New Business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adjourn</td>
<td></td>
</tr>
</tbody>
</table>

**Members Present**

- Corinne Bazella
- Judith French
- Vincent Monnier
- Tracey Bonfield
- Monica Gerrek
- Nimitt Patel
- Robert Bonomo
- Sherine Ghafoori
- P. Ramakrishnan
- David Buchner
- Beata Jastrzebska
- Ben Roitberg
- Cathleen Carlin
- Hung-Ying Kao
- Satya Sahoo
- Sudha Chakrapani
- Stathis Karathanasis
- Scott Simpson
- Shu Chen
- David Katz
- Phoebe Stewart
- Gary Clark
- Varun Kshettry
- Charles Sturgis
Members Present
(continued)
Travis Cleland         Cynthia Kubu    James Howard Swain
Brian D'Anza          Charles Malemud  Carlos Trombetta
Pamela Davis          Danny Manor     Anna Valujskikh
Piet de Boer          Jennifer McBride Richard Zigmond
William Dupps         Maureen McEnery

Members Absent
Philipp Dines         Maria Cecilia Lansang Jochen Son-Hing
Jennifer Dorth        Vicki Noble     Daniel Sweeney
Zachary Grimmett      Clifford Packer Patricia Thomas
Mahmoud Ghannoum      Hilary Petersen Melissa Times
Laura Kreiner         Aparna Roy      Michael Wolfe
Suet Kam Lam          Barbara Snyder

Others Present
Nicole Deming         Joyce Helton     Supriya Goyal

Chair Announcements (Sudha Chakrapani)
Sudha Chakrapani, Chair of Faculty Council, called the meeting to order at 4:00PM and briefly outlined the agenda items that would be addressed at the meeting. She noted that at the last Faculty Council meeting discussion took place to determine a plan to move forward with the letter to UH leadership. As a follow-up, Sudha Chakrapani requested Dean Davis present to the Faculty Council on the amendment to the UH affiliation, which is on the agenda today.

Approval of Minutes from October 15 Meeting
A motion was made and seconded to approve the meeting minutes from the October 15 Faculty Council meeting as presented. When the members were solicited, no edits or corrections were suggested. There being no further discussion a vote was taken. 28 were in favor, 1 was opposed, and 4 abstained. The motion passes.

Steering Committee Activities Report (Sudha Chakrapani)
The Faculty Council Steering Committee met on November 5, 2018. It was noted that Dean Davis would be speaking at the next Faculty Council meeting on the amendment to the UH affiliation agreement. The committee reviewed the Bylaws presentation from Darin Croft, the draft presentation from Martin Snider on the Experimental Biotechnology Track, and advised the Dean on a Department Chair and several Emeritus appointments.

Presentation on the Amendment to the UH Affiliation Agreement (Dean Pamela Davis)
Dean Davis welcomed the opportunity to speak about the MOU and address concerns on the part of faculty about institutional commitments to UH and the SOM in the UH clinical departments
revised affiliation agreements. All faculty should have received an email on October 16
announcing the MOU and outlining the steps that are being taken to further support biomedical
research in the two institutions and lay out a better path of affiliation and teamwork. It releases
the SOM from a number of financial obligations e.g. the obligation to pay all cost of research in
UH clinical departments.

From the time the MOU was initially signed until July 2018, CWRU paid for all of the
unfunded faculty currently in UH clinical departments who are 100% CWRU employed. Now
the two institutions have agreed to jointly support PhD research investigators with appointments
in clinical departments of UH. This support will total $2 million for PhDs and the amount
will be escalated for inflation each year, be retroactive to July 1, 2018, and budgeted by the SOM
for this fiscal year. This represents 2/3 of unfunded PhD salaries.

Additionally, CWRU and UH have agreed to share support. Specifically, UH is to provide
research merit pay up to $3 million for each year for faculty currently on the roster and duly
employed, and who have not received CWRU compensation beyond that coming from their
grants. Terms of research merit pay will be released as soon as available.

There have been other modifications in the MOU. The SOM and UH have agreed to work
together and establish a framework to jointly coordinate recruitment efforts for research faculty
(scientist and physician-scientist) in the SOM’s academic clinical departments based at UH
CMC. Current advisory council faculty based at UH and the SOM will act as a forum to explore
mutual opportunities including research activities and then make recommendations to CWRU
and UH leadership. This is a very positive step forward, and as a result of the recent agreement,
we fully expect additional collaborations and partnerships to result, which will advance future
research efforts.

The question was asked if the Dean could be more specific as to what that means for a PhD who
is basically fully employed by UH but received tenure -- what will that tenure document say as to
what the commitment of the university is? PhDs fully employed by UH, while not many, have
been hired since the new affiliation agreement. There is a side letter dealing with the tenure
commitment made by UH in terms of salary support.

This is meant to be a step in the right direction. The affiliation agreement requires a 2-year
notice before it can be discontinued. As a rolling process, if UH should decide to discontinue it
we have two years of support to decide how to do this.

**Presentation on New BME Department-CCLCM (Gene Barnett)**
Gene Barnett explained that a proposal has been submitted to create the Basic Sciences
Academic Department of Biomedical Engineering (BME) at CCLCM of Case Western Reserve
University. When CCLCM was created, Biomedical Engineering was originally placed within
the Department of Molecular Medicine. The Academic Chair of this new CCLCM Biomedical
Engineering Department would be D. Geoffrey Vince, PhD., the same person who is the Clinical
Chair of Biomedical Engineering in the Lerner Research Institute at Cleveland Clinic.
There are 45 Researchers and 26 with joint appointments in the Biomedical Engineering Department who teach under-grads, medical students, residents, and fellows from CCLCM, CWRU, other institutions and foreign institutions. This proposal comes at the request of Dean Pamela Davis with the full support of Dean James Young, is significantly robust and warrants being recognized, and offers SOM department alignment with other institutions.

An analysis of the effect of establishment of the second department on existing departments of the School of Medicine indicates that it would parallel the existence of such academic departments at other CWRU School of Medicine teaching hospitals but would have no adverse impact on them, is the preferred alignment, and allows for better showcasing of unique accomplishments.

Research publications authored by faculty with appointment in the new department will make note of the CWRU faculty appointment. All CCLCM research will continue to note CWRU appointment and the new department will better reflect the academic diversity of CCLCM of CWRU. A 5-year business plan should affirm that the new department will not require funding from the SOM and will have no financial impact on CWRU and/or SOM. It is already spurring excitement and great interest. The increased visibility of new CCLCM department may spur further pursuits and encourage engagement at HEC.

The movement to enhance the opportunities for our students in biomedical engineering has been a long time coming. With this new department, we will be able to offer our students a much broader range of opportunities, combine research funding, and put our Department of Biomedical Engineering in the top ranks of biomedical engineering.

The vote results will be shown in percentages from this point on. Votes were confirmed and a quorum was present.

A motion was made and seconded to approve the proposal to create a new academic department of Biomedical Engineering, CCLCM. There being no further discussion, a vote was taken. 31 were in favor, 2 were opposed, and 1 abstained. The motion passes.

Today’s quorum is 26.

Proposal on Experimental Biotechnology Track in MS Biochemistry Program (Martin Snider)

The Department of Biochemistry is in the process of expanding their master’s program with the goal for that program to better prepare their master’s students most destined to stay in research tracks for employment and PhD education. To prepare their students for employment opportunities in biotech, they plan to add a biotechnology track to the MS program to educate students in these areas. The track requires four new courses: BIOC 500, 501, 502, and 511. BIOC 500-502 form a course sequence that will introduce students to common techniques used in biochemistry labs and give them hands-on experience and training.

Two other courses, BIOC 501 is a didactic class that presents experimental design, covers the principles behind common experimental techniques, and covers the principals of designing
experiments, record keeping, and data analysis. BIOC 511 presents information about the
organization and practices in biotechnology research, product development and the biotech and
pharmaceutical industry.

All four of these courses have been approved. 500, 501 and 511 are being offered for the first
time in the fall 2018 semester with enrollments of 9, 16 and 9 respectively.

Biochemistry Department faculty members undertook a “listening tour” among biotech
organizations in Cleveland. The course was used in spring as a tool to recruit new students and
was an aid in getting students signed up. We feel that we will be able to meet targets and cover
startup costs without too much difficulty. The investment required to get the lab courses started
has been endorsed by Dean Matthew Lester and Dean Pamela Davis.

This is not a master’s program. Several others that include biotechnology are focused more on
entrepreneurship and relatively light on courses that prepare people for work in the biotech
sector. There are some other courses that sound similar but have not been offered for several
years. On paper, there is overlap, but it is relatively small.

If there are not enough biotech companies in Cleveland for internships, we will certainly offer
the opportunity to work outside of Cleveland. Some of those internships will be involved in
working in university laboratories. There is a lot of interest from local industry in taking up our
graduates. One of the local companies plans to hire 150 new employees and is very interested in
our people because they get to test drive an internship.

A motion was made and seconded to approve the proposal to create an Experimental
Biotechnology Track in the Biochemistry MS (Plan B) Program. Since there was no further
discussion on this topic, a vote was taken. 31 were in favor, 1 was opposed, and 1 abstained. The
motion passes.

Review of Robert’s Rules of Order (Nicole Deming)

Sudha Chakrapani explained that the Faculty Council Steering Committee received an argument
from the Bylaws Committee that the motion to table or postpone is an action that must be taken
relative to a motion that is on the floor. Darin Croft stated he had not been recognized as having
the floor and had made no motion.

The FCSC considered this argument and recognized it was a procedure of error; no point of order
was raised on the floor. To move forward by striking a middle ground, FCSC decided to move
forward with the bylaws amendment and they voted to bring Article 3 back for discussion.

To facilitate this process, Nicole Deming was asked to provide a brief overview of Robert’s
Rules of Order.

The Faculty Council Chair has the responsibility to ensure that each side is allowed to give their
opinion. Faculty Council representatives must make their statements to the Chair rather than to
each other. The rights of all members are to be respected. While every member is provided an
opportunity to voice their opinion, it is the majority that gets to act. The Chair decides all
questions of order. After the Chair makes a motion, a member of Faculty Council can appeal. Faculty Council gets to decide these actions.

After the Chair makes a ruling, if a member is not in agreement, the chair’s decision can be appealed and seconded. It then goes to Faculty Council for a vote. For an order from the floor to happen, it must be made at the time of the ruling. If any other business has intervened, the opportunity is lost.

To make a motion, the representative raises a hand and waits to be recognized by the Chair. The motion then has to be seconded. The Chair has to state the motion. If another motion is on the table or if the motion is unclear they can clarify the motion. Once the motion is repeated, the Chair opens the floor for discussion. Everyone must have the opportunity to be recognized once before someone is recognized twice. If there is a subsidiary motion on the table to amend the motion, the motion to amend must be considered before the main motion may be voted on. Nicole Deming has a chart that she will send to Faculty Council to ensure the rules are known to all members.

If we have a dissenting opinion to one of the proposed changes/paragraphs in the bylaws, if there is a motion to consider, or after a motion is presented, a motion may be made to reject the amendment. There can be discussion on the main motion, but if the majority reject it, then it’s done.

If there is a motion, and it is seconded, and this happens before the Chair calls the question, and states the question before opening up for debate, the original person who made the motion, or someone in the membership, can ask for it to be rephrased. This has to occur before the question is stated. If stated, then there must be a motion to amend.

Members can vote to postpone to a certain time or to amend. Debate can be ended, and a motion made to vote immediately. You cannot interrupt the speaker but have to recognized by the Chair. It does need to be seconded, is not debatable, but need 2/3 vote to end debate.

Members have the opportunity to end the debate if they have the overwhelming support of their colleagues. The decision made last meeting did not follow Robert’s Rules of Order, but a majority approved the motion and the matter was not objected to promptly. In terms of parliamentary procedure, and strict adherence, the time to object on the motion is past and the motion stands.

FCSC tried to create a compromise by highlighting those proposed amendments to Article 3 that did not overlap with the ad hoc committee’s charge.

What happens here today will determine the agenda that FCSC will approve at its December meeting. When the Faculty Council voted to create the Ad Hoc Committee to review Faculty Council Membership, one of the obligations was to report in December, per their charge, on what it has been doing. Dr. Kubu said they would meet this deadline.
Bylaws Presentation (Darin Croft)

The Bylaws Committee have been doing the 5-year review for the last year. An amendment of the bylaws may be proposed by majority vote of the Faculty Council, by the dean, or by written petition of 20 or more faculty members. Ultimately, it goes before the entire faculty to become part of the bylaws.

Proposed changes under discussion include some substantive issues that engender SOM debate and discussion, cross references, and trivial changes e.g. grammatical areas. There was no more than one major change in any section.

Discussion of Faculty–Proposed Amendments in Bylaws Article 3 (Darin Croft)

3.1 – major substantive change that Faculty Council shall serve as the SOM Executive Committee of the faculty of medicine...corrected the name for the Committee on Students.

What is the Faculty Council Steering Committee responsible for? As stated in the handbook, the Executive Committee is composed of those people directly elected by their department. The Steering Committee is elected from this body and not from the entire faculty.

The Faculty Council itself voted to make itself the Executive Committee of the faculty of medicine.

A motion was made and seconded to approve the amendments to 3.1 through 3a. There being no further discussion a vote was taken. 24 were in favor, 4 were opposed, and 4 abstained. The motion passes.

3.2a and 3.2b – Spelling out DGMS departmental status …to facilitate communication between standing committees and the Faculty Council….keep standing committees to be in communication with Faculty Council. A motion was made and seconded to accept all of these changes 3.2a and 3.2b. There being no further discussion, a vote was taken. 30 were in favor, 3 were opposed, and 2 abstained. The motion passes.

Clarification was asked for DGMS - it already had departmental status later in the bylaws, signposting for language that was already there. DGMS was given departmental status in 1986. It is a very special type of entity.

3.3 – Election of members of Faculty Council – enumerate types of representatives - hope this will be the template for any changes of representation to come out of the ad hoc committee.

3. The point of order is stating that the October vote stands, it was not the same motion.

A motion was made and seconded to approve the motion to postpone discussion of 3.3 a-d until after the Ad Hoc Committee on Faculty Representation presents its report in December 2018. There being no further discussion, a vote was taken. 16 were in favor, 16 were opposed, and 0 abstained. The subsidiary motion does not pass.
Any bylaws proposed by this body go to the Bylaws Committee for their recommendation, then back to Faculty Council. It would probably take 2-3 months for this to happen. The Bylaws require that if an amendment is sent to Faculty Council prior to April 1 it must be voted on before June of the academic year.

A motion was made and seconded to approve the amendments to 3.3 preamble – subsidiary to divide the vote to first vote on the preamble section – seconded. Do you approve the motion to divide the question? There being no further discussion, a vote was taken. 16 were in favor, 11 were opposed, and 2 abstained. The motion passes.

A motion was made and seconded to approve the amendment to 3.3 preamble. There being no further discussion a vote was taken. 24 were in favor, 3 were opposed, and 0 abstained. The motion passes.

A motion was made and seconded to approve the amendment to 3.3 a-d. There being no further discussion a vote was taken. 17 were in favor, 13 were opposed, and 0 abstained. The motion passes.

The Chair announced that the hour for adjournment has arrived. The meeting was adjourned at 5:38 PM

Respectfully submitted,

Joyce Helton
COMMITTEE ON BIOMEDICAL RESEARCH  
THE CWRU SCHOOL OF MEDICINE  

Proposed revisions September 27 2018

COMMITTEE STRUCTURE AND MEMBERSHIP:

Committee Charge: The Committee for Biomedical Research (CBR) is a standing committee of the Faculty of Medicine that provides a forum for faculty input into discussions aimed at identifying current and future research areas that cross departmental and center boundaries and are strong candidates for investment by the SOM. Topics will include:

1. Strategic vision for research
2. Basic, clinical, translational, and population research
3. New technologies and emerging research approaches

Issues related to research may be brought before the CBR by the Dean, the Vice Dean for Research, Department Chairs (individually or through the Council of Basic Science Chairs), Center Directors, faculty groups, or individual faculty.

Recognizing that issues and needs related to the conduct of basic, clinical, translational, and population science are different, the CBR may appoint ad hoc working groups to provide guidance and recommendations on specific areas of interest. These working groups will be in existence for less than a year, report to the CBR, and interface with existing committees at the school of medicine that have related competencies.

Membership: The CBR will be chaired by a faculty member appointed jointly by the Dean and the Faculty Council, preferably a department chair or center director. A vice-chair will be elected by the faculty. Additional voting members of the CBR will include four faculty members appointed by the Dean, four elected faculty members from SOM Basic Science Departments; and one elected faculty member from each of the four affiliated hospitals. The total number of members on the CBR will be 14 (9 elected and 5 appointed). The Dean and Vice-Dean for Research will be ex officio non-voting members of the CBR. Term of Service for members of the CBR will be 4 years. Members shall serve for a period of four years. Representatives may serve two consecutive terms (for a total of 8 years) and may be eligible to serve again after an absence of one year.

Participation at all CBR meetings is expected. In the event that an elected member of a standing committee of the faculty resigns during the term, the Nomination and Elections Committee of the Faculty Council shall appoint a replacement. The first choice should be the faculty member who received the next highest number of votes in the most recent election for this committee position. Should that individual be unwilling or unable to serve, the Nomination and Elections Committee shall appoint an alternate of its choosing to the committee.
Eligibility and Election of Members: The Dean is responsible for making appointments to the CBR in the numbers designated above (5 total appointments). The Nominating & Elections Committee will assemble the slates of candidates for elections held by each of the five faculty constituencies. Committee appointments and nominations for elected positions will be governed by the following criteria:
1) Membership on the CBR will represent the broad spectrum of research at the SOM and affiliated institutions.
2) Members of the CBR should be actively engaged in externally funded research.

Annual elections and appointments must be completed by April 30th for committee service beginning July 1st of each year. Continuity will be maintained by staggered membership, and members-elect will attend the final meetings each year before assuming full membership responsibilities in July. Nominations, or self-nomination, for all open positions must be made in writing to the Nominating Committee by March 1st. The ballot approved by the Nominating Committee should nominate at least 2 candidates for each open position on the CBR.

Committee Activities: The CBR will advise the Dean, Vice-Dean for Research, Faculty Council and Committee of Basic Science Chairs regarding operation of, and the strategic vision for research at the School of Medicine. It will be responsible for input and analysis of three aspects of research activities affecting faculty: (1) Strategic vision for research; (2) Basic, clinical, translational and population research; and (3) New technologies and emerging research approaches. In addition, the CBR will:
1) Engage major stakeholders in the research across affiliated sites of the faculty;
2) Facilitate inter-institutional relationships and provide logistical support for trans-institutional research efforts including clinical investigation;
3) Disseminate information from the CBR to the SOM research community directly and through the Faculty Council; and
4) Appoint ad hoc working groups that include members of the CBR and faculty at large, to advise the CBR on specific topics, from time to time.

Operations: The CBR will meet 10 times throughout the year. The Chair of the CBR will present a report on its deliberations and recommendations quarterly or more often to the Vice Dean for Research, the Dean, and the Council of Basic Science Chairs. The CBR will report to the Faculty Council twice per academic year through a report to the FC executive committee. The FC will ask the dean to respond to recommendations over the course of the year, most likely asking the dean to address the recommendations of the CBR at the third faculty meeting of the year, whose agenda is set by the Faculty Council.

Support staff provided by the Dean will coordinate meeting agenda with CBR Chair and Vice-Chair; solicit topics form the faculty, record and make available minutes (approved by the CBR), schedule ad hoc members and working groups, and follow up on action items emerging from the meetings. To facilitate wider discussion of issues related to the conduct of research, the CBR will maintain an editable web-based document open to all
faculty for input on meeting agendas and to publish minutes of meetings. A web site for the CBR will be established and reports noted in the Medicus newsletter.
Statement of Interest: Candidate for Chair-Elect of the Faculty Council

Name: Gary S. Clark, MD, MMM, CPE

Brief Statement of Interest & Qualifications:

I currently serve on the Faculty Council (since 2017) as the Institutional Representative for MetroHealth, and on the Faculty Council Steering Committee. I have previously served on the Committee on Appointments, Promotions and Tenure (CAPT), including as Co-Chair, so have an operational background relevant to the CAPT functions and criteria. The Faculty Council serves an important role representing the School of Medicine faculty, and needs continuity of leadership transition to effectively function. With my FC experience, academic background, and organizational leadership abilities, I feel I can effectively serve this role.

What in your background and experience prepares you for this service?

I am an academic physiatrist, Board-Certified in Physical Medicine & Rehabilitation (PM&R), a medical educator, as well as a physician executive, having earned the designation of Certified Physician Executive as well as a Master's Degree in Medical Management (MMM) from the Heinz School of Public Policy and Management at Carnegie Mellon University. My career has been characterized by a series of medical leadership positions, both at academic medical centers and in national professional societies.

After serving for 12 years as Professor and Founding Chair of the Department of PM&R at Case Western Reserve University School of Medicine, I stepped down in 2013 to take the Vice Chair position and a broader organizational role as Associate Chief Medical Officer/Education for The MetroHealth System. I currently have responsibility for Undergraduate, Graduate and Continuing Medical Education for MetroHealth. I serve as Assistant Dean for Student Activities, MetroHealth Campus for CWRU, Associate Designated Institutional Official (DIO) and Vice Chair of the Graduate Medical Education Committee for The MetroHealth System. I am Director of Education for the Department of PM&R, and now Associate Residency Program Director (formerly Program Director for 18 years).

Organizationally I have served as President of the Association of Academic Physiatrists (AAP - the PM&R academic society) and Director for the AAP Program for Academic Leadership. I am currently a Director of the American Board of PM&R (ABPMR), and previously served on the Accreditation Council on Graduate Medical Education (ACGME) Residency Review Committee for PM&R, the ACGME Milestones Project for PM&R Advisory Group, and on the Accreditation Review Committee of the Accreditation Council on Continuing Medical Education (ACCME).

Current Rank and Department: Professor of PM&R (2002 to present)

Education & Training:
- BS cum laude, Penn State University – 1973
- MD – Jefferson Medical College – 1975
- MMM – Heinz School of Public Policy and Management at Carnegie Mellon University – 2004

Summary of committees and service contributions relevant to candidacy:

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CWRU School of Medicine

Facility Council – Institutional Representative for MetroHealth (2017 – present)
Steering Committee (2018 – present)

Committee on Appointments, Promotions & Tenure (CAPT), 2014-17
   Co-Chair, 2016-17

MetroHealth Medical Center

  Patient Experience Liaison, Department of PM&R (2015 – present)
  Associate Chief Medical Officer/Education, The MetroHealth System (2012 – present)
  Chair, Continuing Medical Education Committee (2011 – present)
  Chair, Undergraduate Medical Education Committee (2012 – present)
  Associate Designated Institutional Official (2003 – present)
  Vice Chair, Graduate Medical Education Committee (2003 – present)
  PM&R Residency Program Director (2001 – 18); Associate Program Director (2018 – present)
  Director of Education, Department of PM&R (2017 – present)
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**Voting Members**

December 17, 2018

Faculty Council Members Attendance

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<td>pdx</td>
<td>Pamela Davis</td>
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**Guests**

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<td>Joyce Herton</td>
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December 17, 2018

Faculty Council Members Attendance