

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

4:00PM	Welcome and Chair's Comments	Sudha Chakrapani
4:02PM	Approval of Minutes from November 19, 2018 meeting (see attached)	Sudha Chakrapani
4:04PM	Steering Committee Activities Report	Sudha Chakrapani
4:05PM	Bylaws Presentation	Darin Croft
4:15PM	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
4:25PM	Report on Faculty Senate Activities	Danny Manor
4:30PM	Committee on Biomedical Research: new charge/ presentation	Stan Gerson
4:40PM	Presentation of Ad Hoc committee's report	Cynthia Kubu
5:25PM	New Business	
5:30PM	Adjourn	

**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  
Danny Manor  
Jennifer McBride  
Maureen McEnery  
Vincent Monnier  
Vicki Noble

Hilary Petersen  
P. Ramakrishnan  
Satya Sahoo  
Scott Simpson  
Jochen Son-Hing  
Phoebe Stewart  
Charles Sturgis  
James Howard Swain  
Daniel Sweeney  
Melissa Times  
Carlos Trombetta  
Anna Valujskikh  
Richard Zigmond

**Members Absent**

Tracey Bonfield	Zachary Grimmer	Clifford Packer
Robert Bonomo	Stathis Karathanasis	Nimitt Patel
Travis Cleland	Laura Kreiner	Ben Roitberg
Brian D'Anza	Varun Kshetry	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 3<sup>rd</sup> 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 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



SCHOOL OF MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY

## Faculty Council Meeting Agenda

- 4.00 PM Chair Announcements
- 4.02 PM Approval of Minutes from November 19<sup>th</sup>, 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



SCHOOL OF MEDICINE

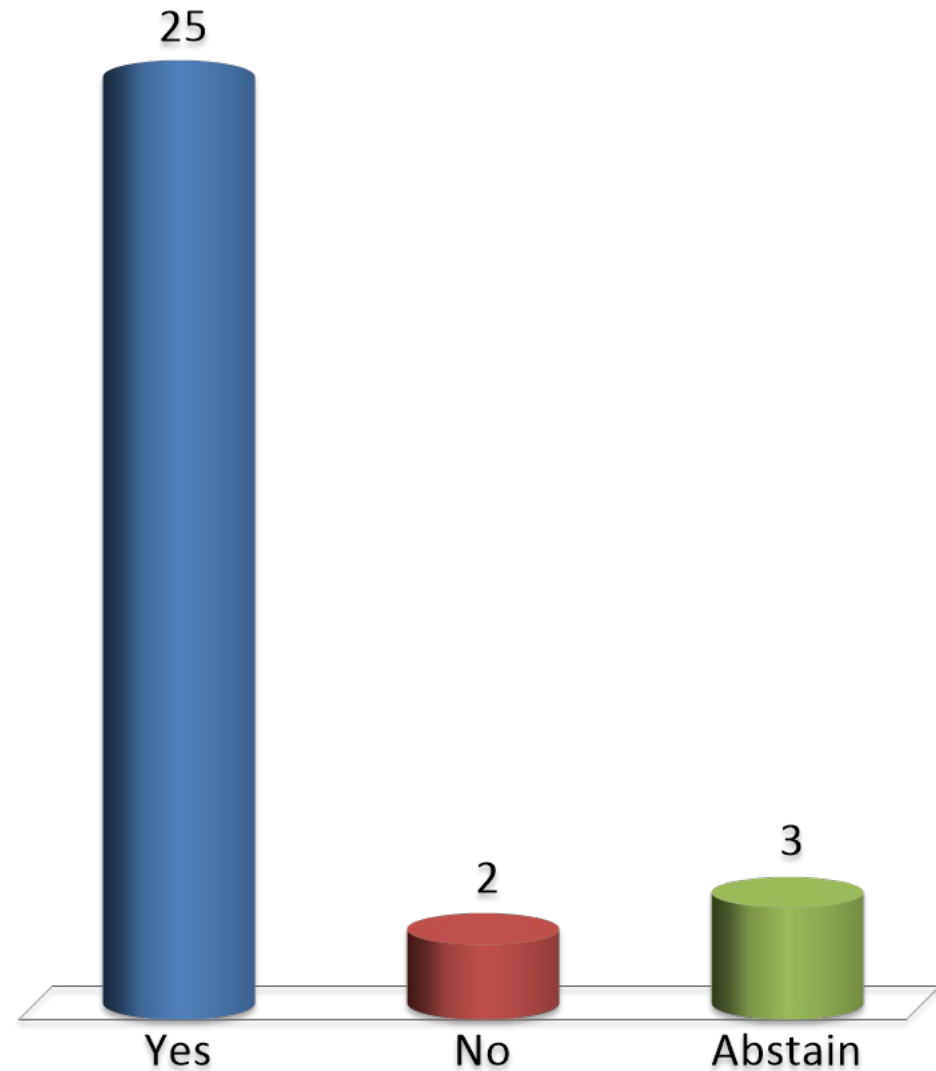
CASE WESTERN RESERVE  
UNIVERSITY

Do you approve Minutes from the November 19<sup>th</sup> meeting?

A. Yes

B. No

C. Abstain



# Steering Committee Activities Report

## Meeting Date: December 3<sup>rd</sup>, 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.



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## **Amendments Discussion from the Bylaws Committee (Darin Croft)**



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# 5-Year Review Faculty Suggestions

- Solicited by Faculty Affairs by email last fall
  - 10 suggestions received and considered
  - Responses sent to FC reps prior to May 2018 mtng.
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-Year Review Faculty Suggestions

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.

**Changes proposed to Article 3.1a**

# 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)**

# 5-Year Review Faculty Suggestions

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 recommendations 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.

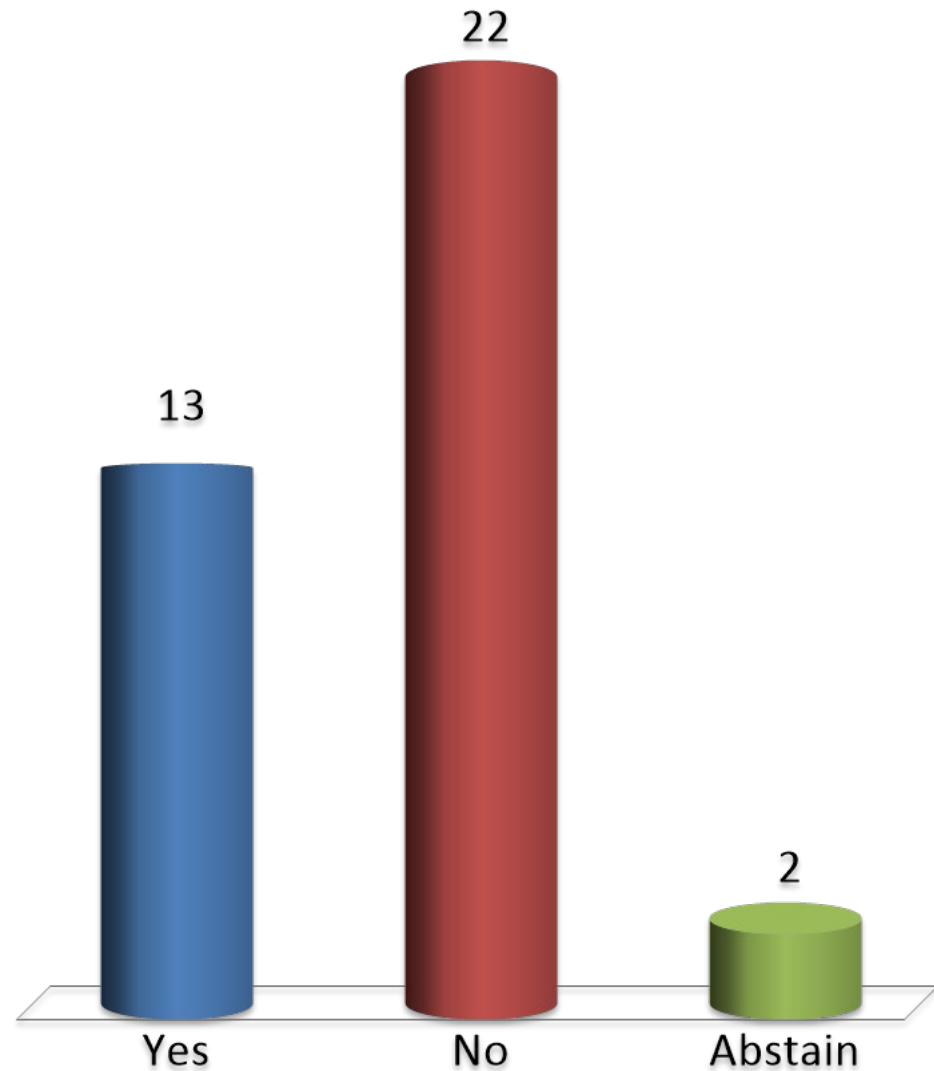
Faculty Council does ratify *ad hoc* committee membership (e.g., the one to study the affiliation agreement). Given that *ad hoc* committees are generally formed to deal with urgent situations, requiring that their agendas be reviewed by FC would slow down their work.

# 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)**



SCHOOL OF MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY



## **Report on Faculty Senate activities (Danny Manor)**



SCHOOL OF MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY

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.

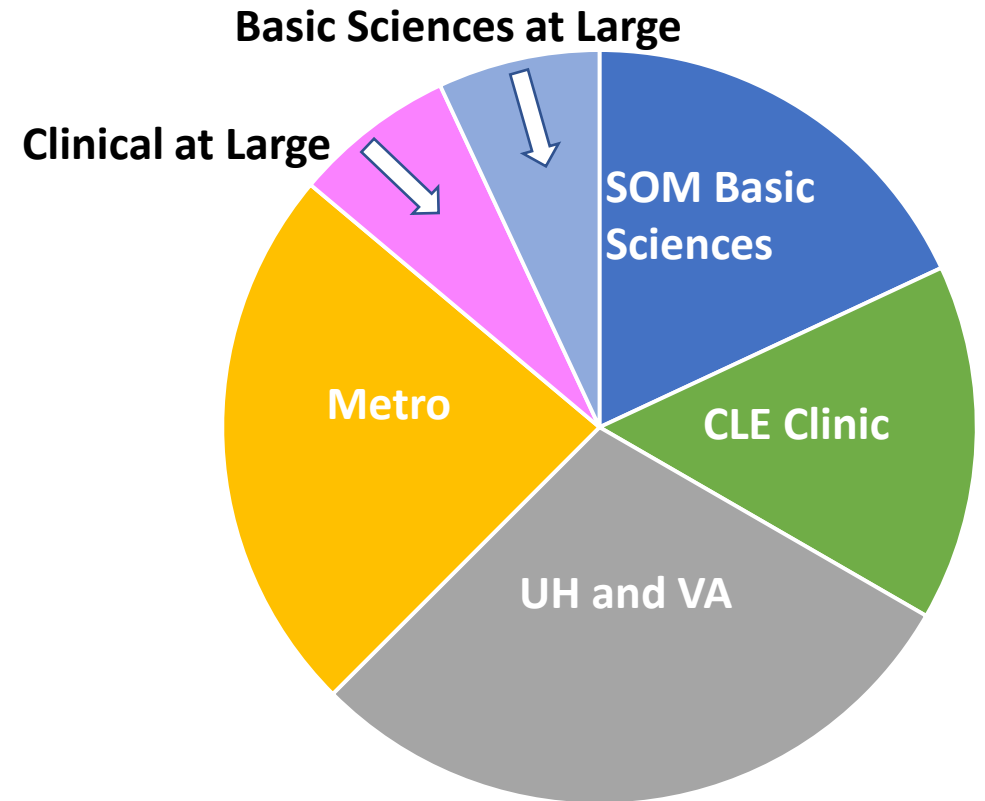
# Purpose of Faculty Council

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

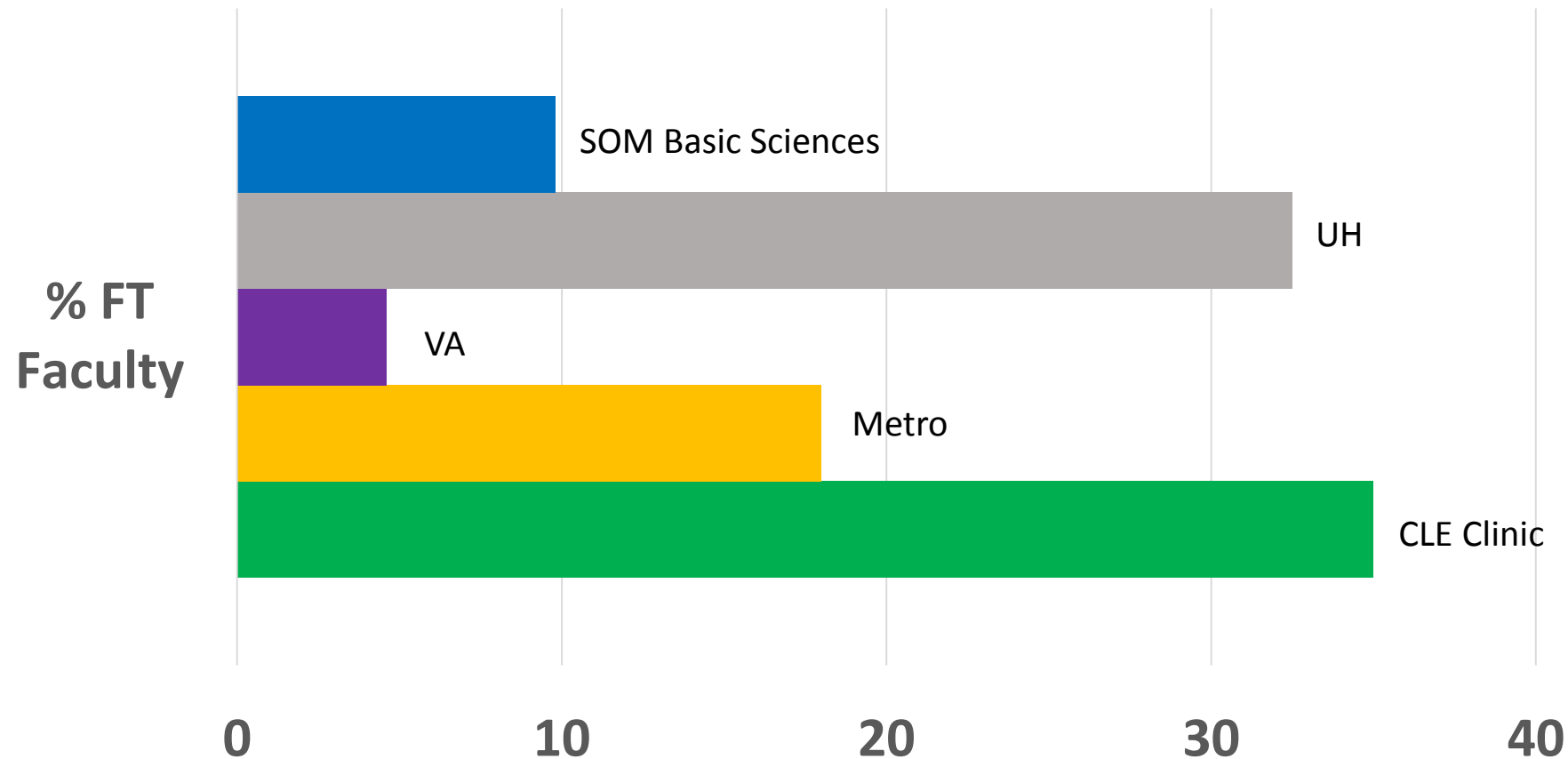
- **Current Model:** One representative per academic department; 10 at-large representatives (five Basic Sciences, five Clinical); four institutional representatives (UH, VA, Metro, CC); one past-chair.
- Total: 73 voting FC members.
- **Rationale for ad hoc Committee:**
  - Large size
  - Quorum
  - Geographic Issues

Figure 1. Percentage of Voting FC Representatives by Site

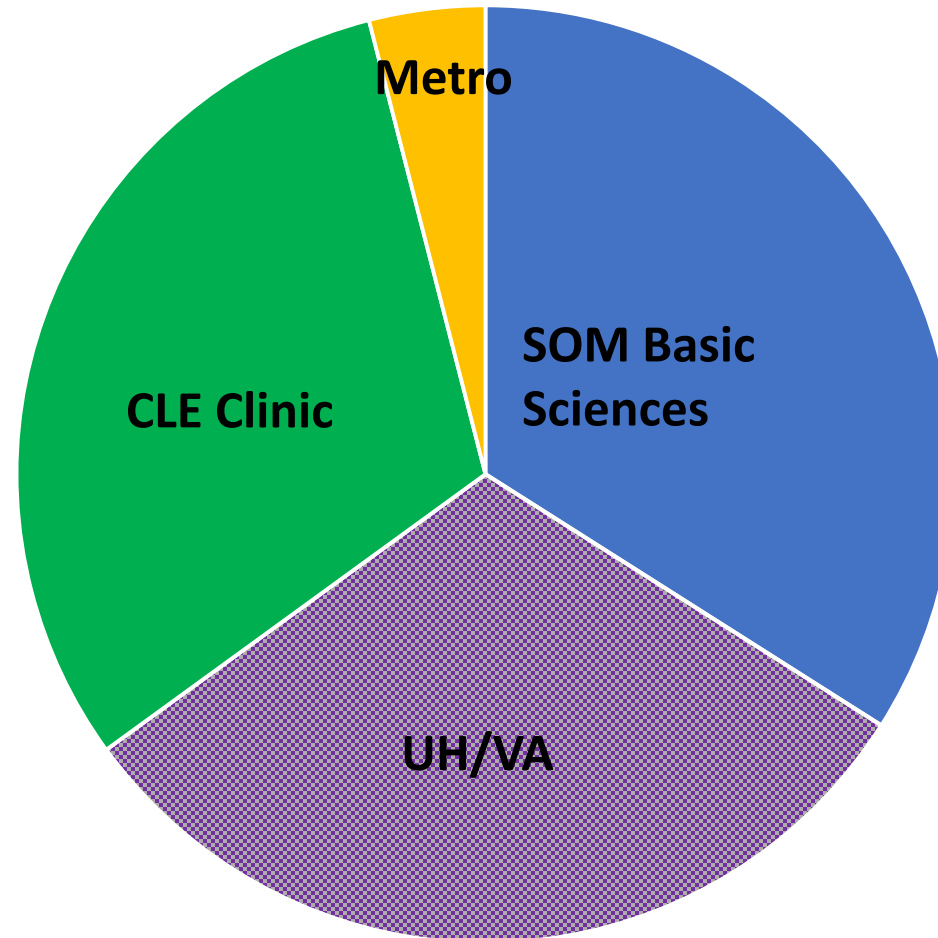


# Relevant Background

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

\*\$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 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

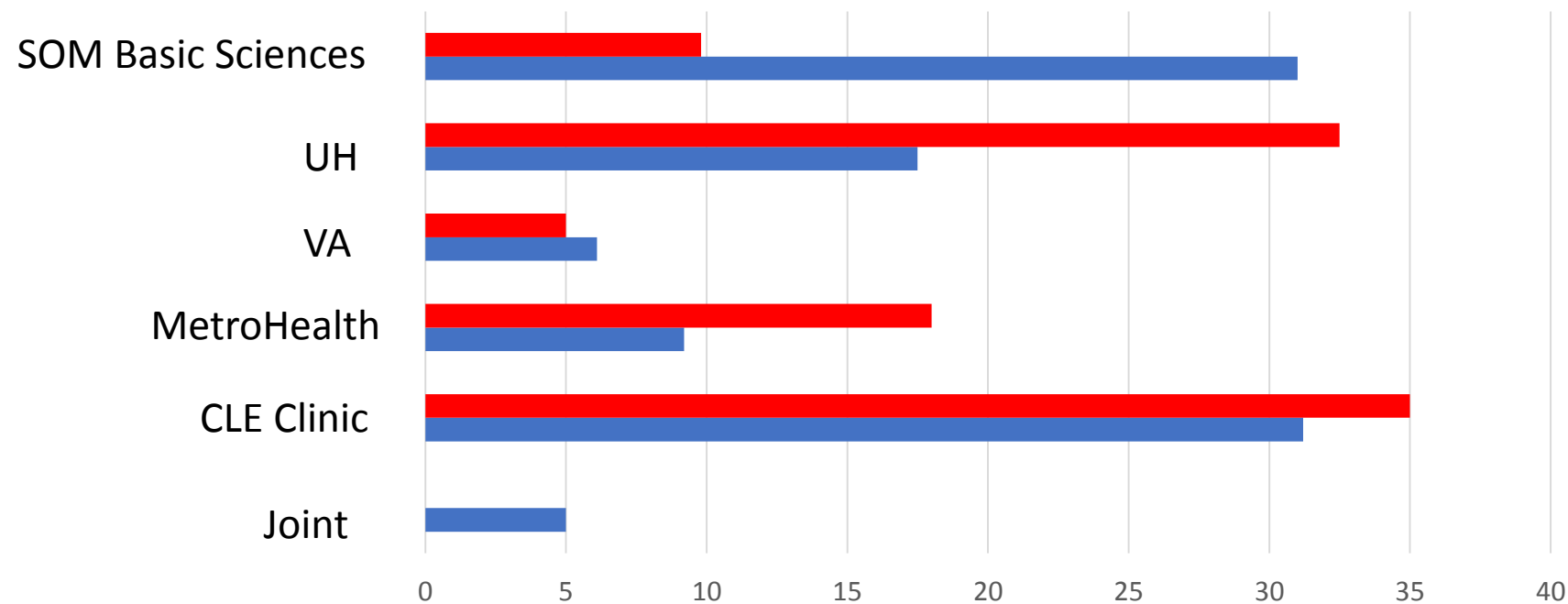
- The faculty at the VA feel they are under-represented (i.e., one Institution Representative on FC)
- VA Faculty feel that their needs are very different than UH Faculty and they feel they should not be included with UH Department Representatives
- Greater recognition of the challenges facing Hospital 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



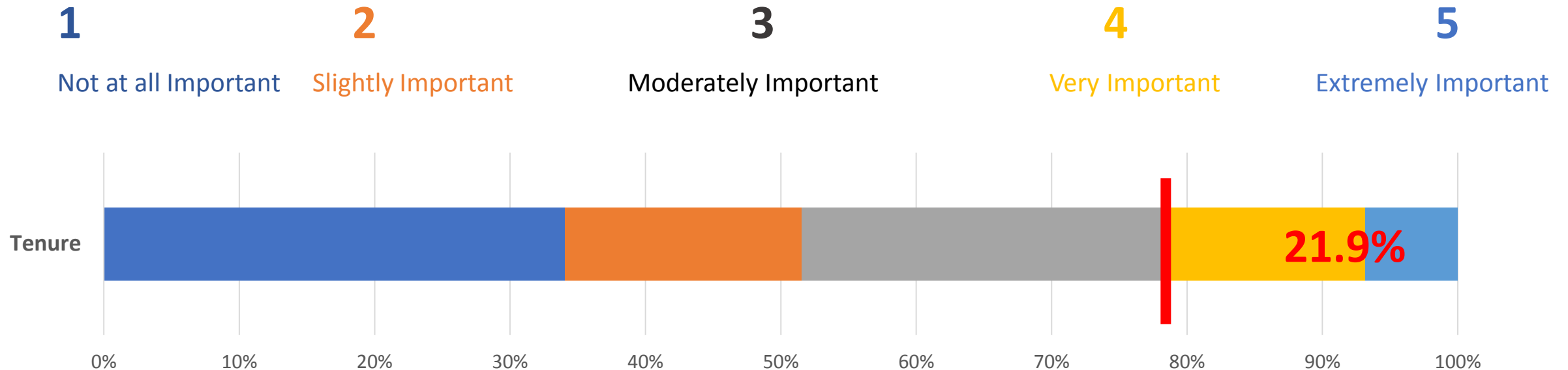
# Themes: What can FC do for you?

- 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

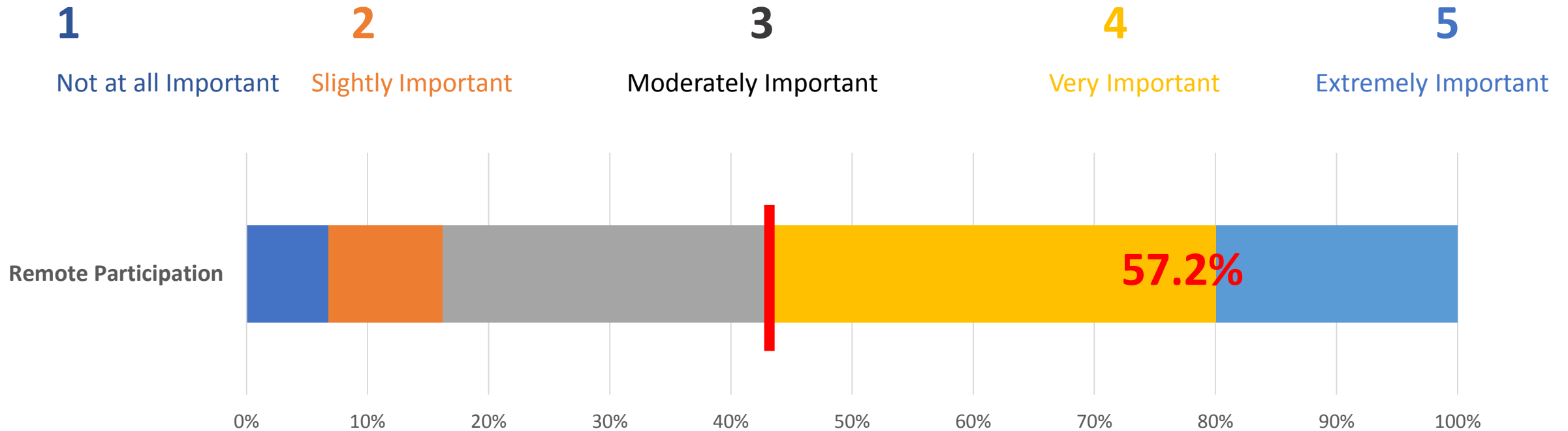
# Survey Results: Representation Principles



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

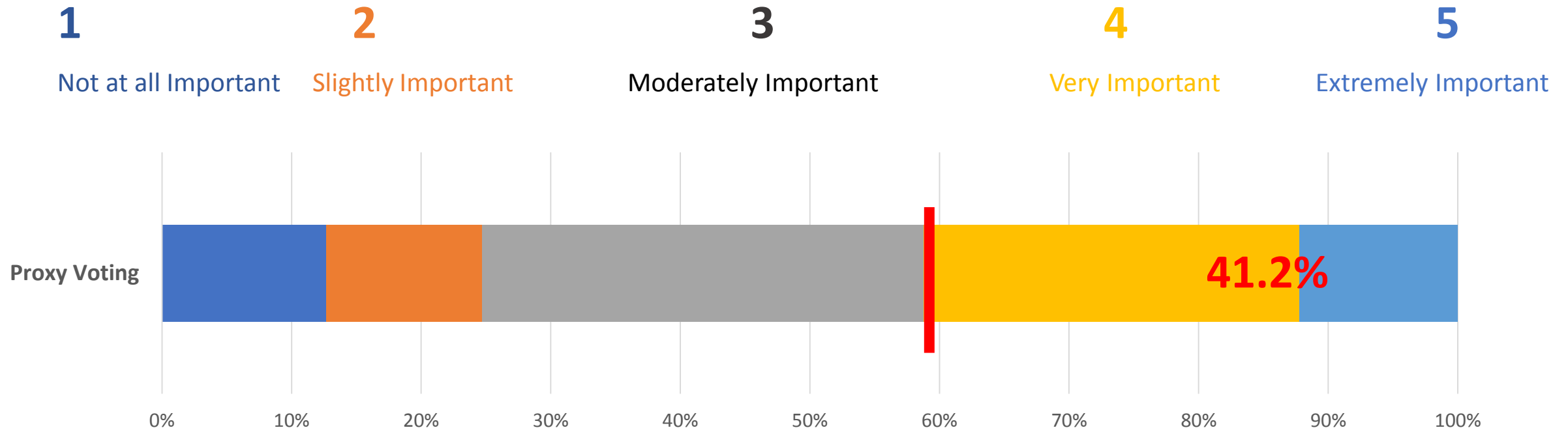
The bylaws are silent on the use of technology to allow remote attendance. Only members present during a meeting can vote (Robert's Rules)



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 conferencing)?

# Survey Results: Representation Principles

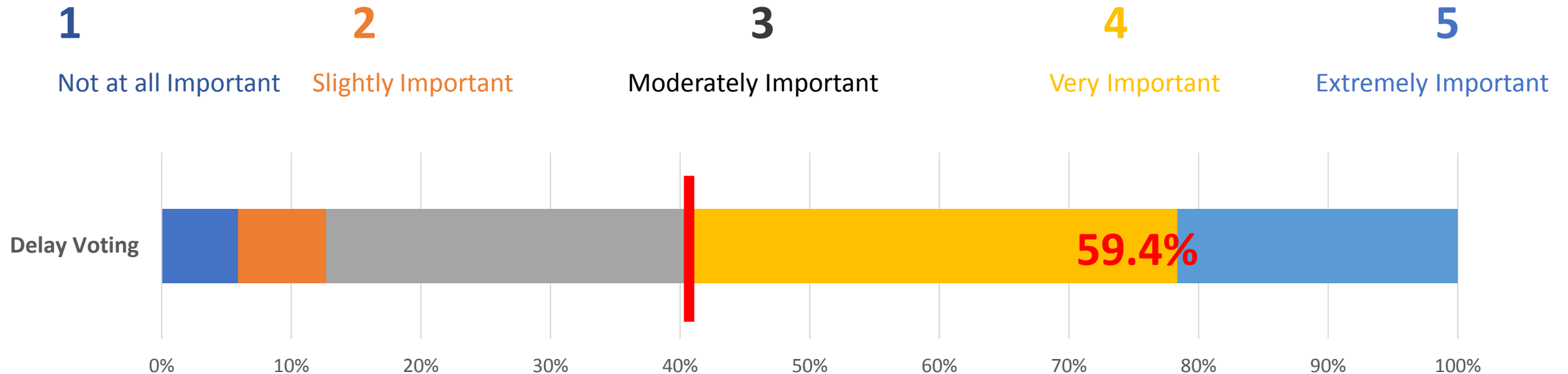
Currently not allowed in bylaws, 3.7.d



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

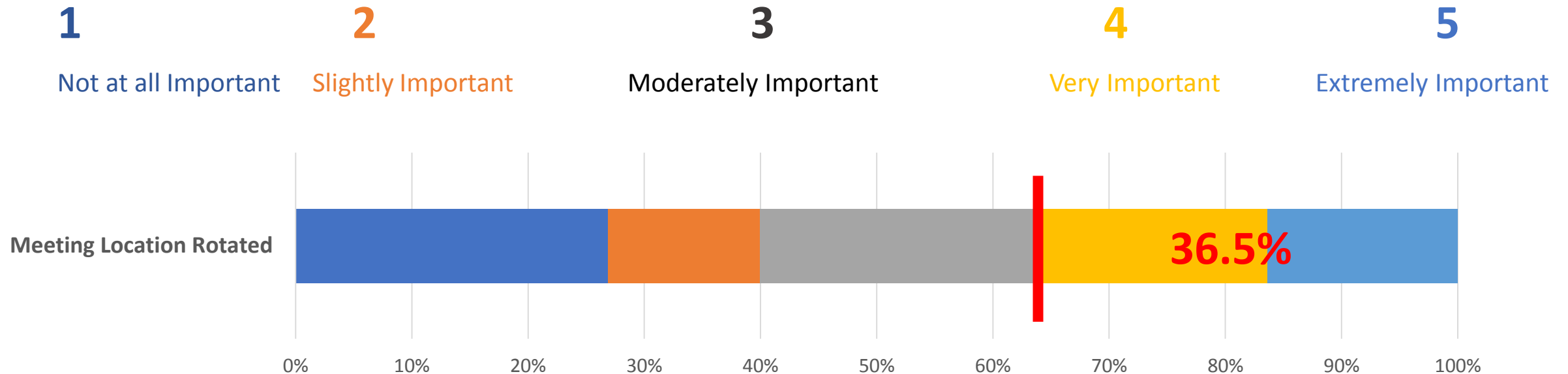
# Survey Results: Representation Principles

The bylaws are silent on this point. Only members present during a meeting can vote (Robert's Rules)



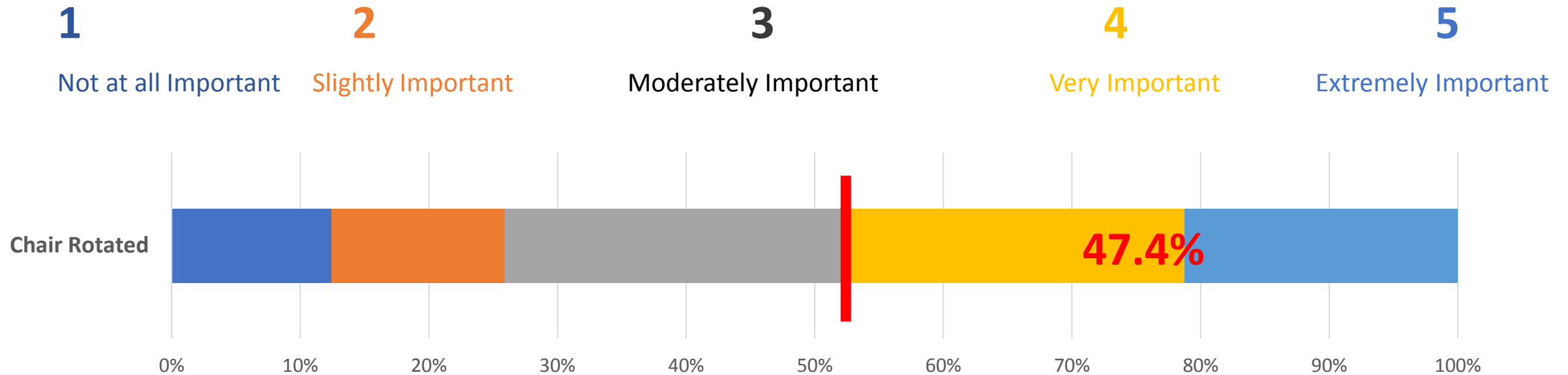
How important is it to you that Faculty Council has the option to delay voting on specific issues (e.g., keep electronic ballots open for one day) so people have time to deliberate and consult with their constituents prior to casting a vote?

# Survey Results: Representation Principles



How important is it to you that the location of Faculty Council meetings is rotated among all sites (SOM, UH, VA, Metro, CC)?

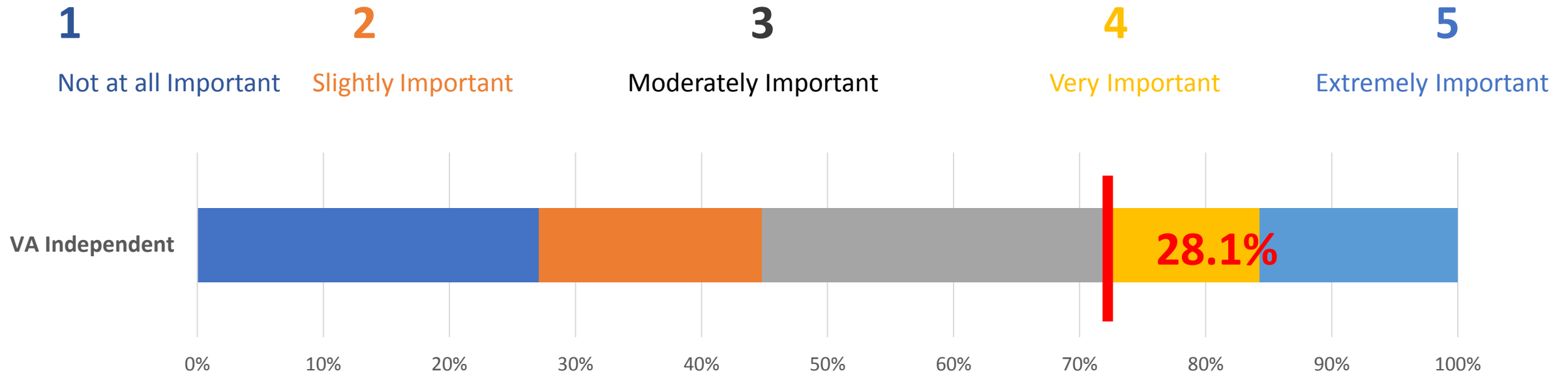
# Survey Results: Representation Principles



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?



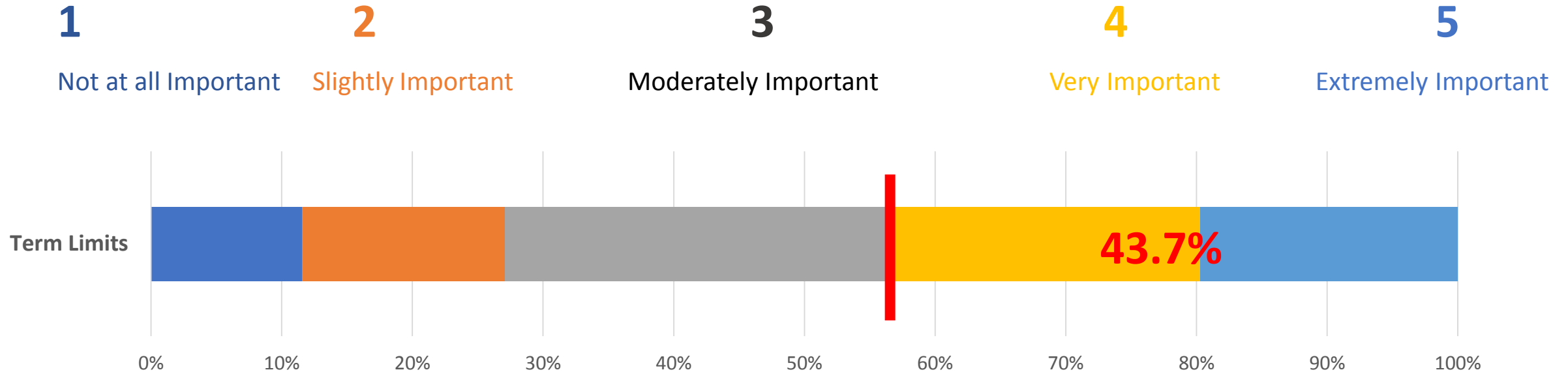
# Survey Results: Representation Principles



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?

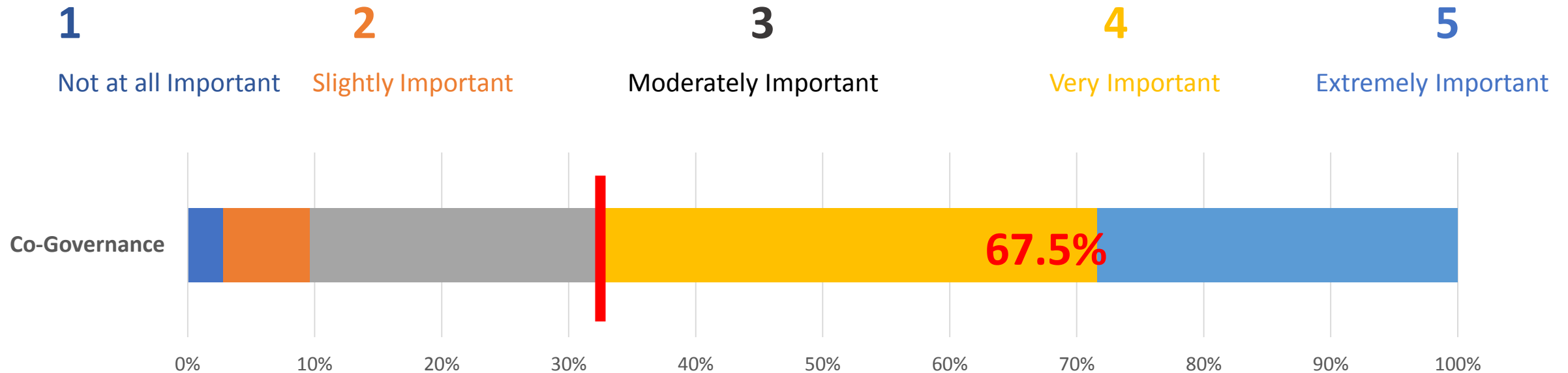
# Survey Results: Representation Principles

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).

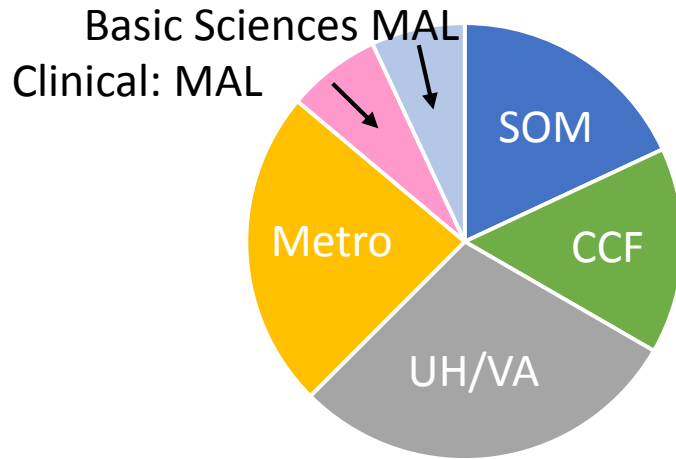
# Survey Results: Representation Principles



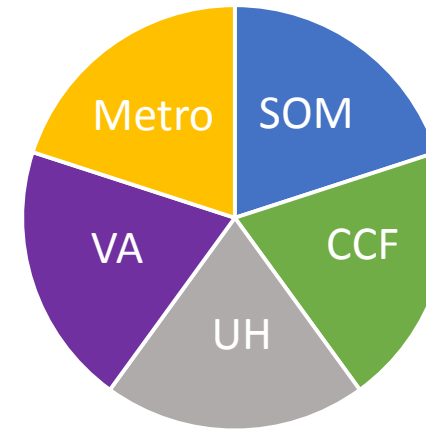
How important is it to you that Faculty Council work closely with the SOM administration in co-governance?

# Representation Models with % of Faculty by Site

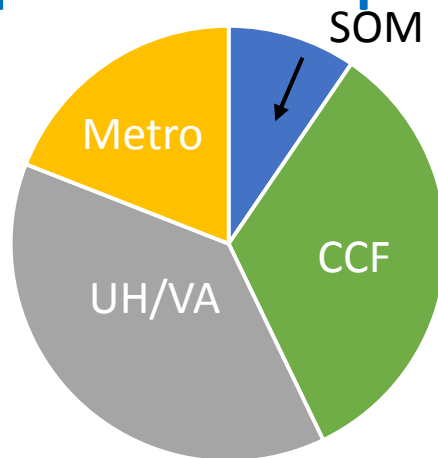
## C1. Current Model



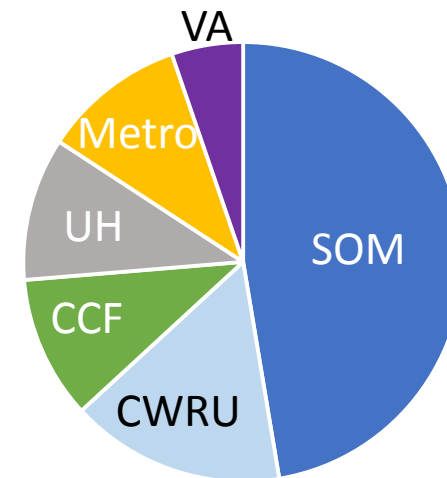
## C2. "Senate" Model: Equal Representation



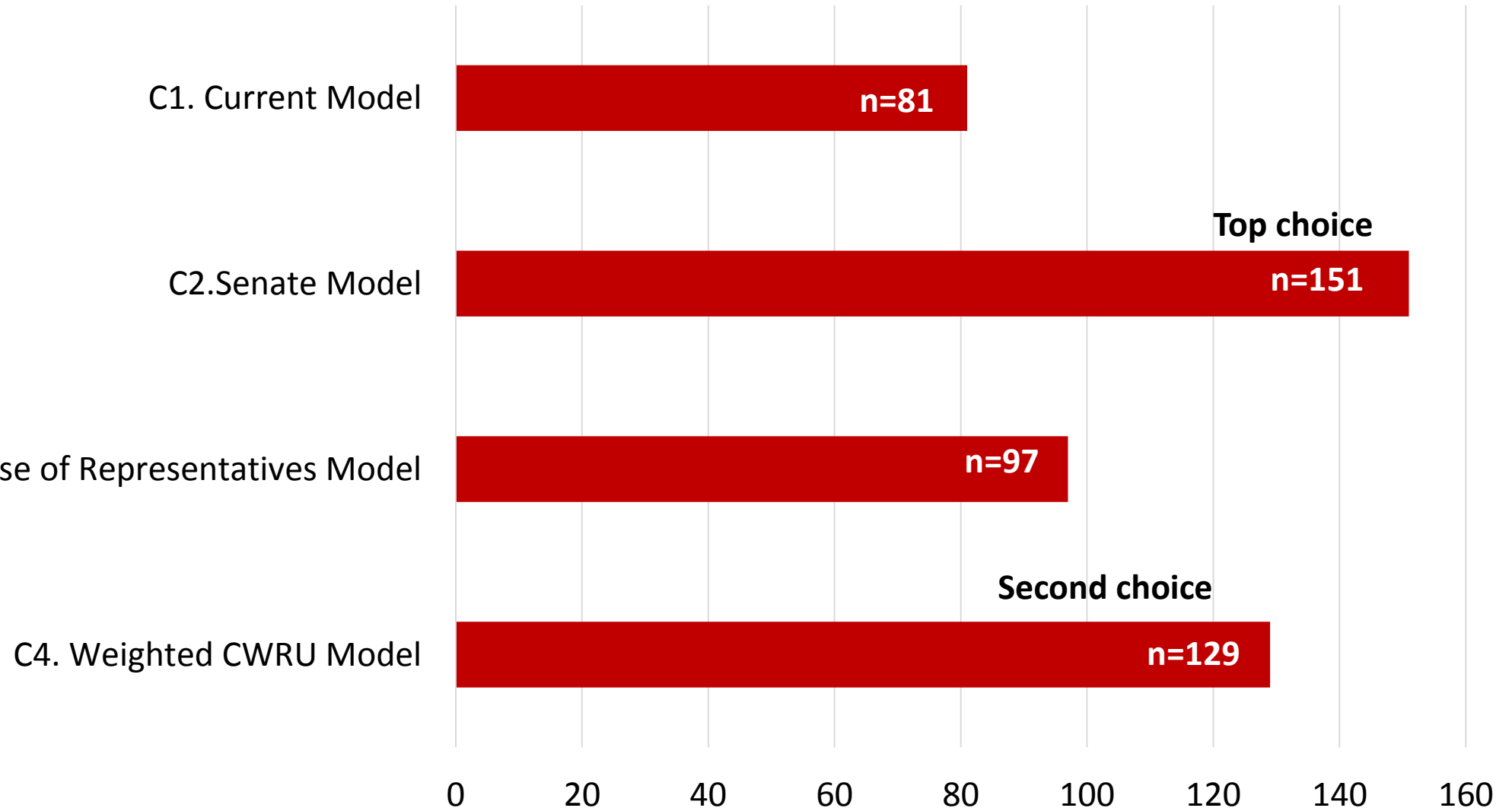
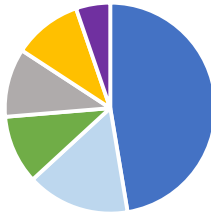
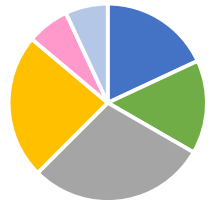
## C3. "House" Model: Proportionate Representation



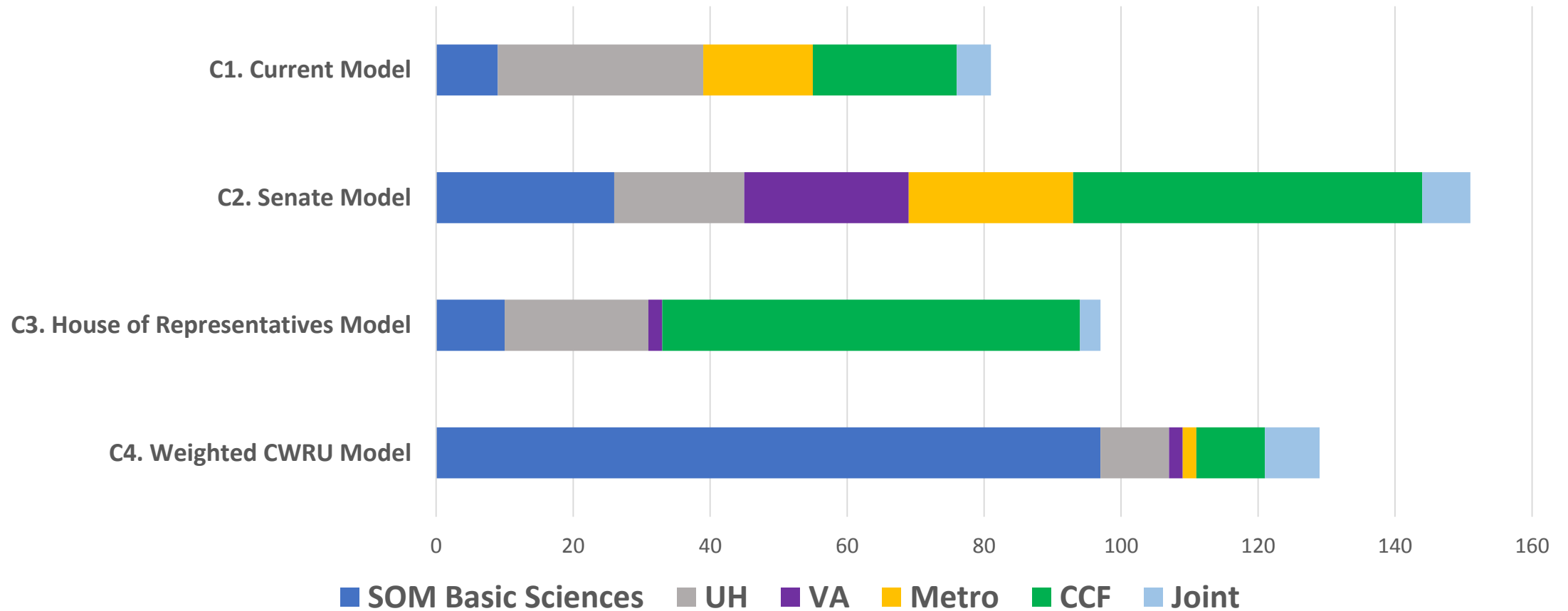
## C4. Weighted CWRU Model



# Representation Models: Number of Responses Favoring each Model.



# Representation Models: Number of Responses by Primary Site



# Preferred Models, Grouped by % of Respondents by Site

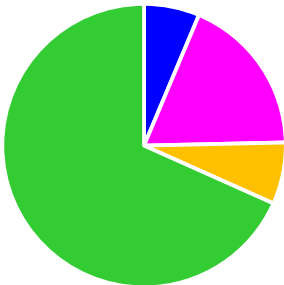
Current Model

Senate Model

House Model

Weighted CWRU Model

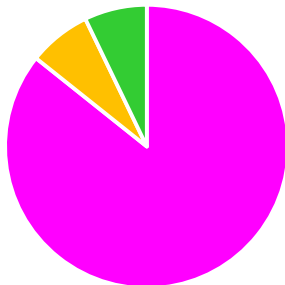
SOM Basic Sciences, n=142



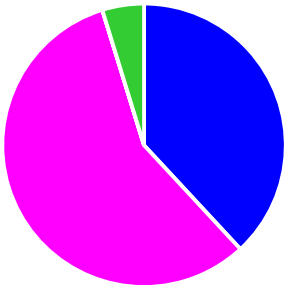
UH, n=80



VA, n=28



MetroHealth, n=42



CLE Clinic, n=143



Joint, n=23



# 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 address issues unique to their needs (e.g., compensation, proposed department mergers).

# General Recommendations

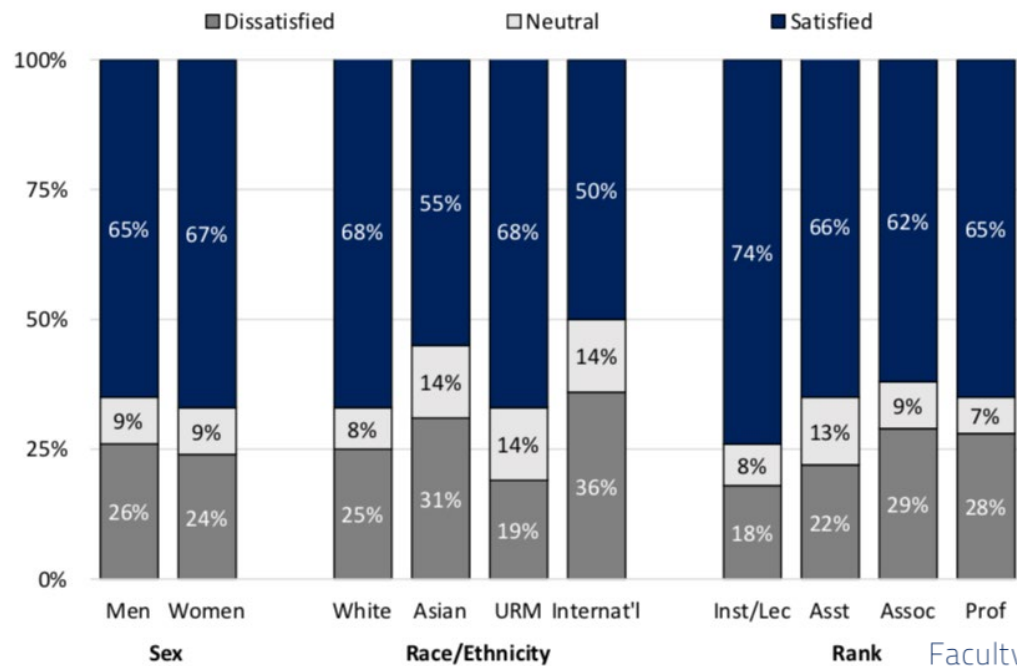
- FC shall propose recommendations to the Dean to address the challenges faced by Hospital Faculty in their work with the SOM (i.e., clinical demands, geographic)
- The individual sites determine how their representatives will be democratically elected with the goal of ensuring faculty at their site are fairly represented

# Discussion



## Faculty Climate Survey: 2018 Results

### Overall Satisfaction with being a faculty member at CWRU



Faculty Climate Survey 2018: Summary Report

### Overall Satisfaction of Faculty: CWRU vs. Peers

Overall, how satisfied are you with being a faculty member at your institution?

■ Dissatisfied  
□ Neutral  
■ Satisfied

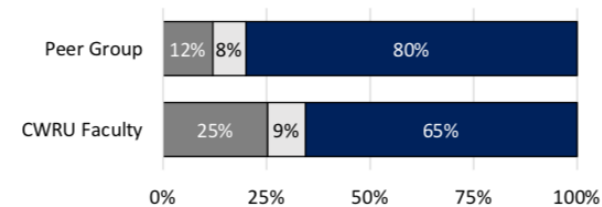


Table 5. Sources of Stress

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

To what extent have the following been a source of stress for you over the past twelve months? (Extensively)	All Faculty	CAS - A, H, SS	CAS - M, NS	DENT	ENGR	LAW	MED - Bas Sci	MED - Clinical	MGMT	NURS	ATHL	MSASS
Securing funding for research	47%	31%	51%	33%	65%	22%	64%	51%	11%	42%	n/a	43%
Departmental or campus politics	36%	35%	16%	64%	18%	20%	38%	45%	47%	29%	20%	28%
Scholarly productivity	34%	28%	36%	36%	31%	35%	39%	30%	40%	45%	0%	27%
Clinical responsibilities	27%	10%	n/a	25%	n/a	n/a	15%	41%	13%	7%	33%	n/a
Managing a research group or grant (e.g., finances, personnel)	26%	19%	32%	14%	30%	20%	28%	25%	15%	35%	n/a	27%
Review/promotion process	25%	27%	27%	38%	18%	36%	21%	22%	20%	40%	14%	14%
Childcare	21%	29%	14%	18%	23%	23%	18%	21%	26%	11%	36%	14%
Care of someone who is ill, disabled, aging, or in need of special services	20%	23%	28%	7%	21%	29%	20%	17%	23%	29%	10%	13%
Managing household responsibilities	20%	22%	28%	10%	16%	20%	19%	21%	21%	14%	31%	15%
Teaching responsibilities	17%	17%	25%	19%	19%	40%	14%	4%	30%	28%	6%	12%
Committee and/or administrative responsibilities	16%	18%	14%	20%	11%	26%	20%	10%	21%	16%	0%	17%
Cost of living	12%	21%	15%	16%	2%	25%	12%	8%	5%	11%	24%	3%
Timing of departmental meetings and functions	10%	10%	8%	16%	6%	17%	8%	12%	2%	17%	6%	3%
Advising responsibilities	10%	12%	12%	4%	7%	22%	9%	5%	6%	16%	11%	12%
Your health	8%	10%	10%	7%	6%	21%	11%	6%	5%	4%	20%	3%

Table 1. Response Rates by School

School/Division	Total Sample	Survey Responses	Response Rate
Arts & Sciences - Arts, Humanities, and Social Sciences	208	138	66%
Arts & Sciences - Math and Natural Sciences	117	63	54%
Dental Medicine	75	58	77%
Engineering	138	59	43%
Law	46	20	43%
Management	74	43	58%
Medicine (Basic Sciences)	472	124	26%
Medicine (Clinical)	2,102	171	8%
MSASS	41	37	90%
Nursing	96	61	64%
Physical Education & Athletics	28	17	61%
<b>Total</b>	<b>3,397</b>	<b>791</b>	<b>23%</b>
Total excluding Clinical Medicine	1,295	620	48%

## Faculty Climate Survey 2018: Addendum for Medicine and Arts and Sciences

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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.

School/Division	Total Sample	Survey Responses	Response Rate
Arts, Humanities, and Social Sciences	208	138	66%
Math and Natural Sciences	117	63	54%
Dental Medicine	75	58	77%
Engineering	138	59	43%
Law	46	20	43%
Management	74	43	58%
Medicine (Basic Sciences)	472	124	26%
Basic Sciences (Excluding Mo Medicine)	342	118	35%
Medicine (Clinical)	2,102	171	8%
MSASS	41	37	90%
Nursing	96	61	64%
Physical Education & Athletics	28	17	61%
<b>Total</b>	<b>3,397</b>	<b>791</b>	<b>23%</b>
Total excluding Clinical Medicine	1,295	620	48%

Table 1. Response Rates by Adjusted Group

Adjusted Group	Sample	Responses	Response Rate
Medicine – Basic Sciences	248	112	45%
Medicine – Clinical	2,102	171	8%
Math and Natural Sciences	117	63	54%
Arts and Humanities	154	102	66%
Social Sciences	54	36	67%

*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.

## Default Question Block

**CWRU/School of Medicine: Survey on Membership Structure of Faculty Council - DUE 11/23/2018.**

### 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
- ☐

- ☒ Moderately important
- ☐ Very Important
- ☐ Extremely important

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)?

---

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

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

---

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

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?

---

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

How important is it to you that the location of the Faculty Council meetings is rotated among all sites (SOM, UH, VA, Metro, CC)?

---

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

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?

---

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

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.

Institution	Number of Full-Time Faculty	% of Total Full-Time Faculty	Number of Academic Departments	% of Academic Departments
SOM "basic sciences"	277	9.8%	13	22.4%
Cleveland Clinic	991	35.0%	10* (more in approval process to be commensurate with UH/VA and Metro)	17.2%
VA	130	4.6%	19 (UH and VA currently combined)	32.8%
UH	920	32.5%		
Metro	510	18.0%	16	27.6%
Total:	2828	100%	58	100%

---

Click on your preferred model:

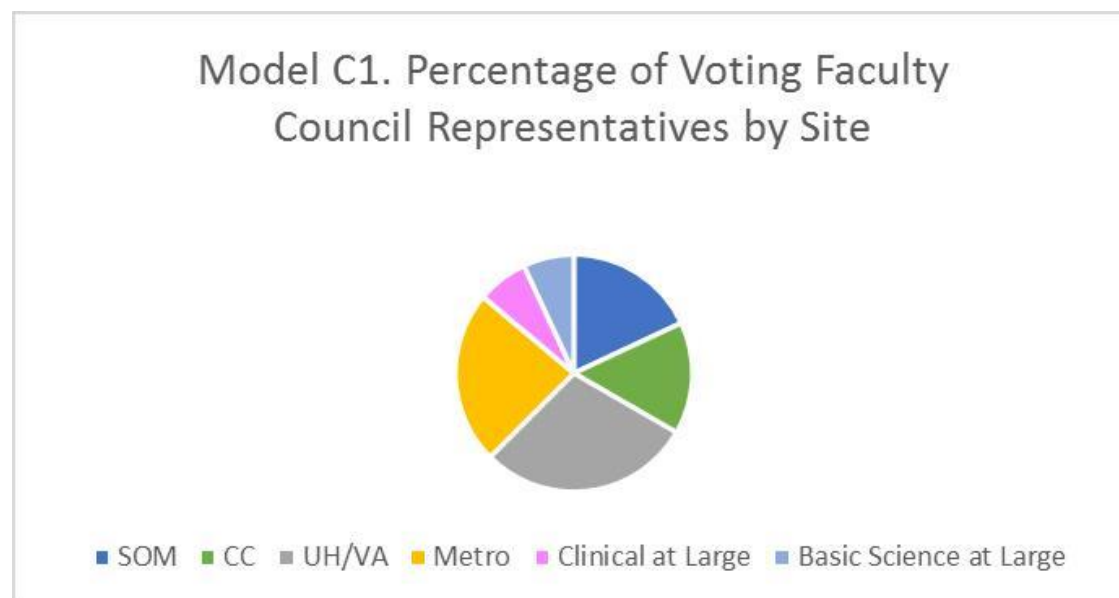
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☒ **C1. Current FC structure.**

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.**



SOM Basic Sciences= 13 Department; CC=10 Department+1 Institution; VA/UH=19 Department + 2 Institution; Metro = 16 Department + 1 Institution; Clinical at Large = 5 spread throughout the teaching hospitals; Basic Science at Large = 5

☐ **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.**

## Model C2. Percentage of Voting Faculty Council Representatives by Site



### C3. Proposed: Proportional model (Like the U.S. House of Representatives).

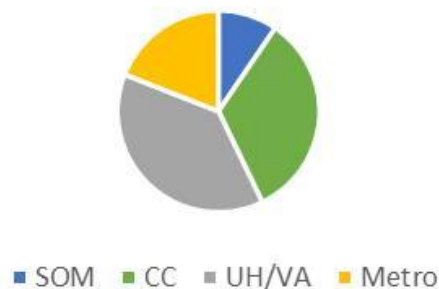
Principal mechanism: Number of representatives based on number of faculty from each institution; one past-chair.

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**

## Model C3. Percentage of Voting Faculty Council Representatives by Site



### 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**

## Model C4. Percentage of Voting Faculty Council Representatives by Site



■ SOM ■ CWRU/UH ■ CC ■ UH ■ Metro ■ VA

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)**

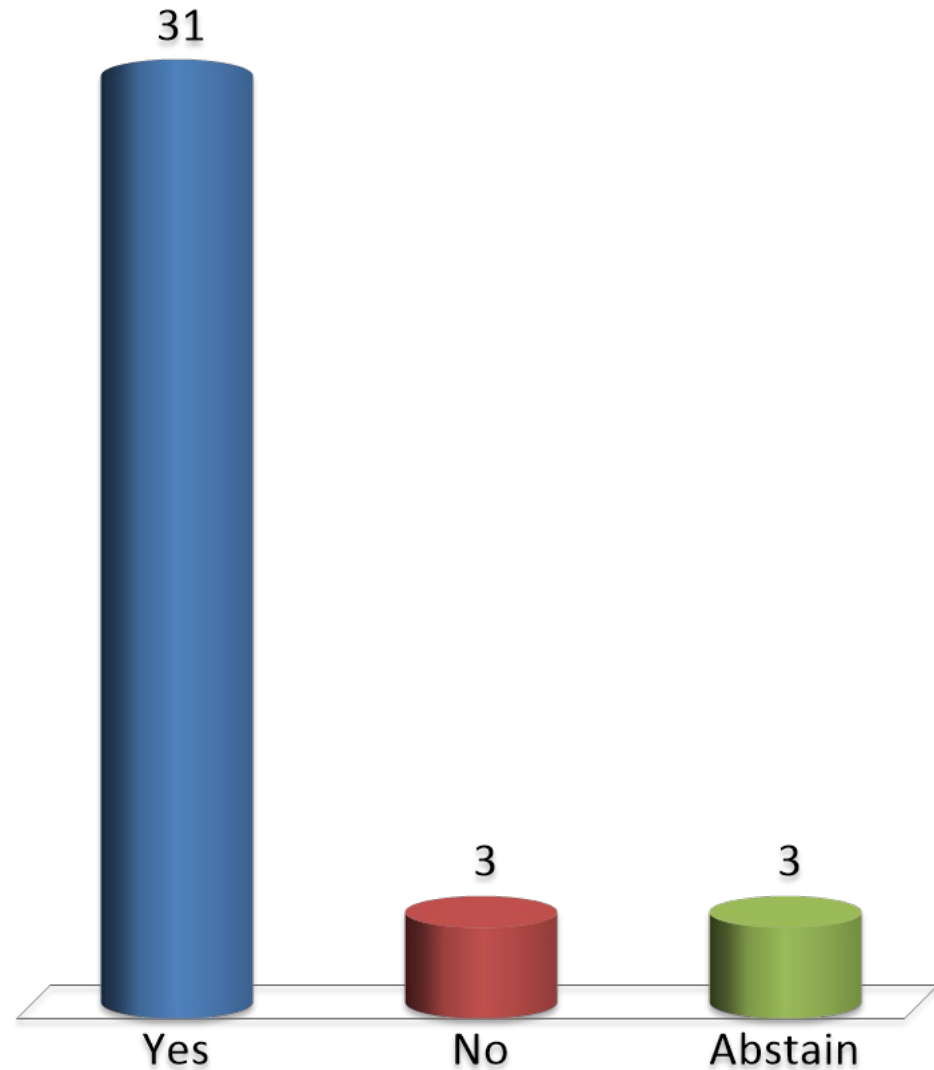


SCHOOL OF MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY

# Do you approve the CBR's new charge

- A. Yes
- B. No
- C. Abstain



## **Presentation of Ad Hoc committee's report (Cynthia Kubu)**



SCHOOL OF MEDICINE

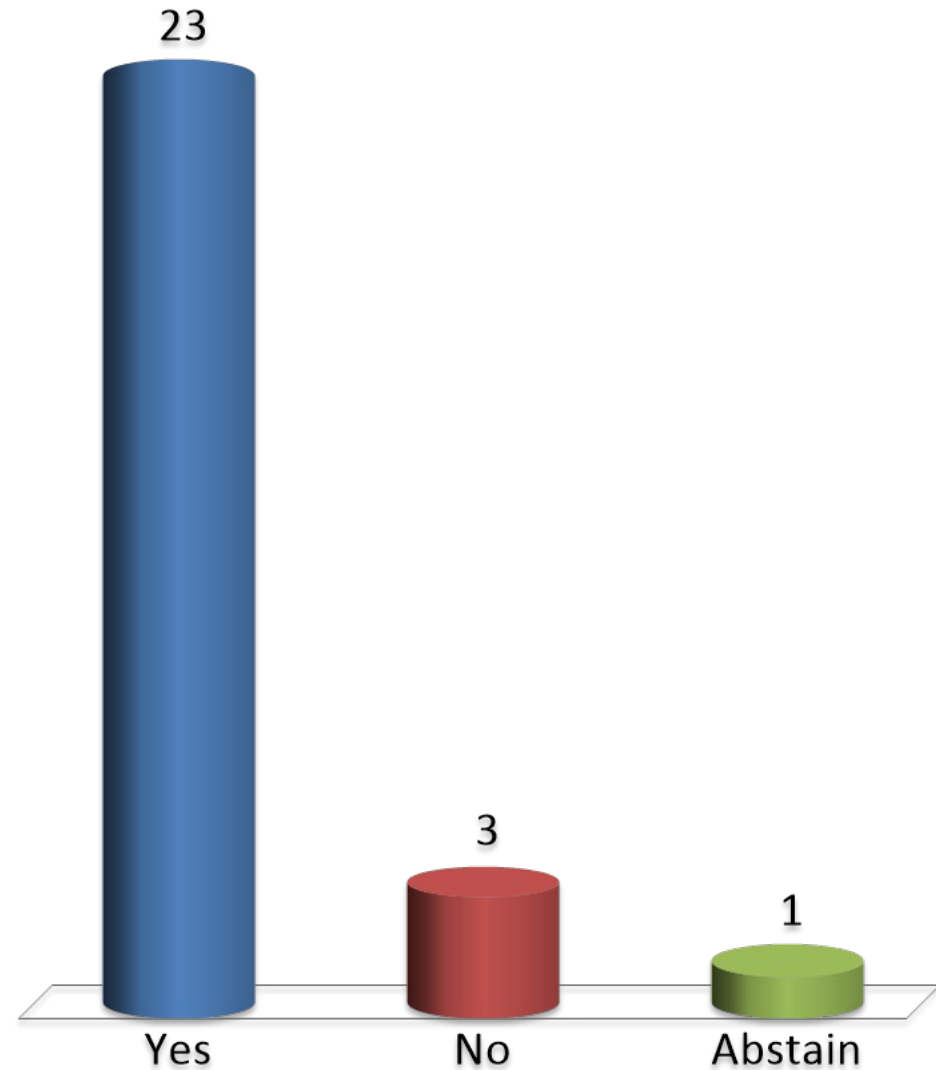
CASE WESTERN RESERVE  
UNIVERSITY

Do you approve the accept the Ad hoc Committee's report

A. Yes

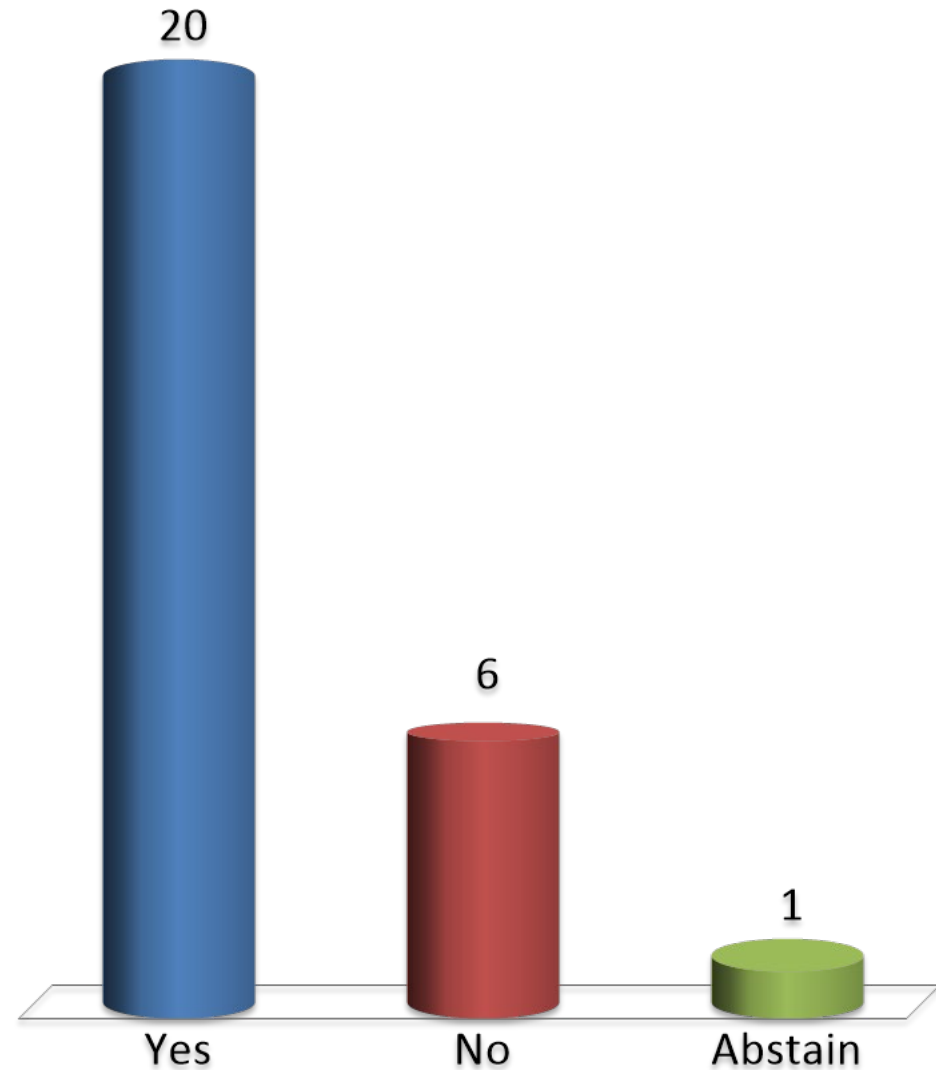
B. No

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



SCHOOL OF MEDICINE

CASE WESTERN RESERVE  
UNIVERSITY

**Faculty Council Meeting**  
**Draft Meeting Minutes**  
Monday, November 19, 2018  
4:00-5:30PM – BRB 105

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

**Members Present**

Corinne Bazella  
Tracey Bonfield  
Robert Bonomo  
David Buchner  
Cathleen Carlin  
Sudha Chakrapani  
Shu Chen  
Gary Clark

Judith French  
Monica Gerrek  
Sherine Ghafoori  
Beata Jastrzebska  
Hung-Ying Kao  
Stathis Karathanasis  
David Katz  
Varun Kshetry

Vincent Monnier  
Nimitt Patel  
P. Ramakrishnan  
Ben Roitberg  
Satya Sahoo  
Scott Simpson  
Phoebe Stewart  
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
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**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



1 revised affiliation agreements. All faculty should have received an email on October 16  
2 announcing the MOU and outlining the steps that are being taken to further support biomedical  
3 research in the two institutions and lay out a better path of affiliation and teamwork. It releases  
4 the SOM from a number of financial obligations e.g. the obligation to pay all cost of research in  
5 UH clinical departments.

6  
7 From the time the MOU was initially signed until July 2018, CWRU paid for all of the  
8 unfunded faculty currently in UH clinical departments who are 100% CWRU employed. Now  
9 the two institutions have agreed to jointly support PhD research investigators with appointments  
10 in clinical departments of UH. This support will total \$2 million for PhDs and the amount  
11 will be escalated for inflation each year, be retroactive to July 1, 2018, and budgeted by the SOM  
12 for this fiscal year. This represents 2/3 of unfunded PhD salaries.

13  
14 Additionally, CWRU and UH have agreed to share support. Specifically, UH is to provide  
15 research merit pay up to \$3 million for each year for faculty currently on the roster and duly  
16 employed, and who have not received CWRU compensation beyond that coming from their  
17 grants. Terms of research merit pay will be released as soon as available.

18  
19 There have been other modifications in the MOU. The SOM and UH have agreed to work  
20 together and establish a framework to jointly coordinate recruitment efforts for research faculty  
21 (scientist and physician-scientist) in the SOM's academic clinical departments based at UH  
22 CMC. Current advisory council faculty based at UH and the SOM will act as a forum to explore  
23 mutual opportunities including research activities and then make recommendations to CWRU  
24 and UH leadership. This is a very positive step forward, and as a result of the recent agreement,  
25 we fully expect additional collaborations and partnerships to result, which will advance future  
26 research efforts.

27  
28 The question was asked if the Dean could be more specific as to what that means for a PhD who  
29 is basically fully employed by UH but received tenure -- what will that tenure document say as to  
30 what the commitment of the university is? PhDs fully employed by UH, while not many, have  
31 been hired since the new affiliation agreement. There is a side letter dealing with the tenure  
32 commitment made by UH in terms of salary support.

33  
34 This is meant to be a step in the right direction. The affiliation agreement requires a 2-year  
35 notice before it can be discontinued. As a rolling process, if UH should decide to discontinue it  
36 we have two years of support to decide how to do this.

### 37 38 **Presentation on New BME Department-CCLCM (Gene Barnett)**

39 Gene Barnett explained that a proposal has been submitted to create the Basic Sciences  
40 Academic Department of Biomedical Engineering (BME) at CCLCM of Case Western Reserve  
41 University. When CCLCM was created, Biomedical Engineering was originally placed within  
42 the Department of Molecular Medicine. The Academic Chair of this new CCLCM Biomedical  
43 Engineering Department would be D. Geoffrey Vince, PhD., the same person who is the Clinical  
44 Chair of Biomedical Engineering in the Lerner Research Institute at Cleveland Clinic.

1 There are 45 Researchers and 26 with joint appointments in the Biomedical Engineering  
2 Department who teach under-grads, medical students, residents, and fellows from CCLCM,  
3 CWRU, other institutions and foreign institutions. This proposal comes at the request of Dean  
4 Pamela Davis with the full support of Dean James Young, is significantly robust and warrants  
5 being recognized, and offers SOM department alignment with other institutions.

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

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

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

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

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

33 Today's quorum is 26.

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

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

45 Two other courses, BIOC 501 is a didactic class that presents experimental design, covers the  
46 principles behind common experimental techniques, and covers the principals of designing

1 experiments, record keeping, and data analysis. BIOC 511 presents information about the  
2 organization and practices in biotechnology research, product development and the biotech and  
3 pharmaceutical industry.

4  
5 All four of these courses have been approved. 500, 501 and 511 are being offered for the first  
6 time in the fall 2018 semester with enrollments of 9, 16 and 9 respectively.

7  
8 Biochemistry Department faculty members undertook a “listening tour” among biotech  
9 organizations in Cleveland. The course was used in spring as a tool to recruit new students and  
10 was an aid in getting students signed up. We feel that we will be able to meet targets and cover  
11 startup costs without too much difficulty. The investment required to get the lab courses started  
12 has been endorsed by Dean Matthew Lester and Dean Pamela Davis.

13  
14 This is not a master’s program. Several others that include biotechnology are focused more on  
15 entrepreneurship and relatively light on courses that prepare people for work in the biotech  
16 sector. There are some other courses that sound similar but have not been offered for several  
17 years. On paper, there is overlap, but it is relatively small.

18  
19 If there are not enough biotech companies in Cleveland for internships, we will certainly offer  
20 the opportunity to work outside of Cleveland. Some of those internships will be involved in  
21 working in university laboratories. There is a lot of interest from local industry in taking up our  
22 graduates. One of the local companies plans to hire 150 new employees and is very interested in  
23 our people because they get to test drive an internship.

24  
25 A motion was made and seconded to approve the proposal to create an Experimental  
26 Biotechnology Track in the Biochemistry MS (Plan B) Program. Since there was no further  
27 discussion on this topic, a vote was taken. 31 were in favor, 1 was opposed, and 1 abstained. The  
28 motion passes.

29  
30 **Review of Robert’s Rules of Order (Nicole Deming)**

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

35  
36 The FCSC considered this argument and recognized it was a procedure of error; no point of order  
37 was raised on the floor. To move forward by striking a middle ground, FCSC decided to move  
38 forward with the bylaws amendment and they voted to bring Article 3 back for discussion.

39  
40 To facilitate this process, Nicole Deming was asked to provide a brief overview of Robert’s  
41 Rules of Order.

42  
43 The Faculty Council Chair has the responsibility to ensure that each side is allowed to give their  
44 opinion. Faculty Council representatives must make their statements to the Chair rather than to  
45 each other. The rights of all members are to be respected. While every member is provided an  
46 opportunity to voice their opinion, it is the majority that gets to act. The Chair decides all

1 questions of order. After the Chair makes a motion, a member of Faculty Council can appeal.  
2 Faculty Council gets to decide these actions.

3  
4  
5 After the Chair makes a ruling, if a member is not in agreement, the chair's decision can be  
6 appealed and seconded. It then goes to Faculty Council for a vote. For an order from the floor to  
7 happen, it must be made at the time of the ruling. If any other business has intervened, the  
8 opportunity is lost.

9  
10 To make a motion, the representative raises a hand and waits to be recognized by the Chair. The  
11 motion then has to be seconded. The Chair has to state the motion. If another motion is on the  
12 table or if the motion is unclear they can clarify the motion. Once the motion is repeated, the  
13 Chair opens the floor for discussion. Everyone must have the opportunity to be recognized once  
14 before someone is recognized twice. If there is a subsidiary motion on the table to amend the  
15 motion, the motion to amend must be considered before the main motion may be voted on.  
16 Nicole Deming has a chart that she will send to Faculty Council to ensure the rules are known to  
17 all members.

18  
19 If we have a dissenting opinion to one of the proposed changes/paragraphs in the bylaws, if there  
20 is a motion to consider, or after a motion is presented, a motion may be made to reject the  
21 amendment. There can be discussion on the main motion, but if the majority reject it, then it's  
22 done.

23  
24 If there is a motion, and it is seconded, and this happens before the Chair calls the question, and  
25 states the question before opening up for debate, the original person who made the motion, or  
26 someone in the membership, can ask for it to be rephrased. This has to occur before the question  
27 is stated. If stated, then there must be a motion to amend.

28  
29 Members can vote to postpone to a certain time or to amend. Debate can be ended, and a motion  
30 made to vote immediately. You cannot interrupt the speaker but have to be recognized by the  
31 Chair. It does need to be seconded, is not debatable, but need 2/3 vote to end debate.

32  
33 Members have the opportunity to end the debate if they have the overwhelming support of their  
34 colleagues. The decision made last meeting did not follow Robert's Rules of Order, but a  
35 majority approved the motion and the matter was not objected to promptly. In terms of  
36 parliamentary procedure, and strict adherence, the time to object on the motion is past and the  
37 motion stands.

38  
39 FCSC tried to create a compromise by highlighting those proposed amendments to Article 3 that  
40 did not overlap with the ad hoc committee's charge.

41  
42  
43 What happens here today will determine the agenda that FCSC will approve at its December  
44 meeting. When the Faculty Council voted to create the Ad Hoc Committee to review Faculty  
45 Council Membership, one of the obligations was to report in December, per their charge, on what  
46 it has been doing. Dr. Kubu said they would meet this deadline.

1  
2 **Bylaws Presentation (Darin Croft)**

3 The Bylaws Committee have been doing the 5-year review for the last year. An amendment of  
4 the bylaws may be proposed by majority vote of the Faculty Council, by the dean, or by written petition  
5 of 20 or more faculty members. Ultimately, it goes before the entire faculty to become part of the  
6 bylaws.  
7

8 Proposed changes under discussion include some substantive issues that engender SOM debate  
9 and discussion, cross references, and trivial changes e.g. grammatical areas. There was no more  
10 than one major change in any section.  
11

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

13 3.1 – major substantive change that Faculty Council shall serve as the SOM Executive  
14 Committee of the faculty of medicine...corrected the name for the Committee on Students.  
15

16 What is the Faculty Council Steering Committee responsible for? As stated in the handbook, the  
17 Executive Committee is composed of those people directly elected by their department. The  
18 Steering Committee is elected from this body and not from the entire faculty.  
19

20 The Faculty Council itself voted to make itself the Executive Committee of the faculty of  
21 medicine.  
22

23 A motion was made and seconded to approve the amendments to 3.1 through 3a. There being no  
24 further discussion a vote was taken. 24 were in favor, 4 were opposed, and 4 abstained. The  
25 motion passes.  
26

27 3.2a and 3.2b – Spelling out DGMS departmental status ...to facilitate communication between  
28 standing committees and the Faculty Council....keep standing committees to be in  
29 communication with Faculty Council. A motion was made and seconded to accept all of these  
30 changes 3.2a and 3.2b. There being no further discussion, a vote was taken. 30 were in favor, 3  
31 were opposed, and 2 abstained. The motion passes.  
32

33 Clarification was asked for DGMS - it already had departmental status later in the bylaws,  
34 signposting for language that was already there. DGMS was given departmental status in 1986.  
35 It is a very special type of entity.  
36

37 3.3 – Election of members of Faculty Council – enumerate types of representatives - hope this  
38 will be the template for any changes of representation to come out of the ad hoc committee.  
39

40 3. The point of order is stating that the October vote stands, it was not the same motion.  
41

42 A motion was made and seconded to approve the motion to postpone discussion of 3.3 a-d until  
43 after the Ad Hoc Committee on Faculty Representation presents its report in December 2018.  
44 There being no further discussion, a vote was taken. 16 were in favor, 16 were opposed, and 0  
45 abstained. The subsidiary motion does not pass.  
46

1 Any bylaws proposed by this body go to the Bylaws Committee for their recommendation, then  
2 back to Faculty Council. It would probably take 2-3 months for this to happen. The Bylaws  
3 require that if an amendment is sent to Faculty Council prior to April 1 it must be voted on  
4 before June of the academic year.

5  
6 A motion was made and seconded to approve the amendments to 3.3 preamble – subsidiary to  
7 divide the vote to first vote on the preamble section – seconded. Do you approve the motion to  
8 divide the question? There being no further discussion, a vote was taken. 16 were in favor, 11  
9 were opposed, and 2 abstained. The motion passes.

10  
11 A motion was made and seconded to approve the amendment to 3.3 preamble. There being no  
12 further discussion a vote was taken. 24 were in favor, 3 were opposed, and 0 abstained. The  
13 motion passes.

14  
15 A motion was made and seconded to approve the amendment to 3.3 a-d. There being no further  
16 discussion a vote was taken. 17 were in favor, 13 were opposed, and 0 abstained. The motion  
17 passes.

18  
19 The Chair announced that the hour for adjournment has arrived. The meeting was adjourned at  
20 5.38 PM

21  
22 Respectfully submitted,

23  
24 Joyce Helton  
25

## **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 from 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:**

#### CWRU School of Medicine

Faculty 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)

# Faculty Council Members Attendance

December 17, 2018

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Voting Members

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Case ID

1	Corinne Bazella	Reproductive Biology - UHC		cxb315	corinne.bazella@uhhospitals.org
2	Tracey Bonfield	Representative At-Large - Clinical		tlb7	tlb7@case.edu
3	Robert Bonomo	Institutional Representative- VA	216-791-3800	rab14	robert.bonomo@va.gov
4	David Buchner	Genetics & Genome Sciences	216-647-5285	dab22	buchnerd@gmail.com
5	Cathleen Carlin	Representative At-Large - Preclinical		cx39	cx39@case.edu
6	Sudha Chakrapani	Physiology & Biophysics/Chair	773-678-9468	sxc584	sxc584@case.edu
7	Shu Chen	Pathology-UHC/SOM	216-368-8925	sxc59	sxc59@po.cwrn.edu
8	Gary Clark	Institutional Representative - MHMC	216-780-9017	gsc6	gclark@metrohealth.org
9	Travis Cleland	Physical Med. & Rehab - MHMC			cleland.travis@gmail.com
10	Brian D'Anza	Otolaryngology, HNS - UHC		bxd205	Brian.D'Anza@uhhospitals.org
11	Piet de Boer	Molecular Biology & Microbiology		pad5	pad5@case.edu
12	Philipp Dines	Psychiatry - UHC		pld6	pld6@case.edu
13	Jennifer Dorth	Radiation Oncology - UHC			jdorth@gmail.com
14	William Dupps	Ophthalmology - CCLCM		wjd14	duppsw@ccf.org
15	Judith French	Surgery - CCLCM		jcf91	frenchj2@ccf.org
16	Monica Gerrek	Bioethics		mlg86	mlg86@case.edu
17	Sherine Ghafoori	Anes. Periop. Med - UHC		sxg397	sherine.ghafoori@uhhospitals.org
18	Mahmoud Ghannoum	Dermatology - UHC	216-844-8580	mag3	Mahmoud.Ghannoum@uhhospitals.org
19	Beata Jastrzebska	Pharmacology		bxj27	bxj27@case.edu
20	Hung-Ying Kao	Biochemistry	216-272-8917	hkk43	hung.kao@case.edu
21	Stathis Karathanasis	Biomedical Engineering	440-836-4281	ekk210	stathis@case.edu
22	Allyson Kozak	Pathology-MHMC			akozak@metrohealth.org
23	David Katz	Neurosciences		dpk44	dpk44@case.edu
24	Laura Kreiner	Representative At-Large - Clinical		lak103	lak103@case.edu
25	Varun Kshetry	Neurological Surgery - CCLCM		vkk218	kshetty@ccf.org
26	Cynthia Kubu	Medicine - CCLCM	216-978-1086	ckk123	KUBUC@ccf.org
27	Suet Kam Lam	Pediatrics - CCLCM		skl48	lams2@ccf.org

# Faculty Council Members Attendance

## December 17, 2018

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**Voting Members**

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**Case ID**

28	Maria Cecilia Lansang	Representative At-Large - Clinical		mc195	lansanm@ccf.org
29	Charles Malemud	Medicine - UHC		cjm4	charles.malemud@case.edu
30	Danny Manor	Nutrition	216-780-7147	dxm178	dxm178@case.edu
31	Jennifer McBride	Institutional Representative - CCF		jxm323	mcbridj@ccf.org
32	Maureen McEnery	Neurology - UHC	216-410-0900		mwmcenery@gmail.com
33	Rekha Mody	Radiology-CCLCM			modyr@ccf.org
34	Vincent Monnier	Representative At-Large - Preclinical		vmm3	vmm3@case.edu
35	Vicki Noble	Emergency Medicine - UHC	617-699-4350	vxn85	Vicki.Noble@uhospitals.org
36	Nimitt Patel	Representative At-Large - Clinical	281-728-4209	njp52	npatel9@metrohealth.org
37	Hilary Petersen	General Medical Sciences	ofc 216-778-1682		
38	P. Ramakrishnan	Representative At-Large - Preclinical		hxp179	hxp179@case.edu
39	Ben Roitberg	Neurological Surgery - MHMC		pxr150	pxr150@case.edu
40	Satya Sahoo	Pop. & Quantitative Health Sciencesw		bzr2	broitberg@metrohealth.org
41	Scott Simpson	Anatomy	216-368-1946	sss124	sss124@case.edu
42	Jochen Son-Hing	Orthopaedics - UHC	216-536-2066	sws3	sws3@case.edu
43	Phoebe Stewart	Past Chair of Faculty Council	216-645-6702	jxs312	Jochen.Son-Hing@uhospitals.org
44	Charles Sturgis	Pathology - CCLCM	216-372-4581	pls47	pls47@case.edu
45	James Howard Swain	Representative At-Large - Preclinical	216-536-3630	cds113	sturgic@ccf.org
46	Daniel Sweeney	Family Medicine - CCLCM	ofc 216-368-8554	jhs31	jhs31@case.edu
47	Melissa Times	Representative At-Large - Clinical	216-789-9441	des8	sweened@ccf.org
48	Carlos Trombetta	Anesthesiology - CCLCM	ofc 216-778-4391	mlt3	mtimes@metrohealth.org
49	Anna Valujskikh	Molecular Medicine - CCLCM	216-409-4865	cet59	trombec@ccf.org
50	Michael Wolfe	Medicine - MHMC		anv	valuysa@ccf.org
51	Richard Zigmond	Representative At-Large - Preclinical		mxw339	mwolfe@metrohealth.org
				rez	rez@case.edu

**December 17, 2018**

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## Case ID

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