

**Faculty Council Meeting
Meeting Minutes**
Monday, January 25, 2021
4:00-5:30PM – ZOOM Meeting

4:00-4:20PM	Welcome and Chair Announcements	Nicole Ward
4:20-4:25PM	Faculty Council Steering Committee Report	Nicole Ward
4:25-4:35PM	Approval of the December 21 Faculty Council Meeting Minutes	Jennifer McBride
4:35-5:05PM	Centers in the School of Medicine	Dean Stan Gerson
5:05-5:10PM	Ad Hoc Graduate Program Review Committee	Nick Ziats
5:10-5:20PM	Bylaws Amendment	Darin Croft
5:20-5:25PM	Resources & Support for Students/Faculty	Nicole Deming
5:25-5:30PM	Faculty Senate Update	Alan Levine
	New Business	
5:30PM	Adjourn	

Members Present

Corinne Bazella	Monica Gerrek	Matthew Pleshinger
Robert Bonomo	Stan Gerson	Arne Rietsch
Matthias Buck	Peter Harte	Hemalatha Senthilkumar
Cathleen Carlin	Anna Maria Hibbs	Patricia Taylor
Gary Clark	Amy Hise	Sarah Tehranisa
Darin Croft	Alex Huang	Daniel Tisch
Brian D'Anza	Darrell Hulisz	Carlos Trombetta
Piet de Boer	Beata Jastrzebska	Heather Vallier
Philipp Dines	David Katz	Allison Vidimos
Katherine DiSano	Suet Kam Lam	Satish Viswanath
William Dupps	Maria Cecilia Lansang	Susan Wang
Todd Emch	Danny Manor	Nicole Ward
Judith French	Maureen McEnery	James Wilson
Robert Geertman	Sam Mesiano	Jo Ann Wise
Thomas Gerken	George Ochenjele	Jamie Wood
		Alan Levine

Members Absent

Melissa Bonner	Varun Kshetry	Clifford Packer
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Bryan Carrol
Jae-Sung Cho
Scot Cowen
Jeffrey Hopcian
Ankur Kalra
Laura Kreiner

Vinod Labhasetwar
Lia Logio
Peter MacFarlane
Jennifer McBride
Ameya Nayate

Nimitt Patel
Abhishek Ray
Elie Anthony Saade
Ashleigh Schaffer
Linda Dalal Shiber
Daniel Sweeney

Others Present

Shane Angus
Mark Chance
Brian Cmolik
Nicole Deming
Steve Fink

Susan Freimark
Clifford Harding
Joyce Helton
Jessie Jean-Claude
Margaret Kinnard

Cynthia Kubu
Matthew Lester
Marvin Nieman
Usha Stiefel

Chair Announcements

In Dr. Jennifer McBride's absence, Dr. Nicole Ward, Chair-Elect of Faculty Council, called the meeting to order at 4:00PM.

Dr. Ward reminded members that materials are available on Box, to enter their names into the chat to assist in recording attendance and to only vote on motions if eligible. The agenda was amended to postpone Nick Ziats' presentation on creating a new standing committee of the faculty until February. Dr. Ziats made this request to allow additional time to amend the proposed committee charge based on feedback from the Faculty Council Steering Committee. The Faculty Senate Meeting has not yet occurred and will take place later this week. Consequently, the Faculty Senate update will be presented at the February Faculty Council Meeting. The membership for the ad hoc professionalism committee is almost complete and the final roster will be shared with FC in February. The Faculty Council Steering Committee endorsed adding Dr. Robert Bonomo as an additional member of the Steering Committee and Dr. Ward thanked him for his willingness to serve.

The Nomination and Elections Committee has appointed Justin Lathia to serve as the CCLCM representative until June 30. If he wishes to continue on the committee for next year, he will be able to participate in the spring election. Vacancies exist for faculty based at UH or MHMC and elections will be held to fill these vacancies. The NEC elected Danny Manor as its chair and Dr. Ward thanked him for his service.

Faculty Council Steering Committee Report (Nicole Ward)

The Faculty Council Steering Committee met on January 11 and approved the December FCSC meeting minutes. They discussed the centers and institutes, resources for students/faculty, Dr. Ziats' presentation on the *ad hoc* Graduate Program Review Committee and the proposal to change its status to a standing committee. Dr. Croft presented the bylaws amendment update pertaining to the VA representatives to Faculty Council. The FCSC developed and approved the agenda for today's Faculty Council meeting.

Approval of the December 21 Faculty Council Meeting Minutes

Suggestions were made to modify the minutes, a motion was made and seconded to accept the suggested amendments. There being no further discussion, a vote was taken. 37 were in favor, 0 were opposed, and 1 abstained. The motion passes and the changes are adopted.

Centers in the School of Medicine (Dean Stan Gerson)

Dean Gerson stated that the topic of centers and institutes has been discussed with the Provost and all deans of the university. A comprehensive review was completed over the last 18 months, and the good news is that the SOM has a structure in place, unlike other schools at CWRU, which do not.

Dr. Gerson briefly discussed the history of the Division of General Medical Sciences (DGMS) and its role in developing Centers such as Neurology, Genetics, and Bioethics into Departments. Centers and institutes of the SOM are initiated to provide flexible, responsive and cross cutting efforts to excel in broad areas of biomedical science and education. They undergo periodic review to assess their timeliness and impact.

The Committee for Biomedical Research determined that a better process was required to review the timeliness and continuing impact of SOM Centers/Institutes. Dean Gerson is presenting to FC the details of this process as information for feedback to faculty. Moving forward, two types of centers will exist: Type A (has the authority to make primary appointments and to promote its faculty members) and Type B (secondary appointments). This clear distinction provides a better approach to collective oversight and responsibility for review.

Type A Centers/Institutes are interdisciplinary, interdepartmental, and have the authority to directly recruit, appoint and promote faculty. A minimum of three primary faculty is required to be considered sustainable. Type A centers have both institutional support and grant support. Type A centers lie outside of departmental structures, have an identified administrative structure, and report directly to the Dean, who is the chair of DGMS.

If a type A Center is converted to a Type B Center, individual faculty members may choose to transfer their faculty appointments to another department or to remain in DGMS. The tenure responsibility for those who do not transfer stays with the DGMS and rests with the SOM. The faculty member reports directly to the Dean as their chair, and for their academic responsibilities. However, Dean Gerson stated that he will discourage this. An important part of the discussion in 1986 was that faculty do better in academic centers or within the structure of a department.

Type B Centers/Institutes do not have the authority to appoint primary faculty, but can pursue interdisciplinary efforts. Membership is not a faculty appointment. Funding for Type B Centers/Institutes may come from multiple sources. Type B Centers/Institutes are typically administratively housed in the Department where the Center/Institute Director holds a primary appointment but may have their own administrative structure if they can afford to do so. The Director of the Type B Center normally reports to their Department Chair or to a Type A Center/Institute Director, if it were a Type B Center within a Type A (DGMS) center. In most instances, Type B Center Directors are encouraged to also report to the Dean.

What were formerly known as Type C Centers have been rephrased as Intradepartmental Centers.

Dean Gerson explained that Type A Centers should have external and internal reviews, and annual advisory committee meetings. When reviewing the list of SOM Centers, it was

discovered that there were three to four Type B Centers that had not existed for a couple of years. New centers will be recognized by chair approval and come through the Dean's Office. All proposed new centers will be reviewed, with commentary, by the Council of Basic Science Chairs. The Committee on Biomedical Research is currently in the process of reviewing all of the Type B Centers (25), which will probably take three years to complete. All Center Directors will be encouraged to come to the committee and present. The DGMS Advisory Committee is composed of three basic science and three clinical department chairs appointed by the Dean for a three-year term. This committee is responsible for review of Type A Centers, and reviews their activities every five years.

Discontinuation of a center will be based upon a lack of institutional support or activity. Type A Centers with only one or two members will convert to Type B Centers. A listing of the current centers and institutes is posted on BOX. Dr. Gerson noted that some are still being reviewed. Each center has a website; some are in the process of being updated.

As a point of clarification, Type B Centers would grant membership, not faculty appointments. It was noted that in the past there have occasionally been people who have been in DGMS but not appointed within a Center. The Dean's Office will assist anyone whose center is dissolved, or have a primary appointment in DGMS, and help promote them for membership in another department. The Dean stated that they recently addressed this issue with the RNA Center. Most members have primary faculty appointments in Biochemistry. If a center is dissolved, the person would not lose their faculty appointment and it would default to the DGMS, until a transfer can be made into another DGMS Center or Department.

Dr. Ward thanked Dean Gerson.

Dr. Ward requested to next address the revisions to the bylaws amendment that Faculty Council requested be presented at this month's meeting to ensure sufficient time to vote on the revisions that were discussed at January's Faculty Council Meeting.

Bylaws Amendment

Dr. Ward reminded members of Faculty Council that amendment 3.2a was approved by Faculty Council last year. Other amendments sent to the Faculty Senate at the same time were approved by the Faculty Senate Bylaws Committee requested clarifications on 3.2a. The SOM Bylaws Committee worked with Dr. Bonomo to approve the revisions and get a revised version back to Faculty Council so that it can be forwarded to the Faculty Senate. Dr. Ward thanked Dr. Croft for the quick turnaround and for working collaboratively with Dr. Bonomo to address the revisions, and Dr. Bonomo for addressing the concerns raised by the Faculty Senate Bylaws Committee.

Dr. Croft announced that there are two amendments to be voted upon. The Chair-Elect asked that old business be addressed first (amendment 3.2a); Dr. Croft asked it to be recorded in the minutes that he does not agree that it is necessarily correct to address old business first.

There are four types of FC representatives described in the SOM Bylaws: department representatives (one per academic department); at large representatives (five basic science, five clinical); institutional representatives (one per affiliate), and two from special faculty as opposed to regular faculty/full time faculty. The proposed amendment creates a fifth category of Faculty Council representatives: VA Representatives. One VAMC representative would be elected from each "clinical area". Each "clinical area" would include faculty from one or more clinical

service(s). There was discussion to ensure that VA faculty could only vote for one representative (either at the VAMC or another affiliated hospital) not at the VAMC and in the department where their faculty appointment resides. VAMC faculty have their hospital base at the VAMC, but their primary (academic) appointment is at SOM, UHCMC, MHMC or CCLCM.

Article 3 - 3.2 Membership of the Faculty Council - an exception to the election of one voting representative from each academic department is made for the VAMC, where academic departments have not been established (as defined in the faculty handbook, chapter 2, article vii, section b). Article 3.3 deals with where we enumerate the different types of representatives. The proposed changes are in BOX. Page 3 paragraph c and d address eligibility to serve as a clinical-at-large representative. A faculty member could represent the VAMC or the department where they hold a primary appointment, but not both.

Since the principal activity of some faculty members at the VA is research, they are not really clinical faculty. Thus, an alternative designation considered was “institutional unit” (could be Research or Medicine, Surgery, Anesthesiology). Units within the institution may be a slightly better word than clinical units when talking about our research faculty on career development awards whose essential role is conducting research and who are paid through research grant support.

If the VAMC was to form departments, the bylaws would be revised to ensure adequate representation and an appropriate voice.

Dr. Bonomo indicated that the VAMC has already identified and voted on six representatives for the VAMC and that he would like to put this issue (bylaws amendment) to rest and move on to equally important issues. He repeated again that every faculty member at the VAMC will be represented, and that as the VAMC continues to grow it will likely transition into appropriate academic status - just like Cleveland Clinic. When more departments are approved, those departments can elect representatives on Faculty Council.

The Faculty Affairs & HR Office tracks all faculty appointments and changes of faculty appointments. Transfers exist between hospitals and departments quite frequently. Where VA faculty are eligible to vote will be recorded and updated in the same manner that other faculty appointments are tracked. A motion was made to move forward with the changes in the amendments that address the Faculty Senate requests, which are highlighted here in red, for purpose of discussion. The motion is seconded and the floor is open for discussion.

Dr. Croft stated that while we need to move on the modifications and then vote on the entire thing, he would like a little flexibility for wordsmithing the last sentence in (d).

When asked how the ratio of the number of Faculty Council representatives from the VA (six) correspond to numbers at the Cleveland Clinic, it was noted that nowhere in the bylaws or the handbook are the number of representatives linked to the number of faculty per unit. In Medicine at UH there are 80 people, while the Department of Anatomy has a handful, yet each have one representative. Information regarding faculty numbers per VA unit was not included as a point requiring clarification by the Senate Bylaws committee, and therefore it was not an appropriate topic for discussion at this meeting. It was also noted that the original amendment regarding VA representation was written by the SOM Faculty Standing Committee on Bylaws, recommended by the Faculty Council, and approved by majority vote of the SOM Faculty.

A call to vote was made. Dr. Ward clarified that Faculty Council has already voted to approve six members. We are now voting on the amended text in blue, to accept the modifications of the amendment with some flexibility to allow Darin Croft to wordsmith it. 31 were in favor, 3 were opposed, and 4 abstained. The motion passes.

Next, Faculty Council voted on accepting the amendment (3.2a) as a whole, which included the red text which addressed the Faculty Senate's concerns. The question was asked: Do you approve the VA amendment? There being no further discussion, a vote was taken. 30 were in favor, 2 were opposed, and 3 abstained. The motion passes.

Darin Croft stated that the next amendment was not on the agenda, but it was approved by the Faculty Council Steering Committee and is loaded in BOX. The suggested amendments to 3.6b concern a revision to the timing and method of election. Previously this was done by paper ballot in the Faculty Council chamber. Under Article 3 - 3.6, Committees of the Faculty Council, the Nomination and Elections Committee and all modifications are here in red. It was presented that this amendment makes the process more open and efficient, allows all Faculty Council members eligible to vote, and clarifies that the election will remain open for two weeks.

A motion was made and seconded to accept the amendment on section 3.6b as delineated in red on this document. There being no further discussion, a vote was taken. 35 were in favor, 0 were opposed, and 2 abstained. The motion passes.

Resources and Support for Students/Faculty (Nicole Deming)

In response to requests for resources to address and respond to faculty concerns for students, several handouts were reviewed and shared with members on BOX: help resources, disruptive behavior, students in distress (handouts). For medical students: Wellness Wednesday, NIH Resiliency Program, CWRU Cares, the Dean's email on mentoring in disconnected times. Faculty and Staff guide - call for help – it is a wonderfully coordinated effort. Health resources that exist: non-emergency and emergency numbers, denotes point people (society deans would be one of the first to contact) or an email can be sent to the Faculty Affairs & HR Office. The call for help should be kept on hand.

Amy Hise has been working with Usha Stiefel and the Offices of Institutional Research to develop a COVID specific survey for the university, due to come out soon, which will assess the COVID aspect on faculty activity, and wellness questions. The Provost and the President have given their support, and they hope to have the opportunity to discuss the findings at a future Faculty Council meeting. Dr. Hise stated that in the university's Committee on Women meeting they discussed the third party-staffed Integrity Hotline. This can be utilized for issues of harassment, discrimination, or something that would reflect poorly on the university or school.

Dr. Stiefel requested that when the survey comes out members reach out to their departments to encourage participation. Dr. Ward stated that in these challenging times she would encourage each member to check in with the people in their lab, administrative office, friends, and family. Check in, be present, be here for them, be a person in the room that if they want to talk, someone is there to listen and support.

When polled, there was no new business to be addressed. A motion was made and seconded to adjourn. All were in favor, no one opposed, and no one abstained. The motion passes.

The meeting was adjourned at 5:30PM.

Respectfully submitted,

Joyce Helton

Faculty Council Meeting

Please send a chat to Nicole Deming with your name in the chat box so we can accurately document attendance.

***Accept invitation to Box sent to your @case.edu account.
Having trouble? Email Joyce Helton jmh291@case.edu***

January 25, 2021

Nicole Ward, PhD

Chair-elect of Faculty Council



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Agenda

- Chair announcements
- FCSC report of activities
- Approval of December 7 meeting minutes
- Centers and Institutes review – Stan Gerson
- Ad Hoc Graduate Program Review Committee – Nick Ziats
(postponed until February at the request of the committee)
- Resources & Supports for Students/Faculty – Nicole Deming
- Bylaws Amendment update – Darin Croft
- FC Senate report – Alan Levine
- New business



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Chair's Announcements

- Professionalism Committee
 - UH representatives
- Faculty Council Steering Committee
 - Addition of VA representative
- Nominations & Elections Committee
 - Filling vacancies



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

FCSC Report



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Bylaws Amendment - original

Amendment 3.2a

"In the absence of academic departments at the Louis Stokes Cleveland VA Medical Center, full-time faculty members based there shall democratically elect six representatives (Medicine, Primary Care, Surgery/Anesthesiology, Research, Neuropsychiatry, and Diagnostic Services), as voting members of Faculty Council."



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Faculty Senate Bylaws Committee

1. Should explicitly state this exception as unique to VA faculty
2. Do the departments listed include all VA faculty members
3. Explicitly state that each depart. can elect one representative
4. Do VA faculty w/UH appt. forgo candidacy for UH representative positions OR do they choose individually
5. For those who split employment b/t VA and UH, are they eligible to vote in VA or UH elections
6. Does this create conflict with other SOM bylaws with established conditions or limitations



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CASE WESTERN RESERVE
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Bylaws 3.6b

If either the Steering Committee or the Nomination and Elections Committee perceives a significant deficit in the representation of faculty constituencies within its membership following the annual election, either committee may ask the chair of Faculty Council to appoint a single ad hoc voting member to serve on the respective committee for the remainder of the year. In the case of the Steering Committee, the appointee should be a current member of the Faculty Council.



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Bylaws 2.6c

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. In either case, this appointee may stand for election to the committee for the remainder of the term of the resigning member at the next regularly scheduled faculty election



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

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Faculty Council Meeting
Draft Meeting Minutes
Monday, December 21, 2020
4:00-5:30PM – ZOOM Meeting

4:00-4:20PM	Welcome and Chair Announcements	Jennifer McBride
4:20-4:25PM	Faculty Council Steering Committee Report	Nicole Ward
4:25-4:35PM	Approval of the November 16 Faculty Council Meeting Minutes	Jennifer McBride
4:35-5:05PM	Finance Reports	Mendel Singer, Agata Exner, Matthew Lester
5:05-5:10PM	Professionalism Committee Election/Appointment Results	
5:10-5:20PM	Motion on Faculty Council Steering Committee	
5:20-5:25PM	Faculty Senate Update	Alan Levine
5:25-5:30PM	New Business	
5:30PM	Adjourn	

Members Present

Robert Bonomo	Anna Maria Hibbs	Elie Anthony Saade
Matthias Buck	Amy Hise	Ashleigh Schaffer
Bryan Carrol	Alex Huang	Hemalatha Senthilkumar
Cathleen Carlin	Beata Jastrzebska	Linda Dalal Shiber
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Thomas Gerken	Sam Mesiano	Susan Wang
Monica Gerrek	George Ochenjele	Nicole Ward
Stan Gerson	Matthew Pleshinger	James Wilson
Peter Harte	Arne Rietsch	Jo Ann Wise

9

1 **Members Absent**

Corinne Bazella	Jeffrey Hopcian	Peter MacFarlane
Melissas Bonner	Darrell Hulisz	Ameya Nayate
Jae-Sung Cho	Ankur Kalra	Clifford Packer
Scott Cowen	Laura Kreiner	Nimitt Patel
Philipp Dines	Varun Kshetry	Abhishek Ray
Katherine DiSano	Vinod Labhassetwar	Daniel Sweeney
William Dupps	Alan Levine	Allison Vidimos
Robert Geertman	Lia Logio	Jamie Wood

Others Present

Brian Cmolik	Susan Freimark	Matthew Lester
Mark Chance	Jonathan Haines	Laurie Miller
Nicole Deming	Joyce Helton	Mendel Singer
Agata Exner	Cyndi Kubu	Usha Stiefel
Stephen Fink		

2

3 **Chair Announcements**

4 Dr. McBride, Chair of Faculty Council, called the meeting to order at 4:00PM.

5

6 Reminder, suggestions for agenda items can be sent to Nicole Deming or Jennifer McBride. The
7 NEC will be identifying members to fill out the standing committee in January. Interested
8 parties should access the Faculty Affairs website and submit their statement of interest.

9

10 Twenty-three of 24 submitted amendments to the bylaws have been unanimously approved.
11 Amendment 3.2a (VA representation to Faculty Council) was sent back:

12

13 **Amendment 3.2a**

14 *"In the absence of academic departments at the Louis Stokes Cleveland VA Medical Center, full-*
15 *time faculty members based there shall democratically elect six representatives (Medicine,*
16 *Primary Care, Surgery/Anesthesiology, Research, Neuropsychiatry, and Diagnostic Services), as*
17 *voting members of Faculty Council."*

18

19 Dr. Bonomo has submitted responses to the concerns and spoken with the SOM Bylaws
20 Committee. Following revision, the amendment will come back to Faculty Council for review
21 and vote, then go to Faculty Senate Bylaws to determine whether the responses provided
22 addressed their questions and concerns.

23

24 **Faculty Council Steering Committee Report (Nicole Ward)**

25 Dr. Ward reported that the committee has now reviewed 1/3 of the CAPT reports for equity. At
26 their December meeting FCSC met with Mathew Lester, Agata Exner, and Mendel Singer who
27 presented their finance updates. The committee also approved winter graduates, and discussed
28 whether the ad hoc graduate programs committee should become a standing committee. The
29 Professionalism Committee Election/Appointment results were announced and the Faculty
30 Council agenda for today's meeting was approved.

31

32

33 **Approval of the November 16 Faculty Council Meeting Minutes**

1 The Chair solicited corrections to the minutes as distributed. A motion was made and seconded
2 to approve the November Faculty Council meeting minutes as presented. There being no further
3 discussion, a vote was taken. 29 were in favor, 5 were opposed, and 3 abstained. The motion
4 passes.

5
6 **Finance Report** (Mendel Singer - SOM representative to Faculty Senate Finance Committee;
7 Agata Exner - Chair of SOM Committee on Budget, Finance and Compensation; Matthew Lester
8 -Vice Dean for Finance and Administration, SOM). Topics covered included: SOM within the
9 University Budget, SOM Budget Model, FY2020/FY2021, Recent Successes, and FY2021
10 forecast.

11
12 University revenue budget –The SOM represents 43% of the overall university budget. When
13 broken down into its three components research is 82% overall, undergrad is 4%, and grad
14 tuition is 37%.

15
16 SOM is 42% of overall expenses. Faculty Salary - \$160M (39%), Other Salary - \$107M (56%),
17 Student Salary & Aid - \$237M (16%), Non-Salary \$325M (77%). The SOM revenue was
18 \$516M in 2020. Research and training make up 2/3, 18% is graduate and professional, under
19 grad is 1%. Endowments and gifts total 5%.

20
21 SOM budget model -- all of these schools receive revenue. Unlike other schools the SOM also
22 has a departmental based budget. Operating/endowment support is provided to each department.
23 This gives the department some responsibility for generating revenue.

24 **FY2020/FY2021Results**

25
26 There was a \$20M loss in the Clinical Dean’s Tax. Covid caused a ramp down in research and
27 an increase in remote teaching. April and May saw a 50% reduction in non-salary spent for
28 research. There was no loss from student tuition and a hiring freeze was instituted. Research
29 expenditures are down ~\$10M. Covid costs are up and discretionary/capital expenses are down.
30 Bottom line deficit of \$1.5M (actual) vs. the deficit of \$2.0 M (budget).

31
32 In FY2021, there has been a \$13M reduction in costs. Capital improvements have been
33 eliminated and faculty hiring has been reduced. Most travel and events for the first half of this
34 year have been eliminated. Some staffing levels have been reduced with no plans to refill some
35 positions. Retirement incentive programs for some have been affected. We did plan for a
36 reduction in revenue (\$10M research - \$2M tuition).

37
38 Research is holding steady and lab productivity is at 80-90%. Tuition is up \$5M. The master's
39 side has increased in headcount, and we have more PhD students than anticipated. The overall
40 headcount for the SOM has experienced a 14% increase.

41
42 We are seeing successes with grant portfolio Covid-19 funding and additional large
43 grants. Proposal activity in June was high. We continue to have success with licensing, and TTO
44 income is approximately \$150K per year.

45
46 Challenges for the FY2021 forecast: 1) faculty hiring freeze and exception process, 2) research
47 awards and spending 3) spring student enrollment shows decent figures 4) Continued
48 organizational engagement (COVID fatigue) 5) Faculty and staff retention / diversity
49

1 Mendel Singer explained the plans for plan A. Even with the \$28M contingency fund, due to
2 Covid and other shortfalls, Central feels that substantial risks exist and wouldn't feel comfortable
3 addressing this until late April into May. At that time, the President, Provost, and CFO will look
4 at what is left of the contingency funds and operating budget and potential risks. The
5 contingency budget was \$18M; to date \$5M was used. They have until June 30 to make
6 payments that would be retroactive. If nothing were done, then they would resume in full July
7 1. The Budget Committee felt it would be more beneficial to keep pushing for transparency and
8 talking points. The President of the university ultimately decides what happens with Plan A.

9
10 Agata Exner (chair of the Committee on Budget, Finance, and Compensation) presented slides
11 on committee members, committee charge and goals. This committee remains in close contact
12 with the Dean and Vice Dean of Finance and facilitates communication with the SOM and
13 between SOM and Central, UBC, FSFC.

14
15 Part of their current initiative is Covid contingency planning and implementation. Earlier this
16 year a letter was issued to the CFO and Provost requesting more clarity for plan A reinstatement.
17 They are seeking to engage in a collaborative dialogue with the CFO and Provost.

18
19 A town hall is planned to update faculty and they are working on a survey to determine interest
20 and the type of financial information faculty would like to have communicated. They would like
21 to create a SOM Finance 101 for interested faculty. Additional topics are faculty compensation
22 and gender equity analysis.

23 24 **Professionalism Committee Election/Appointment Results**

25 The elections for the Professionalism Committee are mostly complete and appointments have
26 been made. There are seven appointed and 7 elected members.

27
28 Committee members are: Sarah Augustine (Medicine (VA) – appointed); Jessie Jean-Claude
29 (Surgery (VA) – elected); Qingzhong Kong (Pathology (SOM) – appointed); Kishore Guda
30 (GMS (SOM) – elected); Cynthia Kubu (Neurology (CCLCM)– appointed); Moises Auron
31 (Medicine (CCLCM) – elected); Thomas Collins (Emergency Medicine (MHMC) – appointed).
32 The UH election will be open for two weeks and is going out tomorrow.

33
34 The committee will review professional codes of conduct models from other institutions to
35 inform the creation of one for the SOM. They will report back to Faculty Council.

36 37 **Motion on Faculty Council Steering Committee**

38 The following motion was made and seconded at the October Faculty Council meeting.

39
40 “Faculty Council supports the October 1 interpretation of the Bylaws Committee that it is
41 a violation of SOM Bylaws for the Faculty Council Steering Committee to conduct
42 business with only three members.

43
44 Faculty Council disagrees with the interpretation of the Faculty Council Chair that the
45 Faculty Council Steering Committee can set the agenda for a FC meeting without quorum
46 and without taking a vote.

47
48 Faculty Council recommends that, in the future, the Faculty Council chair solicit input
49 from relevant committee(s) before making decisions that are not clearly within the scope
50 of the duties of the office of FC chair. Furthermore, in cases where the judgment of the

1 Faculty Council chair differs from that of the relevant committee(s), it recommends that
2 the issue be brought before the members of Faculty Council for discussion and a vote.”

3
4 A motion was made and seconded that Faculty Council table this motion indefinitely.

5
6 Following some discussion, a vote was taken on whether to table indefinitely. 14 were in favor,
7 15 were opposed, and 3 abstained. The motion does not pass.

8
9 Discussion returned to the original motion. After no further discussion, a vote was taken to
10 approve the text. 24 were in favor, 5 were opposed, and 4 abstained. The motion passes.

11
12 Dr. McBride stated that Dr. Levine, the Faculty Senate representative, while unable to join us
13 today, sent an update on the Faculty Senate activities, posted on BOX in the Faculty Council
14 folder. There are no action items at this time.

15
16 When queried no new business was proposed. A motion was made and seconded to adjourn the
17 meeting.

18
19 The meeting was adjourned at 5:32PM.

20
21 Respectfully submitted,

22
23 Joyce Helton
24

SOM Center and Institutes

From the Institutional Strategic Plan of 2004 regarding Centers

Updated April 2020 by the Committee on Biomedical Research, SOM

Approved, Stan Gerson, MD, Interim Dean, July 6, 2020

Rationale for Centers and Institutes in the School of Medicine (SOM)

Complementary to academic departments, but not designed to replace or substitute for these departments, centers and institutes of the SOM are initiated to provide flexible, responsive and cross cutting efforts to excel in broad areas of biomedical science and education that extend beyond the bounds of typical discipline focused departments. Further, most faculty participants would join a center/institute in addition to their home department, reflective of the transdisciplinary nature of these entities. Centers and institutes would undergo review to assess their timeliness and impact, with the intention that many may have a restricted timeline and lifespan. This fluid status enables special emphasis to sway with exceptional opportunities, timely and exciting new areas of academic pursuit, and collaborative interinstitutional efforts that benefit from coordinated efforts. Some will become mainstays of the SOM, others may convert to departmental status. Since these entities do not have the institutional oversight of departments, the introduction, establishment and review of centers and institutes becomes the collective responsibility of the SOM and its faculty. When approved, this policy will apply to all existing centers/institutes of the SOM.

Types of Centers/Institutes

Type A Centers/Institutes are interdisciplinary, interdepartmental, and have the authority to directly recruit, appoint and promote primary non tenure track, tenure track and tenured faculty, while the majority of members (secondary) have a primary department appointment elsewhere. The Division of General Medical Sciences (DGMS) is the home for the Center and all of its primary faculty. Type A centers should have a minimum of 3 primary faculty to be considered sustainable. DGMS provides review at the department level for APT. Primary and secondary faculty membership is reviewed and approved through the Center. Type A Centers/Institutes are viewed as institutional priorities because of their transdisciplinary emphasis. They are encouraged to have participation across CWRU schools and medical institutions affiliated with the SOM and to reflect the transdisciplinary goals of CWRU strategic initiatives. These Centers/Institutes are designed to be broad in focus with interactions across the medical centers of the SOM. The initial and ongoing support for Type A Centers/Institutes requires a combination of institutional support and at least one other funding source (e.g. federal, philanthropy). These Centers lie outside of Departmental structures and have an identified administration structure. The Comprehensive Cancer Center is an example of a Type A Center. For academic affairs, the Director of a Type A Center reports to the Dean who acts as chair of DGMS.

Type B Centers/Institutes do not have the authority to appoint primary faculty, but pursue interdisciplinary efforts with secondary faculty membership from multiple

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departments, and are encouraged to have participation across CWRU schools and medical institutions affiliated with the SOM and to reflect the transdisciplinary goals of CWRU strategic initiatives. Secondary faculty membership is reviewed and approved through the Center/Institutes, and updated biannually. Funding is usually derived from federal sources, departmental, and/or institutional commitment but may be flexible, depending on the Center. These Centers/Institutes are typically administratively housed in the Department of the Center/Institute Director but may have their own administrative structure. NIH funded centers (P30, P50, U) may submit application, as noted below, to be recognized as a Type B Center but it is not a requirement. The Director of a Type B Center/Institute would normally report to their Department Chair or to a Type A Center/Institute Director. In instances in which there are faculty from multiple departments and or multiple institutions, the Center may petition to directly report to the Dean. If the department chair is also center director, then the director would report to the dean. For purposes of recognition, coordination, institutional support and transdisciplinary advancement, Type B Centers/Institutes originating in SOM affiliated hospital departments can be recognized with application to the SOM, as noted below. The Center for AIDS Research (CFAR) and the Case Center for Imaging Research (CCIR) are examples of Type B Centers.

Intradepartmental Centers (not Type A or B) can be established by the chair with approval by the dean. The dean's preference will be to not approve or allow a center based on name, topical overlap or other identified conflict with an existing Type A or Type B center. They will often also have members from one or more department. In general, to avoid confusion, the preferred name for such intradepartmental activities would be "Programs", "Initiatives" and the like.

Establishment of Centers/Institutes

(Per the Petition for a Division of General Medical Sciences approve by SOM faculty 1/1/86 and the Board of Trustees 5/8/86, and revised here)

The Division of General Medical Sciences (DGMS) has the status of a department in the SOM. The function of the Division is to provide an organizational unit for Type A Centers/Institutes that have an interdisciplinary research and/or education objective. Each section of DGMS will be termed either a Center or Institute (collectively termed Center) and each will be designated as a Type A Center. Each Type A Center will have a director appointed by the dean. Establishment and discontinuation of Centers and Institutes is the purview of the dean who will receive guidance from the Advisory Committee and the Faculty Council. In addition, DGMS has its own departmental committee on appointments, promotion and tenure (dCAPT) for review and approval of primary faculty in DGMS for promotion and tenure. Secondary members are recommended by the Center Director and other members of that Center. Promotion in the primary department may be followed by petition for promotion of the secondary appointment by the faculty member to the center director.

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The dean will serve as the Chair of the DGMS. The DGMS Advisory Committee is composed of 3 basic science and 3 clinical department chairs from affiliate institutions (who are appointed by the dean for a 3 year term). The DGMS Advisory Committee is responsible for review of Type A Centers and it will review the activities of each Type A Center every 5 years, and more frequently, at the request of the Dean, using similar metrics as that of departmental reviews. However, if there is evidence of ongoing external review of the Type A center, then this report can be submitted as that Center's review.

Establishment Process for Centers:

1. The Dean, Chairs, or Faculty may initiate a proposal for a Type A or Type B Center by written request to the Dean of the School of Medicine.
 - a. The formal request should include:
 - i. Name of Center, proposed Director.
 - ii. Acknowledgement of the current department or center chair of the proposed director that the establishment of the Center has been discussed. The chair and/or center director should note the impact on the primary and other departments of the transfer of faculty into a Type A center and this will be reviewed by the Dean and the DGMS advisory committee.
 - iii. Subject matter of the Center including attention to its transdisciplinary nature and alignment with CWRU strategic initiatives.
 - iv. Rationale for establishment of Center – mission, goals, scope, strategic plan (including metrics and deliverables).
 - v. Anticipated primary and secondary faculty appointment pool with attention to transdisciplinary enrichment and cross-institution and school involvement.
 - vi. Operational Structure – administrative, leadership, sub-components, training, grant support, interinstitutional components, commitment to establishing and maintaining a web site.
 - vii. SOM Investment request (space, equipment, recruitment, administrative & operational funding) timeline proposed for investment with milestones and federal grant support accomplishments and expectations.
2. The Dean and vice deans will review the Center and may request additional information as needed. For Type A centers, the dean will confer with the DGMS advisory committee for review and approval.
3. Upon acceptance by the Dean for further consideration, the request will be forwarded to the Committee on Biomedical Research (CBR) for review with a written recommendation to the Dean for approval, including potential concerns, with explanation.

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4. After this review, the center proposal will be presented to the Council of Basic Science Chairs for comment. All comments will be returned to the proposed center director and to the dean for consideration.
5. If a Center represents a coordination across institutions of the SOM, and/or across schools of CWRU, concordant with institutional strategic initiatives, then the approval process and designation will be offered, along with a draft approval letter with proposed financial support and signatures prior to final approval by the Dean.
6. After review of Type A centers by the DGMS Advisory Committee, the Dean will provide final Center approval with written guidance to the Center Director, the appropriate Department chair(s), and as needed, other institutional leadership.
7. Faculty Council (FC) will be informed of the new Center, and the Center Director will provide a presentation to FC within 4 months of approval.
8. Note is made from the 1986 approval by the Faculty Senate that tenured faculty of Type A centers are the responsibility of the Center and DGMS. If the center is discontinued, the unsupported salary responsibility of faculty members affected will remain that of the SOM whether the faculty member remains in the DGMS or elects another department.

Center Operational Standards

1. All Centers should submit administrative structure and operating budget to the SOM annually.
2. All Type A Centers will have an agreed upon annual operating budget that may include an annual SOM investment.
3. Each Type A Center will indicate their administrative support needs for operations, HR, and financial oversight through established mechanisms in the SOM (e.g. a stand-alone administration, within a department, or as part of the shared structure such as a HUB).
4. All Type A Centers will have the status of a department for administrative functions and will utilize the DGMS dCAPT committee for review and approval of Faculty for promotion and tenure. All Type A Center directors will be invited to all functions that include SOM Departmental chairs.
5. Type B Centers should identify administrative structure and support and funding annually. Support for the operation of Type B Centers typically will come from NIH funding, commitment from the SOM, or in kind support from the Department providing administrative support.
6. All Centers will establish and maintain a dedicated web presence and update their description in the General Bulletin annually.
7. All Centers will draft an annual report and provide it to the Dean that outlines progress made in the last year. A Center's progress report to its funding agency may be used as the required annual report.
8. All Type A Centers will have an internal and external advisory committee that meets annually and provides a report to the Director and to the dean. All Type B Centers will have an internal advisory committee that meets annually.

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Center/Institute Review Process

The CBR will review all Centers no less than every five years. The Center Director will attend a CBR committee meeting to present the accomplishments and future direction of the Center. Additionally, Type A centers will have an external review every 5 years as directed by the Dean. Federally funded Type A or type B Centers may use the funder's review process as the basis of review for the CBR (when there is a grant that encompasses and supports a substantial portion of the Center's functions).

The CBR will provide recommendations regarding Center operations and future to the Dean.

Note is made that CWRU has also requested documentation of Center/Institute Activity at: <https://forms.gle/R5oztVok7jmTZt1bA>

Discontinuation or Change In "Type" designation of Center/Institute

Centers/Institutes may be discontinued based upon the following criteria:

1. Lack of institutional commitment and/or lack of funding.
2. Type A centers with only one or two primary faculty.
3. No evidence of transdisciplinary research or educational activity for more than one year.
4. No longer scientifically aligned with the research focus/strategy of SOM and the CWRU strategic initiatives.
5. Recommendation from CBR, CBSC and/or Dean.

Process for Refresh, Discontinuation or Change in Center/Institute Type:

1. The Center Director, CBR, CBSC, the Dean or designate may recommend that a Center's status be changed or that it be discontinued as part of the 5-year review process or in special circumstances at the request of the Dean.
2. For Type A Centers, recommendations are reviewed by the DGMS Advisory Committee and CBR. The Dean will review the recommendation of the DGMS Advisory Committee and determine the outcome of the Center. Faculty will elect transfer to a department or another Center within DGMS.
3. For Type B Centers, recommendations will be reviewed by the CBR. The CBR will forward recommendations to the Dean for final approval.
4. The Dean will provide the Center director a memo indicating that the center will be discontinued as a recognized SOM center.

Center/Institute**Director**

Advanced Platform Technology Research Center of Excellence	Ronald Triolo
Case Cardiovascular Center	Sanjay Rajagopalan
Case Center for Imaging Research	James Basilion
Case Comprehensive Cancer Center	Stan Gerson
CASE-VA CARES (Center for Antimicrobial Resistance & Epidemiology)	Robert Bonomo
Center for Aids Research	Jonathan Karn
Center for Artificial Intelligence in Drug Discovery	Rong Xu
Center for Child Health and Policy at RB&C Hospital	Sarah Ronis
Center for Clinical Investigation	Mike Konstan
Center for Community Health Integration	Kurt Stange
Center for Global Health and Diseases	Adam Burgener
Center for Health Care Policy and Research	Shari Bolen
Center for Medical Education	Lia Logio
Center for Mitochondrial Diseases	Charles Hoppel/Jason Mears
Center for Proteomics and Bioinformatics	Mark Chance
Center for RNA Science and Therapeutics	Eckhard Jankowsky
Center for Science, Health and Society	Nathan Berger
Center for Systems Immunology	-vacant-
Center for the Study of Kidney Biology and Disease	John Sedor
Cleveland Brain Health Initiative	Lin Mei
Cleveland Center for Membrane and Structural Biology	Sudha Chakrapani
Cleveland Digestive Diseases Research Core Center	Fabio Cominelli
Cleveland Functional Electrical Stimulation Center	Robert Kirsch
Cleveland Institute for Computational Biology	Jonathan Haines
Digestive Health Research Institute	Fabio Cominelli
Institute for Transformative Molecular Medicine	Jonathan Stamler
Mt. Sinai Skills and Simulation Center	Ellen Luebbers
National Center for Regenerative Medicine	Stan Gerson
Neural Engineering Center	Dominique Durand
Prevention Research Center for Healthy Neighborhoods	Erika Trapl
Skin Cancer Research Institute	Kevin Cooper
Swetland Center for Environmental Health	Darcy Freedman
Visual Sciences Research Center	Irina Pikuleva
Willard B. Berhnbaum Cystic Fibrosis Research Center	Mitch Drumm

SOM Draft Strategic Plan - Update December 30 2020;

I Strategic Vision

The Case Western Reserve University School of Medicine is the intellectual glue for health education and research across Cleveland and its academic medical centers (university Hospitals (UH), Cleveland Clinic (CC), MetroHealth (MH), and the Cleveland VA (VA), coordinating a network of transdisciplinary effort that touches every disease and cultural background.

Our Mission

To improve Health here and globally through research and population assessments within a superb educational environment.

Our Vision

We utilize the extraordinary consortium of the medical school faculty across all Cleveland medical institutions, to create integrated teams of experts to educate our trainees, link disciplines to discover the mysteries of and treatment for serious diseases, and to understand and eliminate health inequities in Cleveland and across the world.

Alignment with CWRU Strategic Plan, Think Big

The SOM embraces inclusive excellence, encompassing humanity and technology through interdisciplinarity in discovery, scholarship, education, and career enhancement, engaging the entire university in the process. Through bidirectional community-facing collaborations, the SOM is enriched and informed to better address the health and wellness issues of our time. We embrace the highest ethical standards and recognize our social impact and obligations.

II Strategic Objectives

- We seek a high degree of impact in all endeavors of research, training, and cross-institution transdisciplinary efforts by moving our discoveries to implementation, policy changes and societal benefit
- Our departments maintain excellence in their discipline while promoting cross-discipline education, discovery and impact, supported by critical choices and selective investments
- Our policies and actions will increase diversity and equity in research, education, and implementation, and will excel in recruitment, career development and retention attentive to the social, cultural and financial needs of our community of learners
- We recognize that health benefits of biomedical discoveries are tied to their impact on the social determinants of health and to our ability to engage our diverse community in their health needs

III Programmatic Research and Education Priorities

Research Priorities

- Cancer
- Immunity, Immunotherapy, Cell Therapy, Infectious Diseases, Emerging Infection and World Health
- Neurological Disorders
- Genomics, Genomic Therapeutics
- Molecular Structure, Pathways and Pathophysiologic Basis of Disease
- Social, Ethical, Behavioral, and Humanistic Health and Wellness
- Metabolic Pathways and Disorders
- Social Determinants of Health, Health Policy and Implementation
- Quantitative BioScience and Artificial Intelligence

Education Objectives

- Cultivate a diverse and inclusive environment for our students, faculty and staff
- Engage our community in partnerships that train and retain highly talented individuals in Northeast Ohio
- Foster innovation in curricular design for educational programs and encourage experiential learning and competency-based education
- Establish a continuum of training from high school to post-doctoral education that emphasizes mentoring and career advancement
- Increasing regional and national recognition of graduate education through faculty involvement in national groups, scholarship
- Provide a supportive environment to train leaders in education

New Education Programmatic Priorities

- Regulatory Science
- Doctor of Physical Therapy (DPT)
- Biotechnology
- Entrepreneurship
- Identify new opportunities for innovative educational programming

IV Key Results

Research:

- Increase national reputation as a research-intensive school of medicine through:
 - Publications in higher impact journals
 - Increase research funding per faculty member
 - Increase the number of multi-investigator and transdisciplinary grants
 - Increase number of faculty: on national study sections, leading national discipline-specific societies, and receiving national and societal awards
- Increase net basic science faculty count by 10% over 5 y, with a goal of 15% hires from URiM groups
- Increase discovery-based patent applications, licenses, start-ups and commercialization income
- Develop and build programmatically focused research space promoting cross-department and institution coordination
- Increase investments in existing faculty through bridge grants and program expansion
- Invest in enabling and emerging technologies that support our research priorities with cost-effective research Shared Resources

Education

- Emphasize innovation, diversity and career mentoring in all aspects of training
- Build superlative research experiences for undergraduates
- Taylor our Masters programs to biomedical career needs–
- Expand innovation in medical education scholarship
- Build endowment for MD student scholarship support
- Improve career enhancement for grad students including pathway to faculty, scholarship for training, and biotechnology and policy innovation

Academic Community

- Expand collaborative efforts across the faculty of medicine at our 5 institutions (SOM, UH, CC, MH, VA)
- Increase interdisciplinarity of the faculty of medicine with faculty of other CWRU schools
- Increase diversity of our trainees, faculty, chairs and leadership
- Develop ongoing programs for inclusive excellence
- Provide comprehensive mentoring, career advancement and leadership training for all, from trainees through senior professors
- Establish a responsive, cultivating learning and work-place environment

Regional and National Community

- Develop partnered programs in education, research and policy change for community benefit
- Expand SOM-linked community outreach engagements to Boards of Health, schools, and nonprofit groups focused on improving health of our region

- Expand regional biotechnology infrastructure, start-ups and workforce capabilities by partnerships with state, foundation and commercial entities

Philanthropy

- Align philanthropy to each research strategic priority
- Raise scholarships for our MD University Program
- Scholarship and research support for grad student programs and for transition to faculty

ARTICLE 3: THE FACULTY COUNCIL

3.2: Membership of the Faculty Council

a. Voting Members. Voting members of the Faculty Council shall include one representative of each academic department (all references hereafter to academic departments include the Division of General Medicine Sciences (DGMS), which has departmental status; see Article 4.7). These representatives shall be referred to as departmental representatives. An exception to the apportionment of one voting representative to each academic department is made for the Louis Stokes Cleveland VA Medical Center (VAMC; see Article 3.3d, below), where academic departments have not been established (as defined in the Faculty Handbook, Chapter 2, Article VII, Sec. B). Other voting members shall include two representatives from the special faculty whose titles are modified by the adjective adjunct or clinical, one representative from each affiliated institution and 10 representatives of the regular faculty elected at large. All these representatives shall be members of the faculty.

b. Non-voting Members. Non-voting members of the Faculty Council shall be the president of the university, a vice-president of the university responsible for medical school activities, the dean of the School of Medicine, the associate dean for medical education of the School of Medicine, the chair of the Committee on Medical Education, and student members who shall include not more than two undergraduate medical students, one M.D.-Ph.D. student, and one Ph.D. graduate student. The student members shall be chosen by their respective groups. To facilitate communication between Standing Committees and the Faculty Council, if no member of a Standing Committee of the Faculty of Medicine is a voting member of the Faculty Council, the Faculty Council Chair may appoint one of the Standing Committee's elected members to serve as a non-voting *ad hoc* member, in accordance with each committee's charge. If a representative to the university Faculty Senate is not included in the Faculty Council as a voting member, the Faculty Council Chair shall appoint one of the School of Medicine senators to be an *ad hoc* member of the Faculty Council. The Faculty Council Chair may invite other persons to attend designated meetings. Faculty Council meetings shall be open to the faculty. Faculty members may at any time request hearings before Faculty Council, but a request by a faculty member for a hearing before the Faculty Council must be made to the chair prior to the meeting of the Faculty Council.

3.3: Election of the Members of the Faculty Council

Faculty members have the power and obligation to elect Faculty Council representatives (see Article 2.3). Elections shall be held by democratic process. Complaints concerning the

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Commented [A2]: Deleted sentence is below no longer necessary with revised language in Section 3.3 below, which specifies that each academic department will elect one representative.

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occurrence of undemocratic selections of representatives shall be brought to the attention of the Chair of the Faculty Council.

a. Departmental representatives: When the term of a departmental representatives is coming to an end, the dean shall inform all full-time faculty members of that department. The department shall elect its new representative no later than April 30 of each year, with newly elected members beginning their terms of office on the following July 1. To be eligible to serve as a departmental representative to the Faculty Council, a faculty member must be appointed full-time and hold a primary appointment in that department.

b. At-large representatives: The at-large representatives shall be nominated by the Nomination and Elections committee (see Article 3:6b) and shall be elected by the full-time members of the faculty. The dean shall be requested to supply the Nomination and Elections committee with a list of the basic and clinical science departments and rosters of the full-time faculty members with primary appointments in each department. Five at-large representatives shall be elected from basic science departments and five shall be elected from clinical science departments. There shall be at least two nominees for each of these positions. Those nominees who are not elected shall serve as alternates in the order of votes received (see Article 3:4). The terms of at-large Faculty Council members shall be staggered such that one or two basic science and one or two clinical science representatives are elected each year. No more than one at-large representative shall be from a single department or VAMC clinical area.

c. Institutional representatives: Upon notification by the dean, full-time faculty based at each affiliated institution shall elect one of their members who has a primary base at that institution and who has not been elected a department or VA clinical area representative to be a representative to the Faculty Council.

d. VA representatives: All full-time faculty members whose hospital base is the VAMC will be assigned to one of six VAMC clinical areas to be represented (Medicine, Primary Care, Surgery/Anesthesiology, Research, Neuropsychiatry, and Diagnostic Services). The faculty members in each of these clinical areas will elect one representative. The dean will provide a list of the faculty members assigned to each clinical area before the start of each academic year. A VAMC faculty member is not eligible to serve as a representative for the department at UHMHC (or other affiliate) in which they hold their primary appointment but is eligible to serve as a clinical at-large representative.

e. Special Faculty representatives: The nomination and Elections Committee (see Article 3:6b) shall nominate at least four members of the special faculty whose titles are modified by the adjective adjunct or clinical as candidates for representative to the Faculty Council. Two of these nominees shall be elected by the special faculty whose titles are modified by the adjective

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(Should have been deleted previously when that text was moved.)

Deleted: The election shall be held by democratic process. Complaints concerning the occurrence of undemocratic selections of representatives shall be brought to the attention of the chair of the Faculty Council.

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Commented [A5]: This matches the terminology used in the SOM appointment form. This may differ from a faculty member's primary appointment (used below), which must be in an academic department (as defined in the Faculty Handbook).

adjunct or clinical. The remaining nominees will serve as alternates in the order of votes received.

3.4: Terms of Office of Faculty Council Representatives

Representatives shall serve for a period of three years. Representatives may not serve consecutive terms but may stand for election after an absence of one year. A department representative who is unable for any reason to complete a term of office shall be replaced by a full-time faculty member from the same academic department, elected by democratic process within that department. The new member shall complete the term of the former member and shall be eligible for reelection if the remaining term so completed has been less than two years. A departmental member on leave of absence shall be replaced during that leave by a faculty member from the same academic department, elected by democratic process within that department. Upon return from leave, the returned faculty member shall complete the original term of office. An at-large representative who is unable for any reason to complete a term of office shall be replaced by an alternate (per 3:3d) who shall serve during the remainder of the term or during the leave of the representative, as outlined for department representatives. A representative of the special faculty who is unable for any reason to complete a term shall be replaced by an alternate (see Article 3:3e) who shall serve during the remaining term or during the leave of the representative. A VAMC representative or a representative of another affiliated institution who is unable for any reason to complete a term shall be replaced by a full-time faculty member with a primary base at the same institution. That individual shall be chosen by the same mechanism as the original representative and shall serve for the remaining term or during the leave of the original member, as outlined above for department representatives.

Members who have three absences from Faculty Council meetings in one year must resign from the Faculty Council unless their absences were excused by the chair of the Faculty Council. A warning letter will be sent to the Faculty Council member after two absences, with a copy to the department chair. Selection of replacements for members who resign is discussed in the preceding paragraph.

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b. Nomination and Elections Committee. This committee shall consist of eleven members: the dean, the chair of the Faculty Council, the vice-chair of the Faculty Council, three other Faculty Council members, and five full-time faculty members who are not members of the Faculty Council, one each from CWRU Basic Sciences, CCLCM, MHMC, UHMC, and VAMC. The three Faculty Council members of the Nomination and Elections Committee shall be elected at large by the Faculty Council and shall serve for the duration of their terms as Faculty Council members. The five non-members of the Faculty Council shall be elected by ballot by the Faculty of the respective institution (CWRU Basic Sciences, CCLCM, MHMC, UHMC, and VAMC) and shall serve three-year terms. The chair will be elected from the members of the committee annually.

The Nomination and Elections Committee shall nominate (1) candidates for the chair-elect of the Faculty Council from the eligible pool (all current members, see Article 3.5), (2) candidates for the Steering Committee, and (3) Faculty Council candidates for the Nominations and Election Committee. A list of candidates for chair-elect, the members of the Steering Committee, and the Faculty Council members of the Nomination and Elections Committee shall be distributed to all members of the Faculty Council prior to the May Faculty Council meeting. During the May meeting, additional nominations for all these offices shall be invited from the floor, after which the list of candidates will be finalized. Elections will commence during the week following the May meeting and remain open for at least 14 calendar days. Elections shall be conducted by electronic voting. Ballots shall include a space for write-in candidates and clearly state when elections will close. No late votes will be accepted. Election of a floor or write-in nominee requires the nominee's consent. Candidates for chair-elect will also be candidates for the Steering Committee and will be so listed on ballots. Faculty Council members shall vote for one nominee for chair-elect and for six members of the Steering Committee. The five persons with the highest number of votes, excluding the person elected to the office of chair-elect, shall be elected to serve on the Steering Committee. If either the Steering Committee or the Nomination and Elections Committee perceives a significant deficit in the representation of faculty constituencies within its membership following the annual election, either committee may ask the chair of Faculty Council to appoint a single ad hoc voting member to serve on the respective committee for the remainder of the year. In the case of the Steering Committee, the appointee should be a current member of the Faculty Council. In the case of the Nomination and Elections Committee, the appointee should be a regular member of the Faculty of Medicine.

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Rationale: Provides clear process for remote electronic voting in Faculty Council elections. Duration of election is consistent with that of standing committee elections.

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Deleted: The consent of the nominee must be obtained in order for a write-in or floor nomination to be valid. Faculty Council members who cannot attend the May meeting may vote by mail (noting that wherever mail voting or distribution is mentioned in these Bylaws, voting or distribution by email or other method well-calculated to reach voters shall be considered satisfactory).

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Deleted: Both mail ballots and ballots collected at the Faculty Council meeting shall be counted, whether or not a quorum is present at the meeting. If the total number of ballots received does not equal or exceed 50% of the members of Faculty Council, ballots may be solicited from absentee members.

A Faculty Guide to Encountering Students in Distress or Personal Crisis

Faculty teaching in the classroom often have the first opportunity to observe if a student is in some kind of personal distress or crisis. As such, you may be in the position to be the first to extend a 'helping hand' to a troubled student. These suggestions are intended to guide you in extending that helping hand.

As an instructor, you may become aware of student's anxiety, depression, loneliness, marital and family adjustment situations, sexual concerns, feelings of low self-worth, career dilemma, or other situations that are causing the student to be personally distressed or in a troubled mental state.

While this distress results from the student's personal situation, the effects of a troubled personal life sometimes becomes evident in the classroom and may affect not only the student's ability to succeed in the class, but may affect you and other students in the class as well.

Consult with University Health & Counseling Services (UH&CS) Counselors to determine how you can help.

As a consultant, our role is to help you determine the best course of action for addressing your concern. We accomplish this by discussing with you your concerns and brainstorming ways in which you can help. While your primary role is on the academic success of our students, your assistance in getting students to appropriate support resources is appreciated and helpful in achieving this goal. If the troubled student's behavior is impacting the ability for other students to learn, you may want to consider checking our Faculty Guide to Managing Disruptive Behavior in the Classroom.

Faculty may be in the position to extend the first 'helping hand' to a troubled distressed student.

A few reasons why faculty and staff consult with UH&CS are to:

- Get ideas for how to suggest to someone that they seek counseling or assistance.
- Become aware of services and resources available to help with a particular concern.
- Learn how to refer a student to our services.
- Request that we meet with students who are dealing with a difficult situation.
- Get ideas about how to prevent a negative situation from starting or escalating.

When you have had an interaction with a distressed or troubled student, report this to your Academic Dean, University Health & Counseling Services or Office of Student Affairs. See reverse for resources.

Indicators of students in crisis

Students in crisis may exhibit the following early warning indicators:

- Marked change in academic performance or behavior
- Depressed or lethargic mood (i.e., drowsy, sluggish, sleepy)
- Dramatic weight loss or gain
- Repeated absences or tardiness
- A negative change in classroom performance
- Verbal aggressiveness in class meetings
- Continual seeking of special accommodations (late papers, extensions, postponed examinations, etc.)
- Essays or creative work that indicate extremes of hopelessness, social isolation, rage, or despair
- Tearfulness
- Unprovoked anger or hostility
- Exaggerated personality traits (e.g., more withdrawn or animated than normal)
- Direct statements indicating distress, family problems, or other difficulties
- Expressions of concern about a student in the class by his/her peers
- Lack of personal hygiene
- Any written note or verbal statement that has a 'sense of finality' (suicidal)
- Self-injurious or self-destructive behaviors
- Out-of-control behavior
- Verbal or written (email) threats of harm to self or others

None of these warning indicators alone is sufficient for predicting mental health problems, aggression and/or violence. When presented in combination, they may indicate the need for documentation and further analysis to determine an appropriate intervention. This documentation and further analysis is something that should be undertaken with the support of UH&CS, and in consultation with your Academic Dean.

First approach to helping

- Try to talk with the students in a private location, mention you are concerned and cite a specific reason why you have concern.
- Give the individual time to talk about their situation, just listen.
- Use a calm voice when talking to the student.
- Ask student if he/she would like to talk with a UH&CS Counselor who has expertise in helping students to 'cope' with a variety of matters that can be troubling.
- Mention that Counseling is without fee and is confidential (unless harm is likely).
- If student would like to talk with a Counselor, offer to wait for the student to phone or walk the student to Counseling Services to set up an appointment (assuming this is not a crisis situation which may require more immediate attention).
- If student prefers to not have you accompany him/her, suggest the student call University Health & Counseling Services for an appointment.

A Faculty and Staff Guide to Call for Help

Division of Student Affairs

University Office of Student Affairs
students.case.edu/departments/office
216.368.2020

Dean of Students
students.case.edu/departments/dean
216.368.1527

Center for Civic Engagement and Learning
students.case.edu/departments/civicingagement
216.368.6960

Graduate Student Life
students.case.edu/graduate
216.368.4820

Flora Stone Mather Center for Women
case.edu/provost/centerforwomen
216.368.0977

LGBT Center
case.edu/lgbt
216.368.1237

Accommodated Testing and Services
students.case.edu/departments/education
216.368.5230

Greek Life
students.case.edu/departments/greek
216.368.3954

Multicultural Affairs
students.case.edu/departments/oma/
216.368.2904

Physical Education and Athletics
athletics.case.edu
216.368.2420

Residence Life
students.case.edu/departments/residencelife
216.368.6325

Student Conduct and Community Standards
students.case.edu/departments/conduct
216.368.3170

Student Activities and Leadership
students.case.edu/departments/activities
216.368.2670

Thwing Center
students.case.edu/departments/thwing
216.368.2660

Title IX
students.case.edu/departments/titleix
216.368.3066

University Health & Counseling Services
Counseling Services
students.case.edu/departments/counseling
216.368.8672

Health Services
students.case.edu/departments/health
216.368.2450

Urgent and Emergency Situations

Urgent Counseling & Referral Care: 216.368.5872
Urgent Counseling Care for emergency situations is available without an appointment Monday through Friday from 9 a.m. to 5 p.m. in 220 Sears Building. A counselor will be available to speak with individual(s) in-person or by phone to assist them with their urgent counseling needs.

Emergencies After Hours, Weekends, and Holidays

In the event of a life-threatening emergency after hours, on weekends, or during holidays contact:

CWRU Police: 216.368.3333
Counselor-On-Call: 216.368.5872, then select Emergency Care

Other Campus Resources

Campus Clergy
students.case.edu/diversity/resources/irc.html
216.421.9614 or Hillel at 216.231.0040

CWRU Police & Security (24/7)
police.case.edu
216.368.3300

Equal Opportunity & Diversity Manager
case.edu/diversity
216.368.5371

Faculty Diversity Officer
case.edu/diversity
216.368.8877, Extension 3

Graduate Studies
gradstudies.case.edu
216.369.4390

International Student Services
students.case.edu/international
216.368.2517

Post-Graduate Planning
case.edu/studentsuccess/post-grad-planning
216.368.4446

Student Advancement
case.edu/studentsuccess

Survivors and Friends Empowerment (SAFE) Line
216.368.7777

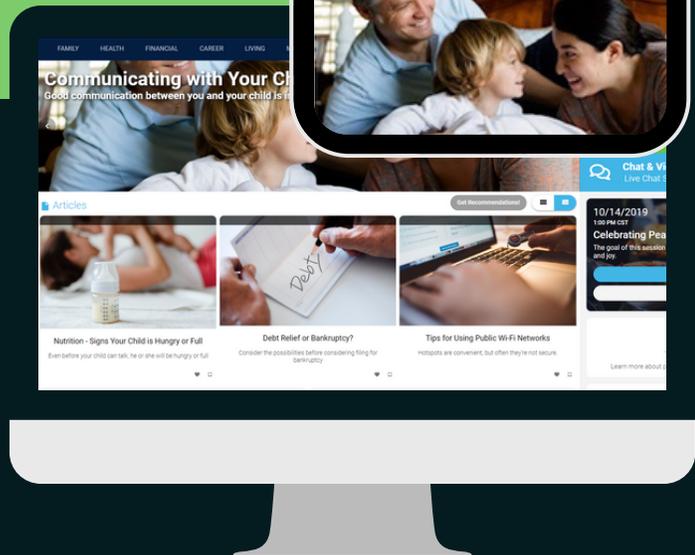
Undergraduate Studies
case.edu/ugstudies
216.368.2928

Student Advocate
216.368.8639



IMPACT SOLUTIONS PRESENTS:

MY LIFE EXPERT



CHANGING THE
GAME IN
EMPLOYEE
WELLNESS

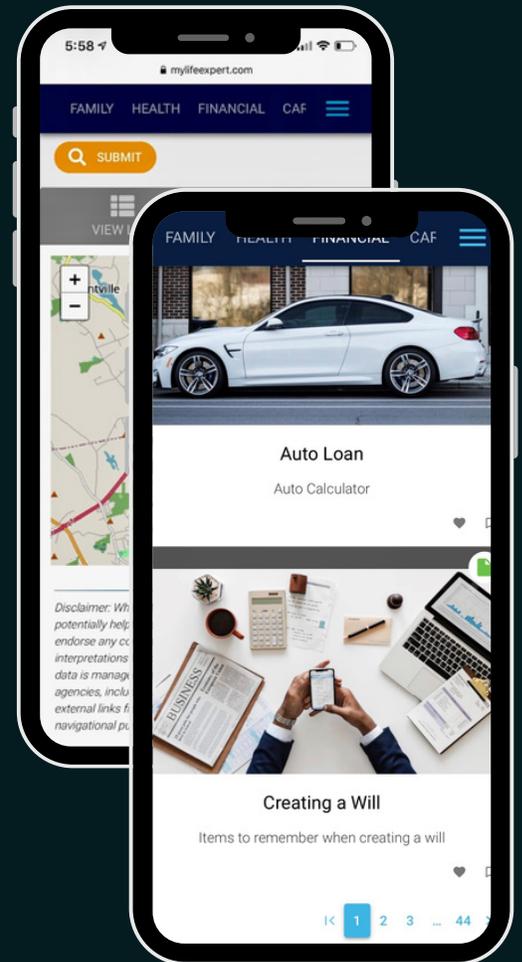


WORK/LIFE BALANCE AT YOUR FINGERTIPS

MY LIFE EXPERT ALLOWS YOU ACCESS TO:

- THOUSANDS of articles, videos, and worksheets
- Quick Health and Lifestyle assessments and surveys
- Interactive checklists
- Events Calendar for the latest webinars and online training sessions
- Build your own Employee Profile
- 24/7 instant, confidential support

TO LOGIN, USE YOUR COMPANY CODE:



ACCESS YOUR FULL EAP BY CALLING:

800-227-6007,

DOWNLOADING THE APP BY

VISITING: WWW.MYLIFEEXPERT.COM

OR

SIMPLY SCAN THIS QR CODE

IMPACTSOLUTIONS
An AllOne Health Company

IMPACT Solutions EAP WEBSITE – MyLifeExpert

Visit us on the web at MyLifeExpert.com

Your Company Code: **cwrueap**

HOW TO SET UP YOUR LOGIN

STEP 1: Visit MyLifeExpert.com

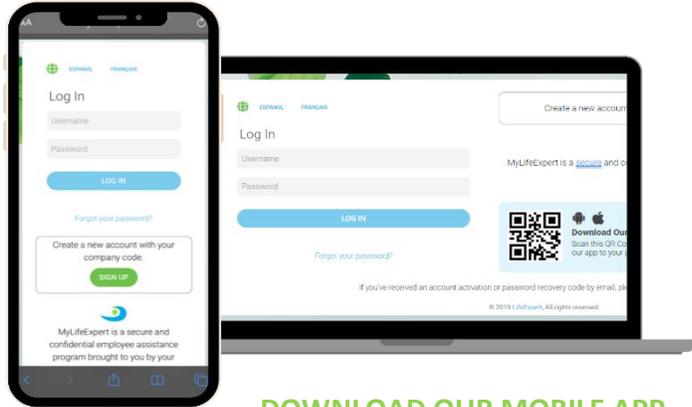
STEP 2: First time users SIGN UP here:

Create a **new account** with your company code.

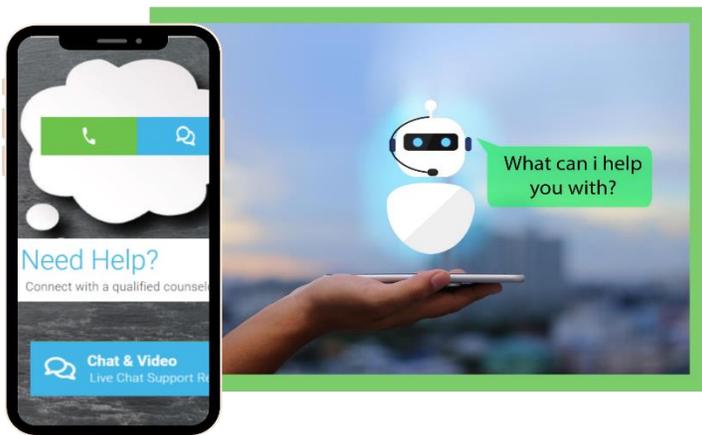
SIGN UP

STEP 4: Enter your Company Code: (cwrueap) and follow the instructions in your activation email.

YOU ARE DONE!

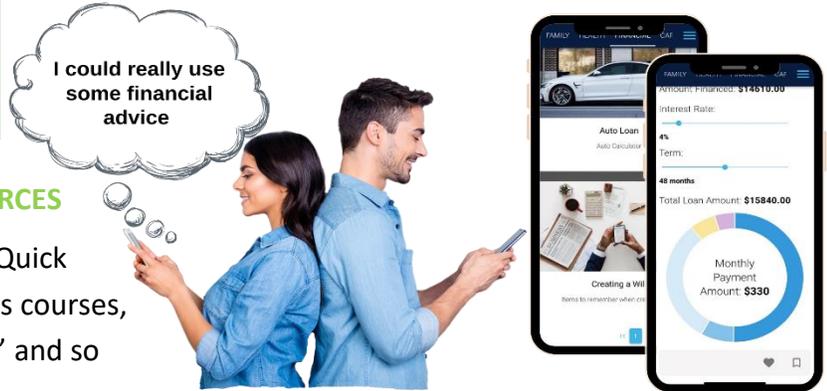


DOWNLOAD OUR MOBILE APP



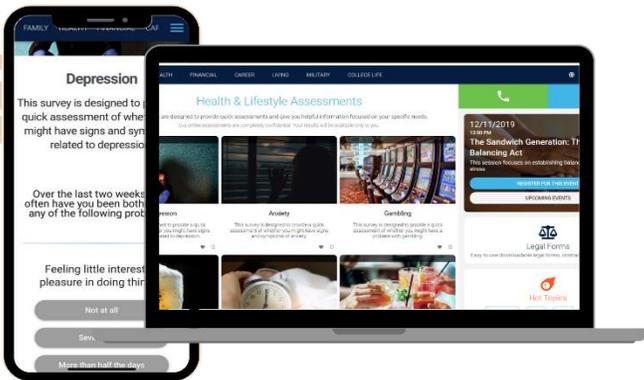
THOUSANDS OF WORK/LIFE RESOURCES

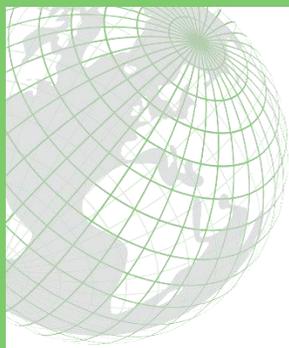
Vetted articles, videos, calculators and worksheets. Quick health and lifestyle assessments. Webinars, soft skills courses, resource locators and our popular “Discount Center” and so much more.



INTERACTIVE CHECKLISTS

Life Expert provides you with interactive tools to help with issues such as family, health, and other life situations.





Employee Assistance Program Overview

LIVE, IMMEDIATE ASSISTANCE

Access your IMPACT EAP through 24/7 Telephone Support, Mobile App with Chat Functionality, and Web Portal.

PERSONAL ASSISTANT

A Personal Assistant helps you with your "to do" list. We help lighten the load through researching the best options for services such as entertainment & dining, travel & tourism, household professionals and more.

LIFE/WELLNESS COACHING

A Life Coach can help you with mindfulness training to improve your resilience to stress, nutritional guidance, caregiver stress, tobacco cessation, enhancing self-confidence and motivation, time management and more.

MEDICAL ADVOCACY

Medical Advocates offer support as you navigate the health care system. Help with insurance navigation, health care transportation, durable medical equipment, discharge planning, medical appointment preparation, advocacy and research.

LEGAL/FINANCIAL/IDENTITY THEFT CONSULTATION

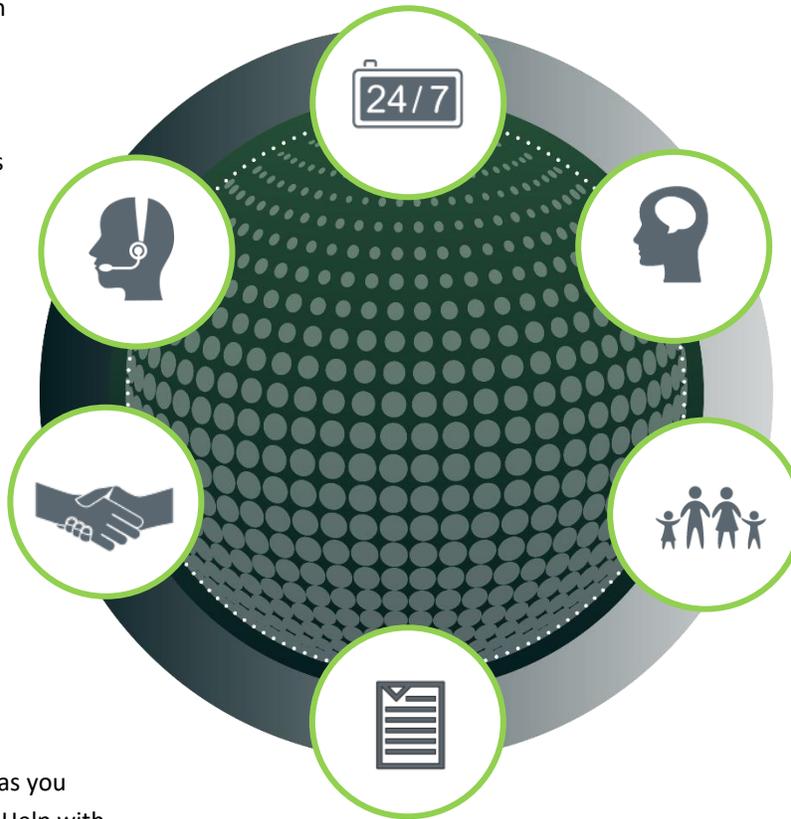
Expert advice from vetted professionals who can help with a wide range of legal matters and financial concerns including identity theft, tax consultation, retirement planning, debt management, budgeting, bankruptcy prevention, housing issues, student loan education and more.

MENTAL HEALTH COUNSELING

Up to 5 complimentary counseling sessions per person, per occurrence with face-to-face, telephonic, video or chat options. Request counseling services through our mobile app, online support request and chat functionality feature. Automated appointment reminders and follow-up.

WORK/LIFE REFERRAL SERVICES

Trained work/life specialists provide information, resources, and referrals on a wide range of daily living needs. Services include expert advice and perspective on how to approach a child, adult or elder care situation as well as 3 to 5 prescreened list of providers.



ALWAYS AVAILABLE, CONFIDENTIAL & AT NO COST TO YOU!

24/7 SUPPORT: 800-227-6007

All eligible employees, spouse/partner, dependents, household members and parents/parents-in-law are eligible to use any of the IMPACT services.

A Benefit Provided By:

A Faculty and Staff Guide to Managing Disruptive Behavior in the Classroom

Do you have students in class who do the following:

- IM (Instant Message) friends or talk on cell phones?
- Sidebar conversation with classmates?
- Interrupt discussions or make inappropriate remarks?
- Write or mention ideas that cause concern for their mental state?
- Repeatedly arrive late or leave early?

If you consider any of these behaviors disruptive, you have the right to address such behavior. Annoying classroom behavior should not be tolerated and may become disruptive if it is ignored.

Preventive Measures Faculty Can Take

- Utilize your syllabus to include specific expectations for, and consequences of student behavior (e.g., no cell phones, no tardiness, etc.) during first day introduction and in your course format.
- Use the first class meeting to review what is and isn't appropriate.
- Confer with your colleagues on ways they prevent or respond to disruptive behavior.
- Model the behavior you expect of students.
- Become familiar with the *Faculty and Staff Guide* and consult the Office of Student Conduct and Community Standards.

Steps for Responding to Disruptive Behavior

- Immediately ask the student to stop the behavior in an appropriate manner.
- Speak with the student privately after class about his/her conduct.
- Document in writing the situation and your actions to your Academic Dean and consult with the Office of Student Conduct and Community Standards.

When you talk privately with the student, it is your judgment whether to have a colleague or Academic Dean present during this conversation

- Be specific about the behavior that is disruptive.
- Explain the affect the behavior has on your ability to teach and the classes ability to learn.
- Address what you observe about the behavior, e.g., communicate your concern.
- Allow the student to respond and listen carefully to his or her words.
- Restate your expectations for the student's future behavior.

If Disruptive Behavior Continues

If you suspect the disruptive behavior could be the result of psychological problems, contact the University Health and Counseling Services (UH&CS) for advice on how to respond and see the *Faculty and Staff Guide to Encountering Students in Distress or Personal Crisis*.

If you suspect the disruptive behavior could be the result of the student's disability, contact Disability Resources for advice on how to respond and see the *Faculty and Staff Guide to Encountering Students in Distress or Personal Crisis*.

Some disruptive behavior simply reflects bad manners and a lack of consideration of others and may cease after one warning. If such conduct persists, in a future class, inform the student you will report the behavior to the Office of Student Conduct and Community Standards. Behaving in disruptive ways in class and failing to comply with directions to stop are both violations of the student conduct policy. Again inform your Academic Dean and the Office of Student Conduct and Community Standards.

Your Rights as a Faculty Member

You have the right to direct students to cease disruptive classroom behavior immediately. If it becomes necessary, you can direct a student to leave your classroom for the rest of the class period. If they fail to comply with your directives to leave the classroom, promptly report their failure to do so to CWRU Security, and ask to remove the student from your classroom. Depending on the severity of the situation, an option may be to dismiss the class.

Threatening or Alarming Behavior

Sometimes behavior is more than just thoughtless or rude. Signs of threatening/alarming behaviors include:

- Using derogatory or profane language in an angry manner.
- Appearing hostile, aggressive, or violent.
- Escalating behavior (e.g., louder voice, faster speech, pacing).
- Making statements such as "If I don't pass this course, someone will pay," "I better graduate or else," "I will take things into my own hands."
- Speaking incoherently with unconnected thoughts, garbled speech, or appearing to be under the influence.

If the student's behavior is alarming, escalating, or if you or others feel threatened:

- Contact the CWRU Police immediately, identify yourself and your location, describe the behavior, and request assistance.
- Consider dismissing the class immediately.
- Inform your Academic Dean and Office of Student Conduct and Community Standards, or Office of Student Affairs.

