

**Faculty Council Meeting
Meeting Minutes**
Monday, February 18, 2018
4:00-5:30PM – BRB 105

4:00-4:05PM	Welcome and Chair's Comments	Sudha Chakrapani
4:05-4:07PM	Approval of Faculty Council Meeting Minutes from the December 17, 2018 and January 28, 2019 Meetings	Sudha Chakrapani
4:07- 4:10PM	Steering Committee Activities Report	Gary Clark
4:10-4:20PM	Faculty Teaching and Rewards	Dean Davis
4:20-4:30PM	Report on Faculty Senate Activities	Danny Manor
4:30-4:50PM	Bylaws Presentation	Piet de Boer
4:50-5:20PM	Discussion of the SOM	Dean Davis
5:20-5:30PM	Presentation on the Proposal to use Dental and Nursing School Buildings as a Daycare Center	Bill Merrick
5:30PM	New Business	
	Adjourn	

Members Present

Corinne Bazella
Cathleen Carlin
Sudha Chakrapani
Shu Chen
Travis Cleland
Brian D'Anza
Pamela Davis
Piet de Boer
Philipp Dines
Jennifer Dorth
Judith French
Sherine Ghafoori

Beata Jastrzebska
Hung-Ying Kao
Stathis Karathanasis
Allyson Kozak
Laura Kreiner
Varun Kshetry
Cynthia Kubu
Maria Cecilia Lansang
Charles Malemud
Danny Manor
Jennifer McBride
Maureen McEnery

P. Ramakrishnan
Ben Roitberg
Satya Sahoo
Scott Simpson
Jochen Son-Hing
Phoebe Stewart
Charles Sturgis
James Howard Swain
Daniel Sweeney
Melissa Times
Krystal Tomei
Anna Valujskikh

Anna Maria Hibbs
Hannah Hill

Clifford Packer
Hilary Petersen

Richard Zigmond

Members Absent

Tracey Bonfield
Robert Bonomo
David Buchner
Gary Clark
William Dupps
Monica Gerrek
Mahmoud Ghannoum

Zachary Grimmett
David Katz
Suet Kam Lam
Rekha Mody
Vincent Monnier
Vicki Noble

Nimitt Patel
Barbara Snyder
Patricia Taylor
Patricia Thomas
Carlos Trombetta
Kristin Voos

Others Present

Nicole Deming

Joyce Helton

Darrell Hulisz

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.

The SOM Lecture Committee would like to remind faculty and staff that endowed lectureships are available to support events that bring distinguished speakers to campus. For a copy of the lectureships policy and additional information, please contact Halle Lewis in the SOM Office of Finance and Administration.

The SOM Bylaws Article 2.4 states, “A third meeting will have an agenda approved by the Faculty Council with at least one-half of the meeting devoted to open forum items”. Please submit topics for the third meeting of the SOM Faculty with the Dean (to be scheduled at the end of May), to Dr. Chakrapani. The deadline to receive the topics is March 11, 2019, with Faculty Council voting on the topics during the April 15 meeting.

Approval of Faculty Council Meeting Minutes from the December 17, 2018 Meeting

A motion was made and seconded to approve the meeting minutes from the December 17, 2018 Faculty Council meeting. Dr. Chakrapani noted that the minutes e-mailed to Faculty Council for review had already been updated with the edits suggested at the January Faculty Council Meeting. There being no further discussion, a vote was taken. 27 were in favor, 2 were opposed, and 1 abstained. The motion passes.

Approval of Faculty Council Meeting Minutes from the January 28, 2019 Meeting

A motion was made and seconded to approve the meeting minutes from the January 28, 2019 Faculty Council meeting as edited. The floor was then opened for discussion.

A motion was made and seconded to remove “A number of representation principles came out of research. Conclusions showed that respondents indicated support (i.e. greater than >40% -- very

important or extremely important) or the following”. There being no further discussion, a vote was taken. 14 were in favor, 14 were opposed, and 4 abstained. The motion does not pass.

There being no further discussion on the original motion to approve the minutes, a vote was taken. 26 were in favor, 2 were opposed, and 2 abstained. The motion passes.

Steering Committee Activities Report

The Faculty Council Steering Committee met on February 4. Sana Loue, Vice Dean, Faculty Development and Diversity, gave a presentation to the FCSC in January on diversity and recruitment initiatives at the SOM. The FCSC has voted in favor to request that Dr. Loue make this presentation to Faculty Council; she has been added to the agenda for the March 18 Faculty Council meeting.

The draft presentation of the Bylaws Committee was reviewed. Dr. Bill Merrick discussed his proposal to use the Dental and Nursing School buildings for daycare with the committee. The SOM CAPT recommendations were reviewed for equity (these included faculty packets for promotion and tenure). The FCSC also provided advice to the Dean on Chair appointments.

Faculty Teaching and Rewards (Dean Pamela Davis)

Dean Davis thanked Faculty Council for inviting her to address the question of the value of teaching in the medical school. She stated that based on the faculty handbook (1:F1-6), every faculty member is expected to have: (i) an expert knowledge of his or her academic field and a commitment to continuing development of this competence; (ii) a dedication to effective teaching; (iii) a commitment to a continuing program of research or other advanced creative activity, including production of art or artistic performance, or, where more appropriate to the particular academic context, professional service activities; and (iv) a willingness to assume a fair share of university administrative and service tasks.

Everyone who holds a faculty appointment in the university and at the SOM is expected to have a dedication to effective teaching. CWRU values all kinds of teaching from continuing medical education, residents and fellows, to medical students, physician assistant students, MSA students, Anesthesiology PhD students, Master’s students and graduate students. During the summer, there are a number of high school students that come through Case and receive teaching. We also go to the John Hay School of Science and Medicine, and have people come here from there. We value the education process; the husbandry of knowledge values all of these activities.

In the last year, we have reviewed more than 140 packets for promotion and tenure. They have a whole spectrum of teaching activities in their portfolio and this year, as last year and the year before, people have been promoted for teaching in all of these categories. The SOM values faculty teaching and recognizes teaching excellence through promotions. We value everything that our faculty do, are proud of what they do in the community, and are incredibly proud of the student product released from our school at all levels.

Teaching is rewarded and recognized, by MHMC or Cleveland Clinic, and is discussed with the department chair at the beginning of each year. This falls under the CARTS analysis and faculty expectations and responsibilities change based on the needs of the department and programs and

skill and availability of the faculty. At UH there is an additional reward if you spend more than 15 hours in contact with residents a week, 780 hours a year contact with residents. \$11,700 of your salary comes from a specific teaching pool and releases for you some of your expectations. There is an up-front reward for that.

For faculty employed by CWRU, departments created a set of expectations for merit raises. These plans vary by department and were created by the faculty and chair for the department. If the department wants to include teaching in a Master's program, undergrad program, medical school, running a clerkship, or other, this expectation is included in the metric plan for the department and is the accepted criteria for a salary increase. As these metrics evolve, and are implemented by the chair every year, the faculty are assessed based on their activities and alignment with the metrics. Rewards are determined at the chair level, and whether something is rewarded or not is determined by faculty who determine the criteria for the raise.

The SOM, as a whole, values all kinds of teaching. The clinical side can be incorporated into your expectations or separately rewarded as release time. In departments, with individuals employed by the SOM, criteria for merit raises is discussed by the department, decided by the department, and implemented by the chair. Teaching is eminently a valued component, a core expectation of what it takes to be a faculty member.

The comment was made that in the past chairs have stated that the Dean expects a certain number of hours of teaching to medical students. The Dean explained that each department has the opportunity to set the criteria for what teaching is included in the department metrics. The accountability for medical school teaching is at the level of the chairperson for the whole department. The chair accounts for teaching medical students and for running terrific graduate programs. Nutrition and Biochemistry turn in dynamite results on the undergraduate programs year after year. The chairs are accountable for the participation of their department in the medical school teaching.

Bylaws Presentation – Piet de Boer

Dr. de Boer explained that Darin Croft, the chair of the Bylaws Committee was not available to present to Faculty Council today.

A slide depicting the Bylaws Committee 5-Year Review showed that Articles 1, 2 and 3 have already been presented to Faculty Council. Article 4 Title and 4.1, Article 4.2a (Part 1), Article 4.2a-c, and Article 4.2d will be addressed today. The remaining articles and appendix will be discussed at a later date.

The Division of General Medical Sciences is basically a large department, which is chaired by the Dean. To avoid confusion, the heading on Article 4 was changed to Departments, dropping "and Division of General Medical Sciences (DGMS)". 4.1 – "and Division of General Medical Sciences (DGMS) was removed. 4.1a -- Remove "and Division of General Medical Sciences (DGMS) and add "Faculty Handbook, Chapter 2 (Organization and...)"

The bylaws cannot conflict with the Faculty Handbook. A concern was raised that we could be deleting something that was added to make the department status more inclusive by adding

Division of General Medical Sciences. Dean Davis explained that the real difference in the Division of General Medical Sciences and a department is that the department is clustered around information while GMS includes centers such as the RNA Center, the Cancer Center, and the Center for Community Health Integration.

The Division of General Medical Sciences creates an opportunity for promotion and tenure without being in a defined academic discipline that is a requirement for the creation of a department. We have seen in Faculty Council the creation of new departments, and one of the factors that has to be satisfied in that demonstration is a clear, distinct body of knowledge that represents that discipline.

The Division of General Medical Sciences as it is presently constituted takes on the character of the department as it shares the ability to appoint and promote faculty and tenured faculty. The Faculty Handbook defines a department as faculty whose work revolves around a given discipline. DGMS does not meet the Faculty Handbook's definition of a department. The 1986 Board of Trustees declared DGMS a department with a different internal structure. For purposes of the bylaws, it does not merit distinction.

Article 4.2a -- delete "and DGMS", add "to support its", add the word "and" between research and scholarly activities. Add Article VII after Chapter 2, and delete "and full freedom of scholarly investigation and publication of his or her findings (Faculty Handbook, Chapter 2, Section D)."

A motion was made and seconded to approve the amendments proposed to Article 4 Title and 4.1. There being no further discussion, a vote was taken. 17 were in favor, 9 were opposed, and 5 abstained. The motion passes.

It was commented that in Article 3.2, DGMS was specified as a department and any reference after to departments includes therefore making it to include DGMS in later text.

A motion was made and seconded to delete "and DGMS" from the first line in Article 4.2. There being no further discussion, a vote was taken. 24 were in favor, 4 were opposed, and 2 abstained. The motion passes.

A motion was made and seconded to approve the changes as noted to Article 4, There being no further discussion, a vote was taken. 14 were in favor, 10 were opposed, and 6 abstained. The motion passes.

Dr. Chakrapani noted that the time allotted for this presentation had concluded and discussion will continue at the March Faculty Council meeting.

Discussion of the SOM (Dean Pamela Davis)

Dean Davis compared the parable of the elephant and the blind men to the School of Medicine. With the elephant representing a large and complex organization, encountering only one piece

makes it difficult to see the whole. Six blind men, when confronted with an elephant, thought it to be a tree, a rope, a wall. We are a community asset, we are an educational institution, we train health professionals, we train scientists, we work in the community, we count research, and we conduct research in social sciences and very detailed molecular science. We are a composite and a unification that makes us a mighty organization. Separately those things might not be as impressive as the whole. It is important to think of all these things as together.

Clinical programs depend on basic science and clinical components and we would not be able to secure the quality of medical students if we did not have the four clinical affiliates that we have. When asked what attracted you to Case, one of the highest ranked items of importance was having the different options for their clinical education.

We have a hospital system that is international and has many programs that are ranked very highly in US News & World Report. UH is a component that is highly regarded and has many people who are known for their academic excellence. Each component brings something special to the picture and is required for our reputation.

We need all of the research funding that the institutions bring in to compete in the US News rankings. We need the ability in our research programs to seek collaborators who are going to be the best. At Metro, Physical Medicine and Rehabilitation has the second highest funding in the country.

The membership in the National Academy matters for the AAU. Five members of the National Academy are from Cleveland Clinic. Contributions from every one of the affiliates assist in making our program strong in education and research. We do better in rankings when combined than any one of us could do alone. We would not have the Comprehensive Cancer Center if we did not have UH and Cleveland Clinic. Investigators that sit at MHMC and the VA participate as well. Funding is dependent on the total research funding brought in. There are many collaborative efforts across the institutions including the reinvention of residency education across all of the affiliated hospitals.

CTSC and the Cancer Center are about to fund a pilot program in Alzheimer's. While it will be led by someone from Cleveland Clinic, much of the clinic activity will be from UH, all integrated and knit together.

The elephant can be a powerful force for good in the community. The medical school is a unifying force. It would not be as effective if the medical school were broken into its constituent parts. The elephant does not work with only the trunk.

While not all affiliates bring the same thing, each is important and unique. We work with all of them in educational, research, and community efforts. Kurt Stange recently carried out an evaluation of community needs in order to coordinate services among Cleveland Clinic and UH. Because MHMC is a public hospital, they are not required to do the community health needs assessment, but they still came to the table to assess needs. We are a fighting force when we come together.

The units by themselves are relatively modest, but when they come together, they can accomplish great things like the Cancer Center, the Digestive Disease Center, and the residency program.

We have great PhD programs that pull advisors not only from the basic sciences, but faculty based in affiliated hospitals. It is important to think about the strength we have if we stick together. It must be made clear that the elephant needs all of his components parts to be the powerful organization he can be.

The comment was made from the audience that there were some concerns when looking at dropping the departmental model. As a department representative, you can attend a meeting or walk the halls and hear the concerns of faculty. The more representation there is in a model, who can speak directly to constituent faculty as representatives, the better the model will be.

Other members commented that while coming to Faculty Council is a privilege, the majority of what is discussed here is not relevant, and it was felt that the agenda, itself, is not representative of the whole faculty.

The Dean responded that there are topics that are all encompassing such as commitment to community, developing Cleveland, and a commitment to education and research. Those are the grist for the mill. Medical education is another topic that impacts all faculty. We can talk about the strength of the students. Holistic admissions not versus but in balance with high academic achievement admissions. This really is a faculty body trying to make the case that we are one school.

Dean Davis gave the example of a situation that occurred a few years ago, right before graduation. A young woman was diagnosed with cancer. She planned to attend graduation separately by wheelchair, but she was too ill to even do that. It was decided that they would take the graduation to her, and two buses were secured to take those students and deans, in full academic regalia, who wanted to go. They packed the room. The comment was made that maybe we truly are one medical school; they put the students above all.

The comment was made that it would be very good information for Faculty Council to see the data points in a hard copy. The Dean stated that the teaching proportions shift around from year to year and where the students go for clerkships changes. It is not symmetrical. MHMC does not have the same proportions as Cleveland Clinic or as UH. The blend is the important thing. Data shown by department would really change from year-to-year. The point is that everybody contributes and we need to recognize that everybody contributes.

The comment was made that we could reserve half an hour in Faculty Council meetings for issues that are important and touch us all. We are so diverse it makes it difficult for all agenda items to be relevant. We need to determine what our existential point for being here is. The underlying theme is that we all matter.

A motion was made and seconded that in order to ensure greater engagement with faculty at the affiliate hospitals, the option for remote participation should be amended in the Bylaws. The motion was seconded and the floor was opened for discussion.

The Dean stated that remote participation is an important attribute to have in the 21st century. External advisory boards meet electronically. We have and will challenge our IT people to make it a reasonable connection. It was suggested that electronic participation could be limited to three meetings. Face-to-Face meetings do provide advantages that remote participation cannot.

Off-campus participants have to allow for travel time to the Faculty Council meetings, and parking is not readily available mid-afternoon. The bylaws of the university were recently amended to accommodate the possibility of electronic meetings. A member stated that Robert's Rules does allow for electronic meetings.

The discussion continued as to whether the allowability of remote meetings has to be written as a statement in the bylaws. Robert's Rules of Order does permit us to pass a bylaw that would allow electronic voting separate from the university. A guest attending stated that the handbook allows schools to create bylaws that are not in conflict with the handbook, but have a more detailed or different spin on them.

Another member stated that faculty representatives participating remotely in the meeting should do so in real time, simultaneously participating in the meeting, and voting with the rest of the members when a vote is taken – not delayed. It was suggested that E-mail voting should be used for only those issues that do not require extensive discussion. If there is a discussion, whether substantive or procedural, it can go to e-mail for a vote.

Another member stated that face-to-face meetings allow for discussion and the opportunity to have your mind changed by your colleagues. The member suggested incentives could be offered to encourage in-person attendance e.g. you may use the privilege of distant participation x number of times, or can just skype into from their office.

After additional debate, a motion was made and seconded to end the debate. The motion is not debatable and a vote was taken: 25 were in favor, 4 were opposed, and 1 abstained. The motion passes.

The motion was made and seconded to approve Article 3.1 as follows:

3.1 The Faculty of Medicine delegates all powers not reserved to the Faculty of Medicine itself (see Article 2) to a Faculty Council. When members cannot attend in person, Faculty Council shall allow for electronic attendance and voting according to rules set forth for Special Meetings in the Bylaws of the CWRU Faculty Senate (Bylaw III, Item b).

Here is the relevant section from the Faculty Senate Bylaws for reference:

Special meetings of the Faculty Senate may, at the discretion of the Executive Committee, allow for electronic attendance and voting. The following rules shall apply.

- 1. A quorum will be determined at the beginning of the meeting by counting the Senators present in the room as well as the Senators attending remotely. A majority of the votes cast, or a greater proportion as indicated by the adopted Parliamentary Authority, shall be necessary for the adoption of motions.*
- 2. The technology used for the electronic meetings shall allow the members full access to and full participation in all meeting transactions either continuously or intermittently throughout the specified time of the meeting.*
- 3. Procedural rules related to the conduct of electronic meetings shall be established and promulgated by the Executive Committee, subject to review by the Senate, and held by the Secretary of the Faculty Senate.*

At this time a motion to amend the motion was made and seconded to approve that remote voting should be used for issues that do not require extensive discussions (i.e. non-substantive matters). A reference was made to the Faculty Senate Bylaws section on the use of email voting for the Faculty Senate Committees. The relevant passage is as follows:
Senate Bylaws on voting by emails for the FS Committees?

5) In lieu of an in-person meeting, e-mail voting is permitted for standing committees on certain issues. E-mail voting should be used for issues that do not require extensive discussion (i.e, nonsubstantive matters), or in extraordinary circumstances requiring a time-critical vote. Any member of a standing committee may move to submit a matter for e-mail voting by emailing all members of the committee and the Secretary of the University Faculty. The motion for e-mail voting requires the unanimous consent of all standing committee members. Any member wishing to veto the e-mail voting motion must do so within seven calendar days from the date of the motion. If the motion to proceed with e-mail voting is accepted, an e-mail vote requires a special quorum. The issue under consideration is approved only if a majority of the total members of the standing committee vote in favor of the issue within fourteen calendar days of the original motion for e-mail voting. If the issue does not receive a majority vote within fourteen days, the motion expires.

A motion was made and seconded to end the debate on the subsidiary motion to amend the main motion. The motion is not debatable and a vote was taken 28 were in favor, 2 were opposed, and 0 abstained. The motion passes and debate ended.

A vote on whether to adopt the amended motion (subsidiary motion) was then taken. 5 were in favor, 24 were opposed, and 1 abstained. The subsidiary motion did not pass.

The Faculty Council then voted on the main motion to adopt the following language to the Bylaws: “3.1 The Faculty of Medicine delegates all powers not reserved to the Faculty of Medicine itself (see Article 2) to a Faculty Council. When members cannot attend in person, Faculty Council shall allow for electronic attendance and voting according to rules set forth for Special Meetings in the Bylaws of the CWRU Faculty Senate (Bylaw III, Item b).”

The vote was taken: 26 were in favor, 5 were opposed, and 0 abstained. The motion passes. The amendment to the Bylaws will now be sent to the Bylaws Committee for their review of compliance with the Faculty Handbook.

There being no further discussion, the meeting adjourned at 5:39PM.

Respectfully submitted,

Joyce Helton

Meeting of the School of Medicine Faculty Council

February 18, 2019
BRB 105 4:00 p.m.

Sudha Chakrapani, PhD, (Physiology and Biophysics), Chair

Gary Clark, MD, (MetroHealth), Chair-Elect

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 Chair Announcements
- 4.05 Approval of Minutes from December 17th and January 28th, 2019 meetings.
- 4.07 Steering Committee Activities Report (Sudha Chakrapani)
- 4.10 Faculty Teaching and Rewards (Dean Davis)
- 4.20 Report on Faculty Senate activities (Danny Manor)
- 4.30 Bylaws presentation (Piet de Boer)
- 4.50 Discussion of the SOM (Dean Davis)
- 5.20 Presentation on the proposal to use Dental and Nursing school buildings as a daycare center (Bill Merrick).

New Business

Adjourn



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Chair Announcements

- The SOM Lecture Committee would like to remind faculty and staff that endowed lectureships are available to support events that bring distinguished speakers to campus. For a copy of the lectureships policy and further information, please contact Halle Lewis in the SOM Office of Finance and Administration (halle.lewis@case.edu).
- Topics for the third meeting of the SOM Faculty with the Dean (to be scheduled end of May 2019).

From SOM Bylaws Article 2.4: A third meeting will have an agenda approved by the Faculty Council with at least one-half of the meeting devoted to open forum items.

Deadline to receive the topics is March 11th, 2019. The FC will vote on the topics during the April 15th meeting.



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Approval of December 17th meeting minutes.



SCHOOL OF MEDICINE

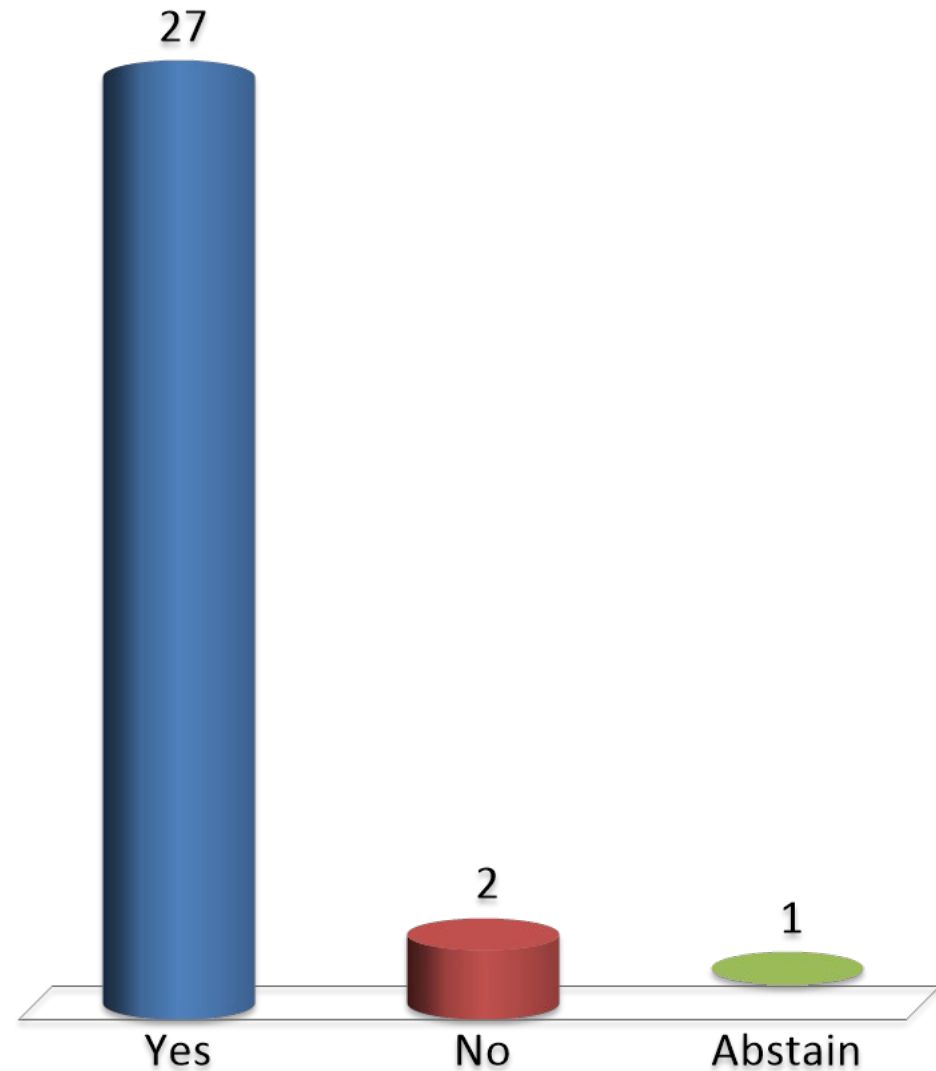
CASE WESTERN RESERVE
UNIVERSITY

Do you approve Minutes from the December 17th meeting?

A. Yes

B. No

C. Abstain



Approval of January 28th meeting minutes.



SCHOOL OF MEDICINE

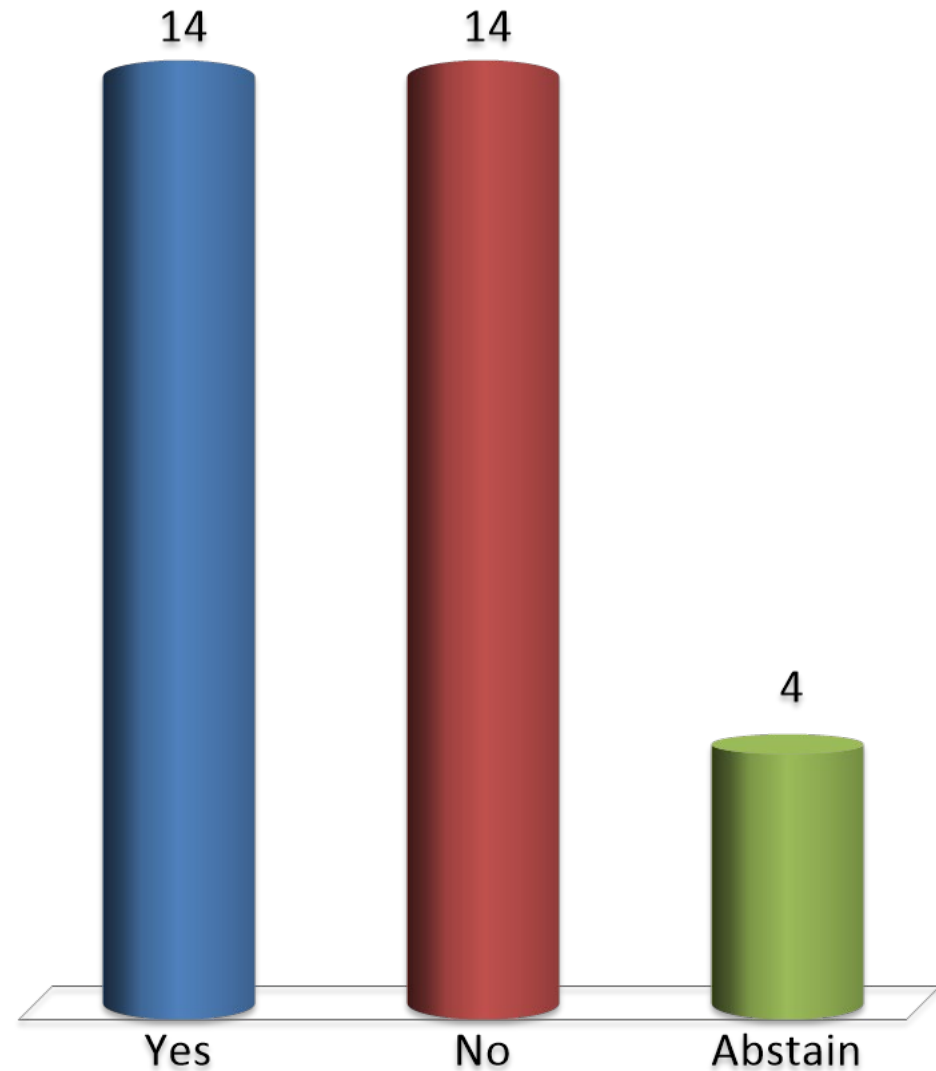
CASE WESTERN RESERVE
UNIVERSITY

Do you approve the motion to remove “A number of representation principles came out of research. Conclusions showed that respondents indicated support (i.e. greater than >40% -- very impo.” from the minutes. rtant or extremely important) for the following:

A. Yes

B. No

C. Abstain

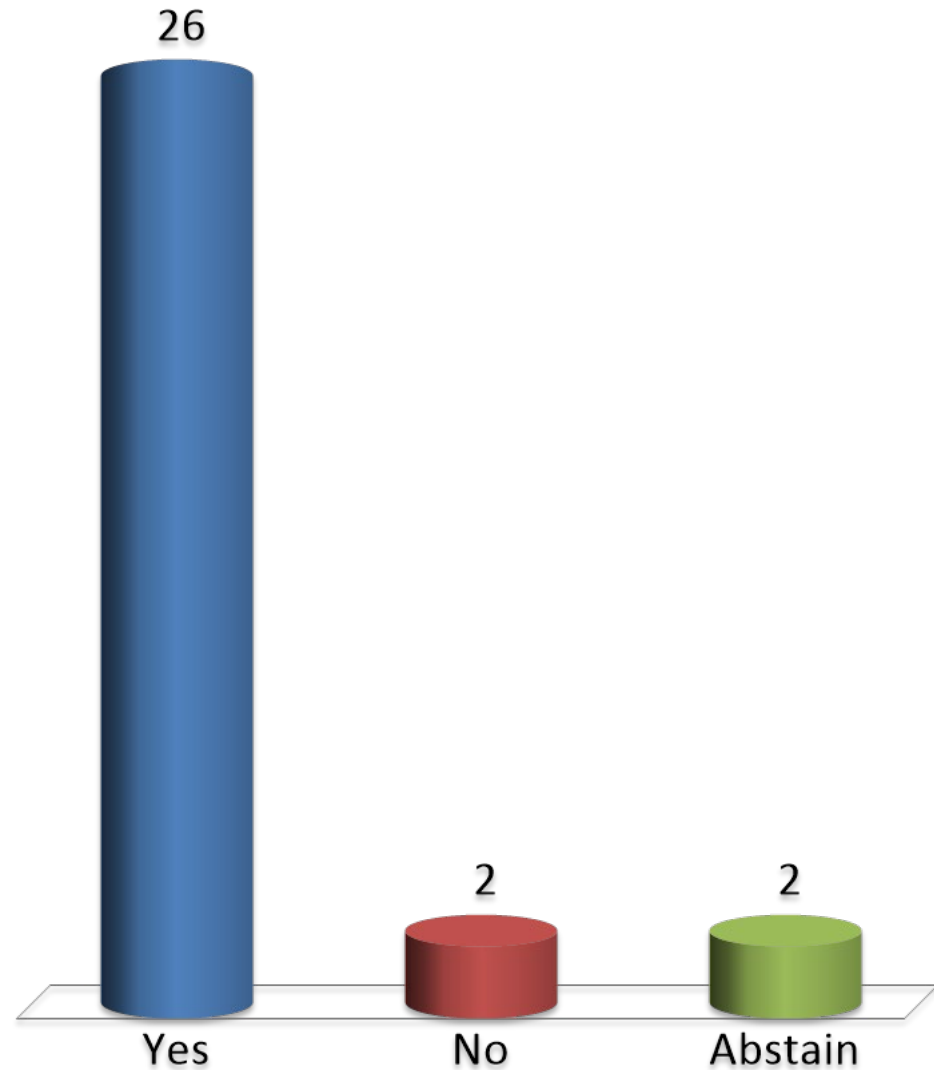


Do you approve Minutes from the January 28th meeting?

A. Yes

B. No

C. Abstain



Steering Committee Activities Report

Meeting Date: February 4rd, 2019

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

- Sana Loue, Vice Dean, Faculty Development and Diversity, gave a presentation to the FCSC in January on diversity and recruitment initiatives at the SOM. The FCSC has voted in favor to request Sana to present to the Faculty Council. Sana's presentation is scheduled for March 18th.
- Reviewed the draft presentation from the Bylaws Committee.
- Discussed with Bill Merrick the proposal to use Dental and Nursing school buildings for daycare.
- Reviewed SOM CAPT recommendations for equity. These included faculty packets for promotion and tenure.
- Provided advice to the Dean on Chair appointments.



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Faculty Teaching and Rewards (Dean Davis)



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Qualifications and Standards for Appointment, Reappointment, Promotion, and the Award of Tenure as Specified by the University (and as outlined in the Faculty Handbook 1:F1-6)

The qualifications for faculty appointment and reappointment include the following, as appropriate to the type of appointment: (a) an expert knowledge of his or her academic field and a commitment to continuing development of this competence; (b) a dedication to effective teaching; (c) a commitment to a continuing program of research or other advanced creative activity or, where more appropriate to the particular academic context, professional service activities; and (d) a willingness to assume a fair share of university administrative and service tasks.

Report on Faculty Senate activities (Danny Manor)



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Bylaws presentation on amendments to Article 4 (Piet de Boer)



SCHOOL OF MEDICINE

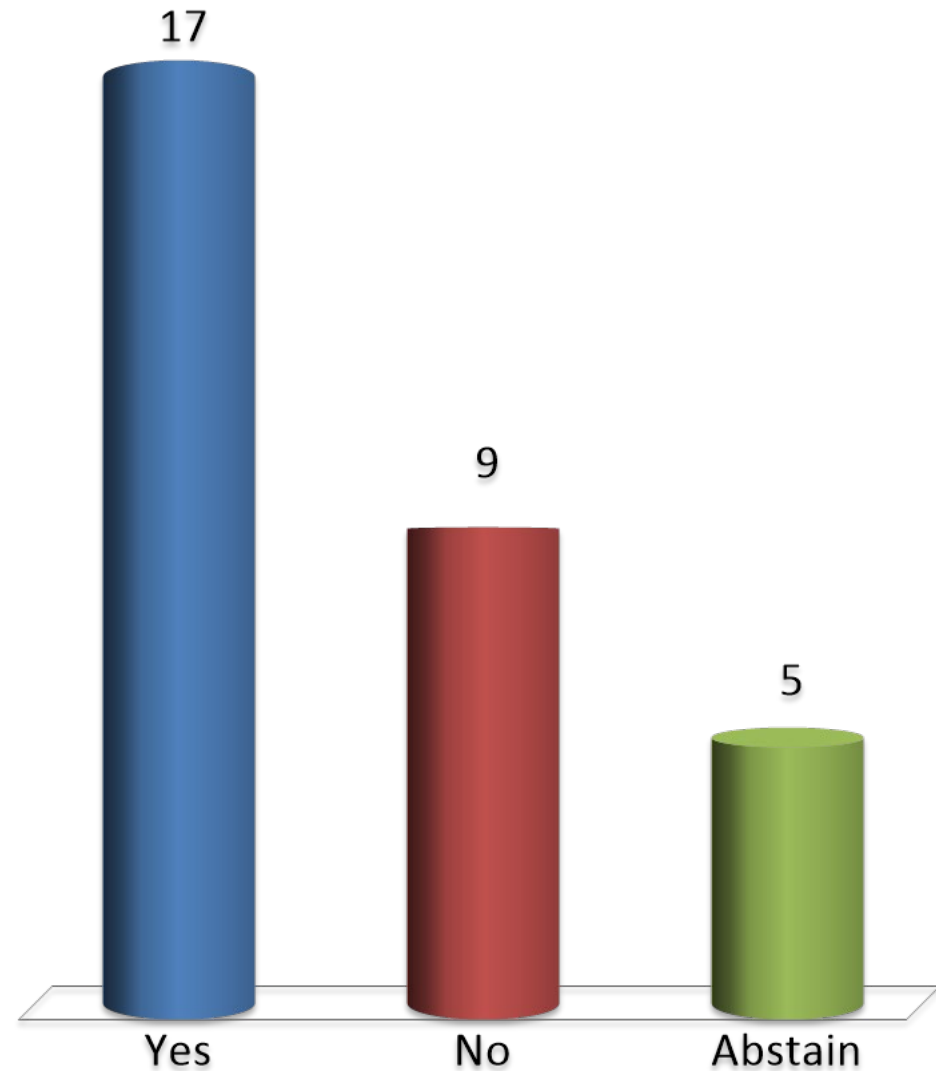
CASE WESTERN RESERVE
UNIVERSITY

Do you approve the amendments to article 4 title and 4.1

A. Yes

B. No

C. Abstain

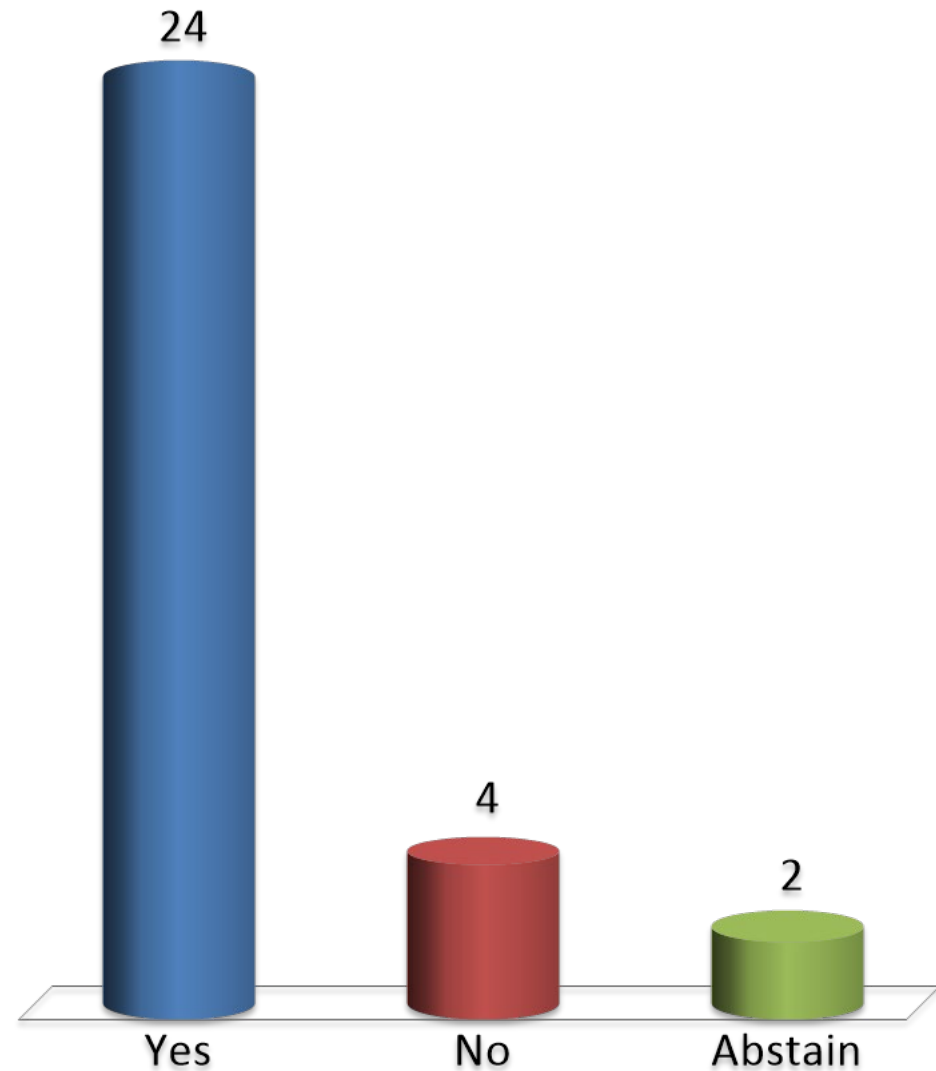


Do you approve to delete “and DGMS” from 4.2 first line

A. Yes

B. No

C. Abstain

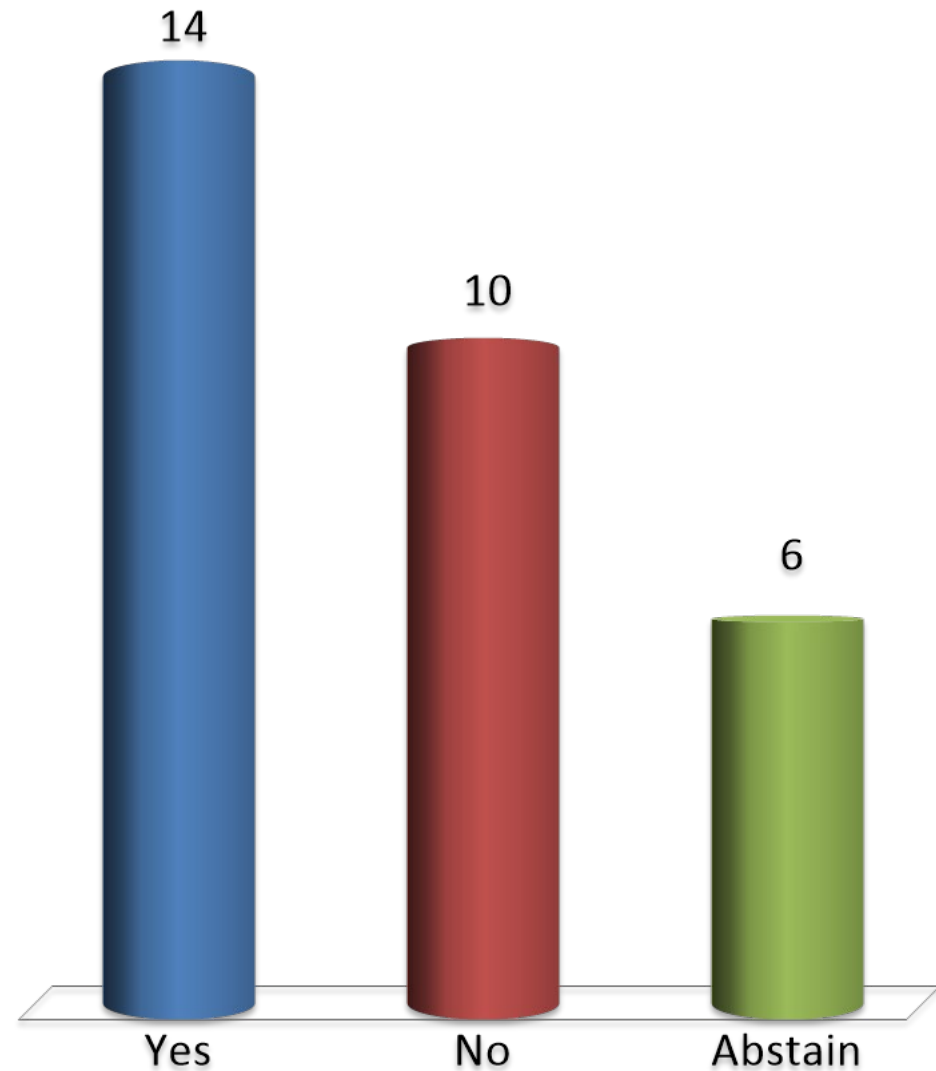


Do you approve the amendments to 4.2

A. Yes

B. No

C. Abstain



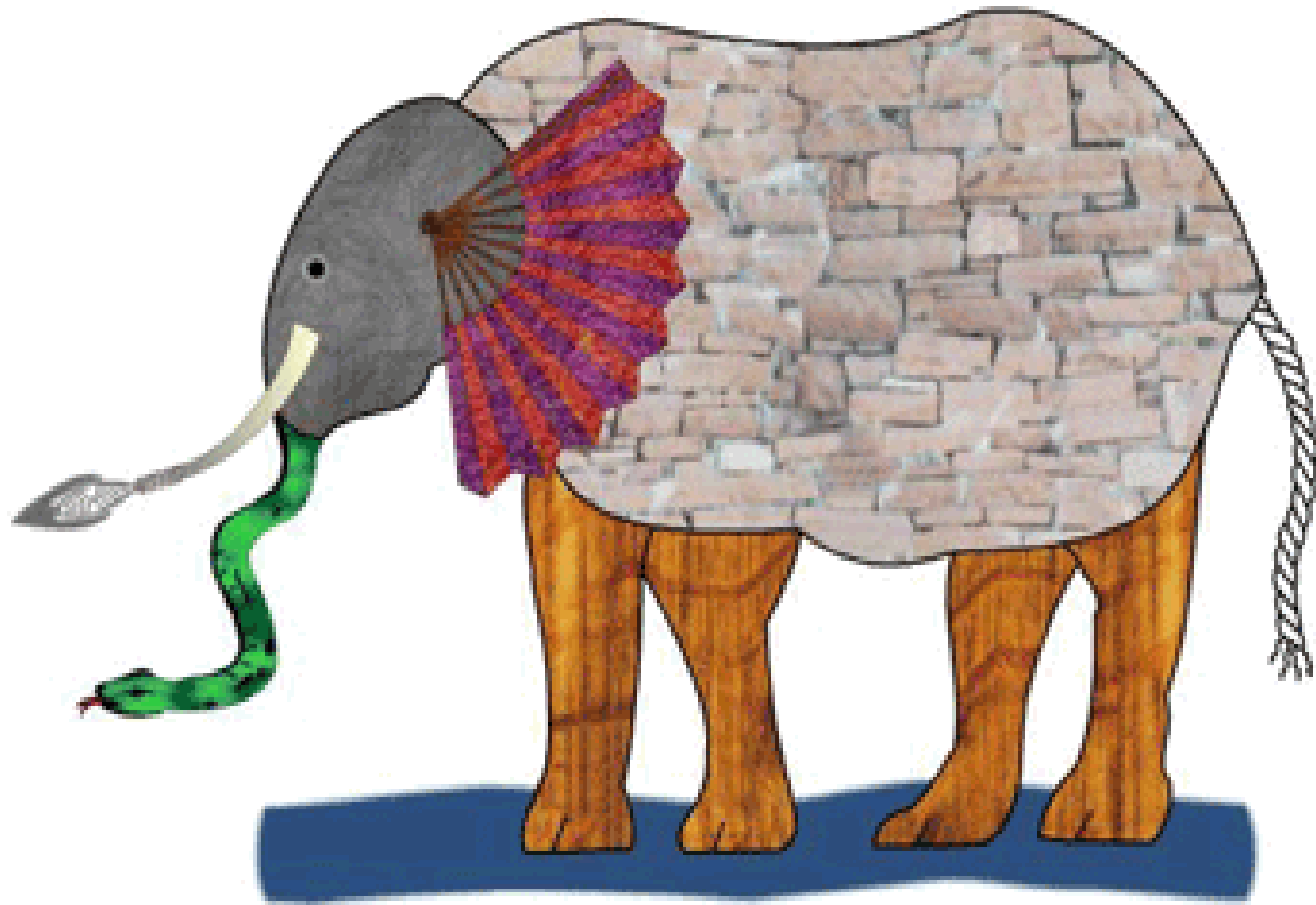
Discussion of the SOM (Dean Davis)



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

The School of Medicine
(with apologies to J.G. Saxe)

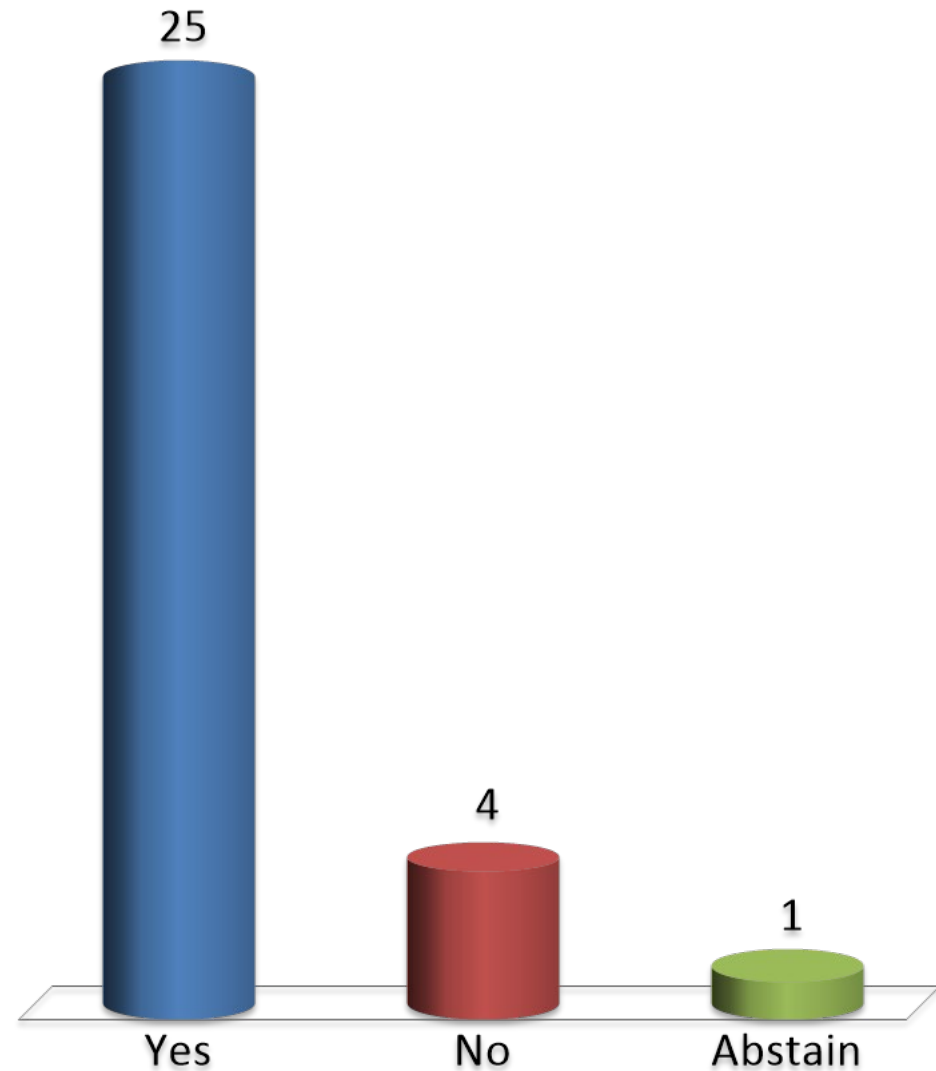


Do you approve to end debate

A. Yes

B. No

C. Abstain

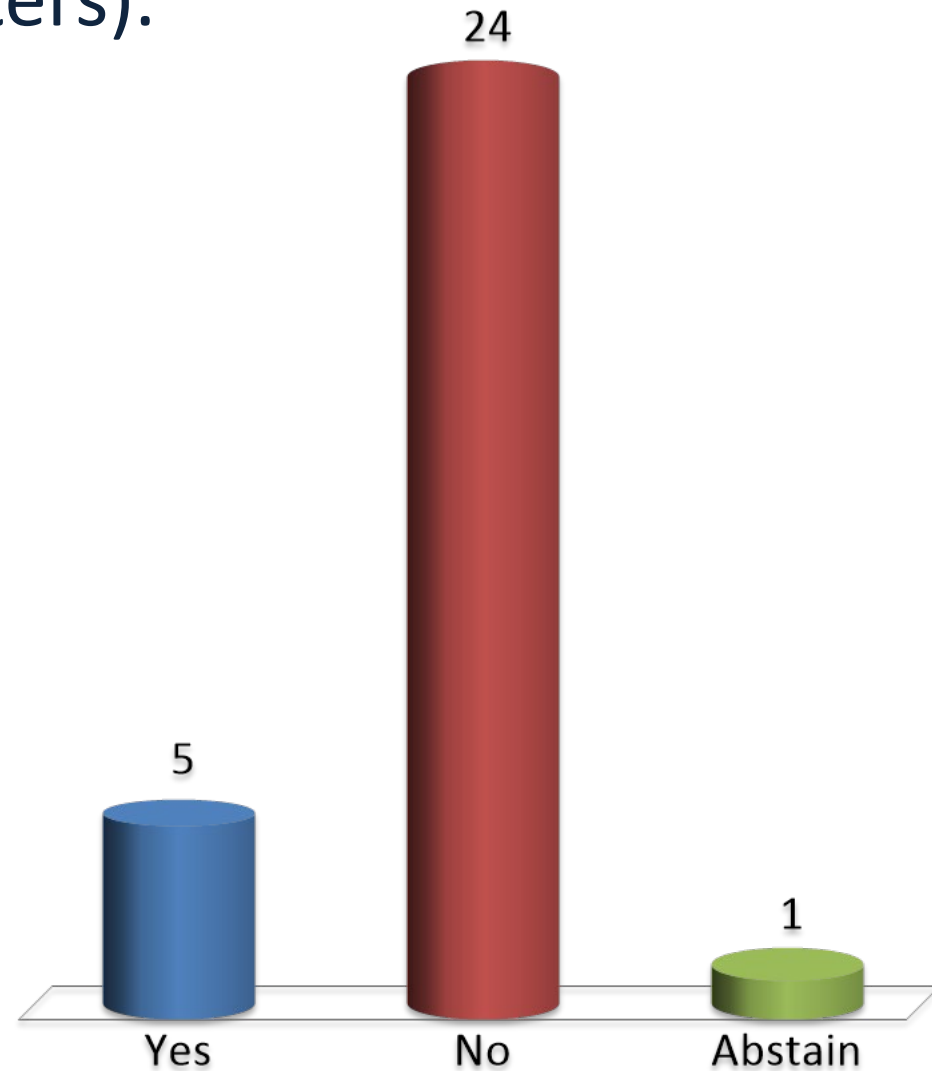


Do you approve the motion to remote voting should be used for issues that do not require extensive discussions (i.e. non substantive matters).

A. Yes

B. No

C. Abstain

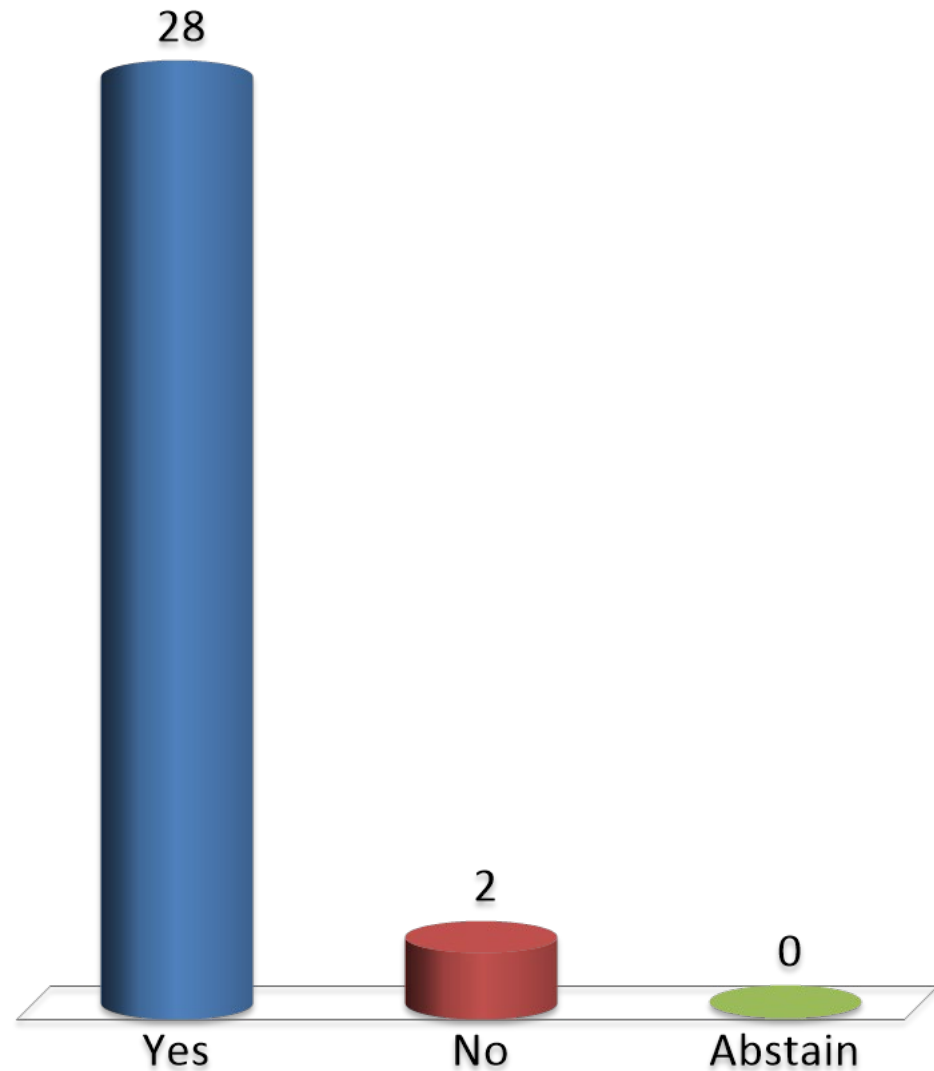


Do you approve to end debate

A. Yes

B. No

C. Abstain

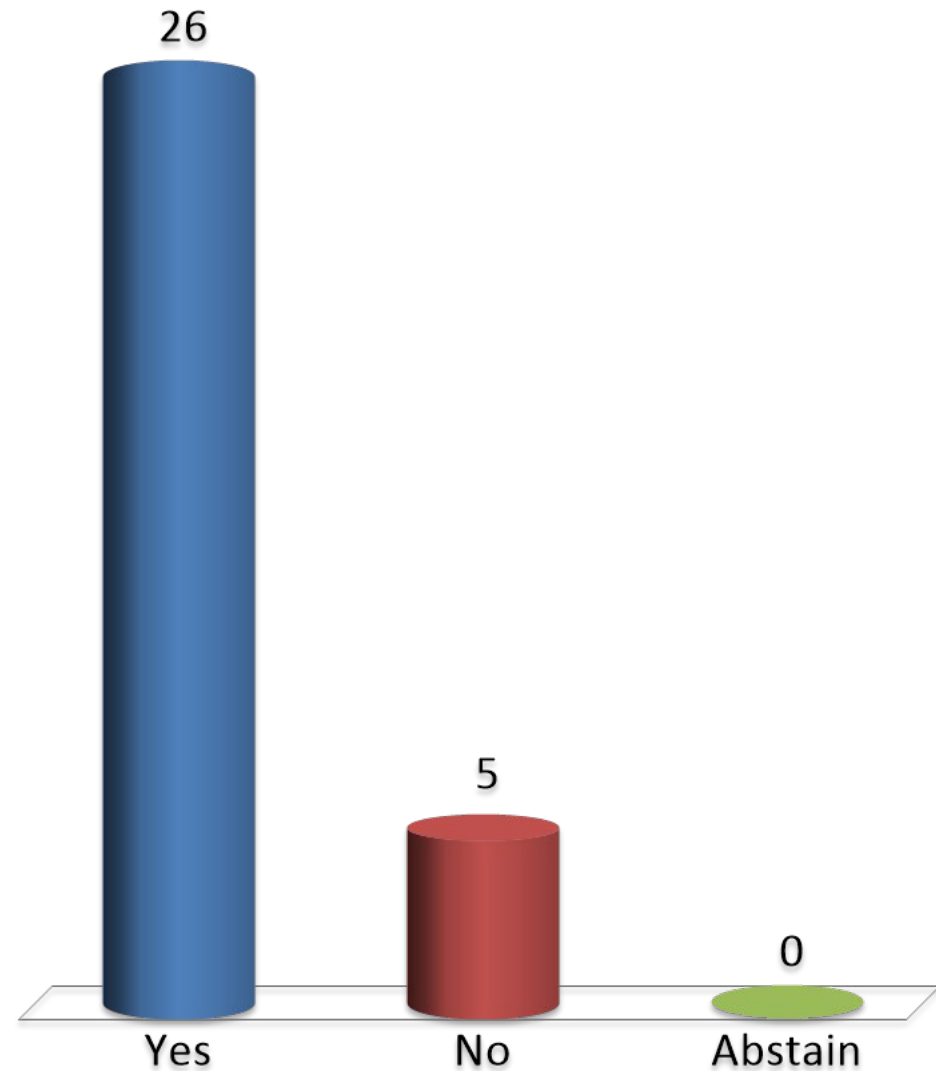


Do you approve to remote attendance and voting

A. Yes

B. No

C. Abstain



**Presentation on the proposal to use Dental and Nursing school buildings as daycare
(Bill Merrick).**



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

New Business



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Faculty Council Meeting
Draft 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.

1 **Approval of Minutes from the November 19, 2018 Faculty Council Meeting (Sudha**
2 **Chakrapani)**

3 Dr. Chakrapani inquired if there were any edits or additions to the Faculty Council draft meeting
4 minutes previously disseminated to Faculty Council for review. There being no corrections,
5 edits, or further discussion, a motion was made and seconded to approve the minutes as
6 presented. 25 were in favor, 2 were opposed, and 3 abstained. The motion passes.
7

8 **Steering Committee Activities Report (Sudha Chakrapani)**

9 The Faculty Council Steering Committee met and reviewed Dr. Cynthia Kubu's presentation
10 from the Ad Hoc Committee on Faculty Representation, and the presentation for the new charge
11 for the Committee on Biomedical Research. They also provided advice to Dean Davis on
12 Emeritus appointments.
13

14 **Bylaws Presentation (Darin Croft)**

15 In order to broaden representation and amend the eligible pool of people for Faculty Council
16 chair elect, the suggestion was made that change the Bylaws to allow any current Faculty
17 Council representative to run for the position of chair-elect. If the restriction stands as it is
18 written now, only 1/3 of the representatives would be eligible. It is preferable to have multiple
19 candidates from which to choose.
20

21 If the amendment passes the chair elect's term on FC could increase from 4 years (3 years as a
22 representative and 1 as past chair) to 6 years if they are elected as chair elect in their 3rd year on
23 faculty council.
24

25 A motion was made and seconded to approve Amendment 3.5 opening the floor for discussion.
26 It was noted that if this motion is approved, an election with a candidate running unopposed
27 could not occur. The council discussed the benefit of restricting chair-elect eligibility to those in
28 their first year on Faculty Council is restricted to first year. While some felt several years
29 serving on Faculty Council provides enough experience and seasoning for the chair position.
30

31 As this would be a Bylaws Amendment, Faculty Council would not be able to vote to suspend
32 this requirement as it could with rules of order. There being no further discussion, a vote was
33 taken to approve the amendment to 3.5. 13 were in favor, 22 were opposed, and 2 abstained.
34 The motion does not pass. The time allotted for this discussion has been expended. Discussion
35 will continue at the January 28 Faculty Council meeting.
36

37 **Discussion of Faculty Responses to Request for Input as Part of the 5-year Bylaws Review**
38 **Related to Article 3 Presentation on BME (Danny Manor)**

39 The Faculty Council Steering Committee considered and approved Dr. Manor's request to place
40 this item on the Faculty Council agenda. As Faculty Council Steering Committee sets the
41 agenda for Faculty Council, faculty may contact members on Steering Committee to bring an
42 issue up for discussion or may bring this matter to the attention of the Faculty Council by
43 attending and being recognized or asking their representatives to bring the issue forward for
44 consideration.
45

46 There are only three mechanisms to bring an amendment to the Bylaws: by the Dean's request,
47 by Faculty Council's request, and by a petition of 20 faculty members. This is not a new
48 amendment that is being proposed, but a discussion of faculty responses. Faculty Council has

1 the right to vote not to hear this information. There being no request for a vote, the presentation
2 proceeded.

3
4 During the 5-year review process, input was solicited from all faculty of medicine. Some input
5 was incorporated and some dismissed. It was determined that a number of responses deserved
6 broader discussion, e.g. how we define ourselves and who we are.

7
8 The Chair-elect of Faculty Council shall be elected from five different sites of SOM, on an
9 annual rotating basis in order to increase inclusiveness and provide a fair opportunity at
10 leadership positions. The Bylaws Committee debated that it was too prescriptive and difficult to
11 enforce. The reality is whether we will we get enough candidates from the various sites to carry
12 this out. Faculty engagement is always a challenge.

13
14 A recommendation was made to modify the language in article 3.6.b describing the nominating
15 committee of Faculty Council to include equal representation from all CWRU SOM affiliates
16 (SOM, UH/VA, MetroHealthMedicalCenter, CCF/CCLCM/LRI). In the discussion that
17 followed, it was noted that candidates from the existing pool are few, and by limiting the pool of
18 candidates, it would make populating the committee even more difficult. If the candidate pool
19 was open to all affiliates in all years, it would provide the largest selection of candidates. If the
20 candidate can only come from one of five affiliates, some Faculty Council members will never
21 have the chance to run for Chair-elect or Chair. Rotation means that some people will never be
22 able to run. It was noted that while the Nominating Committee is comprised of eight members,
23 only six slots are filled.

24
25 The UH and VA should not be grouped together. Some representation of the VA goes with UH
26 because they only had one Department of Medicine at the VA.

27 28 **Report on Faculty Senate Activities (Danny Manor)**

29 The Faculty Climate Survey from CWRU, which began collecting and analyzing data in 2017,
30 was recently finalized. The satisfaction rate concerning overall satisfaction or dissatisfaction of
31 Case faculty was 60%, and the dissatisfaction rate was 25-30%. The majority of faculty
32 surveyed indicated they were satisfied.

33
34 When faculty were polled as to what were the major concerns contributing to dissatisfaction or
35 stress, securing funding for research and teaching responsibilities were the primary concerns.
36 The percentage of participation keeps excluding faculty who have major clinical involvement. A
37 more accurate voice of faculty in SOM is better reflected if the survey response rate is higher.

38
39 The committee was asked to reanalyze the SOM basic sciences departments and it was adjusted
40 to account for a stricter definition of faculty to be included in the analysis. This was done in
41 order to obtain a more accurate representation of CWRU at main campus, excluding basic
42 science faculty in the Department of Pathology at UH and Molecular Medicine at CCLCM.
43 Those faculty responses were removed from the survey.

44 .
45 MedImpact has been selected as the new CWRU Pharmacy Benefits Manager for CWRU
46 compensated faculty. Before deciding on MedImpact, the committee studied four basic options:
47 to remain as it currently is, completely go to CVS, a mix of the two, and MedImpact.

1 **Committee on Biomedical Research: New Charge/ Presentation (Stan Gerson)**

2 Stan Gerson and Jill Barnholtz-Sloan proposed last April to simplify the description and
3 activities of the Committee on Biomedical Research (CBR) to a single committee, reporting to
4 the executive committee on various activities. The CBR meets approximately 10 times a year
5 taking up topics suggested by faculty for deliberation. From time to time a subcommittee was
6 formed, bringing forward suggested actions.

7
8 Last fall, Dr. Barnholtz-Sloan requested permission from Faculty Council to address a revised
9 structure of the CBR. While the last review to restructure the CBR kept the overall and four sub-
10 councils, the sub-councils have struggled with their responsibilities. The CBR is being
11 reevaluated as to structure and wants to assure that the reporting lines for the committee are well
12 filled out.

13
14 Over half of the CBR members are elected. Dr. Gerson requested Faculty Council's permission
15 to grant a year's extension to those members currently serving on the committee and addressing
16 its restructuring. These people are well aware of the work and the changes going on, and he
17 proposed that an election be held in 2020 instead of 2019. Terms are staggered with some
18 ending at the end of the 2019 academic year. They are asking to stagger the terms to allow for
19 members to be elected each cycle, so that the entire committee does not turn over in one year.
20 The CBR looks into research and infrastructure at all of the affiliates of the medical school.
21 Elected members from this committee represent each of the institutions that the faculty represent.

22
23 It was noted that the restructuring of this committee does not require approval of faculty; all
24 charges must be approved by Faculty Council. The Bylaws Committee has reviewed the revised
25 proposal and this revised structure lines up appropriately with the bylaws.

26
27 A motion was made and seconded to approve the CBR's new charge. There being no further
28 discussion, a vote was taken. 31 were in favor, 3 were opposed, and 3 abstained. The motion
29 passes.

30
31 **Presentation of Ad Hoc Committee's Report on Faculty Representation on Faculty Council**
32 **(Cynthia Kubu)**

33 Committee members were: Cynthia Kubu, PhD, Chair (Cleveland Clinic/CCLCM); Sarah
34 Augustine, MD (VA); Keshava Gowda, MD (Cleveland Clinic); Supriya Goyal, MD
35 (MetroHealth); Alex Huang, MD, PhD (UH); Danny Manor, PhD (SOM Basic Sciences);
36 Maureen McEnery, PhD (UH); Ronda Mourad, MD (VA); Nimitt Patel, MD (MetroHealth); and
37 Phoebe Stewart, PhD (SOM Basic Sciences).

38
39 This committee was created in March of 2018 to study the membership structure of Faculty
40 Council; identify challenges facing the current structure and its practical implementation, and
41 make recommendations to Faculty Council, if deemed necessary. Faculty Council is the
42 governing body of the Faculty of Medicine of the SOM, and its representatives are the voice of
43 the faculty helping to decide on matters of import to the SOM, advise the Dean on major changes
44 in faculty and processes, and develop new initiatives.

45
46 The current model is comprised of one representative per academic department (except for the
47 VA -- their department representatives are enfolded at UH). Ten at-large representatives (five

1 Basic Sciences, five Clinical); four institutional representatives (UH, VA, MHMC,
2 CCF/CCLCM); and one past chair. There are 73 voting Faculty Council members.

3
4 The rationale for the *ad hoc* committee is that the current Faculty Council is too large for an
5 executive body, presenting challenges for reaching a quorum, geographic issues, and the ability
6 to get to the Faculty Council meeting on time. Faculty Council is a multi-institutional body
7 representing > 2,800 full time faculty across five institutions. The amount of federal funding for
8 2018 totaled \$365M (\$14 Million in VA Merit Awards was not included). UH and the VA are
9 combined because all federal grants for VA researchers must go through UH.

10
11 The two data sets from the 2016-2017 academic year were reviewed. Neither provided a
12 comprehensive view of the totality of teaching across SOM faculty. Classroom teaching hours
13 by full-time faculty was estimated to be: SOM Basic Sciences – 14,794; UH&VA – 23,826
14 (MHMC and Cleveland Clinic N/A). The estimated student contact hours in clinical training
15 based on the number of students by clerkship and site was 78,887 hours for all hospital faculty.

16
17 Early on in the group meetings, the *ad hoc* committee agreed that the following values should be
18 used to help guide their work. Their intent was to preserve the strength of Faculty Council while
19 increasing engagement in the SOM. Representation should fairly reflect all stakeholders, and
20 Faculty Council would advocate for all faculty. They sought increased input into the SOM
21 decision making process, and hoped to increase faculty knowledge and involvement in the
22 Faculty Council process.

23
24 The *ad hoc* committee agreed early on in their work to recommend that Faculty Council should
25 support the CWRU-compensated faculty in establishing processes that would address issues
26 unique to their needs (e.g. compensation, proposed department mergers).

27
28 Dr. Kubu listed the dates of the meetings and information sessions that the *ad hoc* committee met
29 stating that they had achieved a quorum on all of the dates except for one. At these meetings,
30 they reviewed representation structures of current Faculty Council and the CWRU Senate, and
31 other top rated research medical schools (e.g. Harvard, Stanford, Washington University at St.
32 Louis, Vanderbilt, Einstein and Northwestern). In an e-mail to faculty, they solicited open-ended
33 input regarding issues of importance. They hosted information sessions to obtain perspectives of
34 faculty in leadership across the city, and constructed a survey that was launched on November 8
35 addressing the main issues of concern.

36
37 Guests invited to the information sessions were: Christine Alexander, MD (MHMC), Gary Clark,
38 MD (MHMC), Nicole Deming, JD, MA (SOM), Marjorie Greenfield, MD (UH/SOM), Clifford
39 Harding, MD, PhD (SOM/UH), Amy Hise, MD, MPH (VA), Karen Horowitz, MD (VA), Bud
40 Isaacson, MD (CC), Brian Mercer, MD (MHMC), and Usha Stiefel, MD (VA).

41
42 Data was analyzed using both qualitative and quantitative data analyses. Recurring themes
43 indicated that faculty are committed to a career in academic medicine. The current Faculty
44 Council structure is too large and unwieldy. CWRU Basic Science faculty felt that they need
45 stronger representation. Hospital faculty indicated that much of what is discussed in Faculty
46 Council is not relevant to them and that they do not feel engaged with the SOM, their voices are
47 not heard. The Faculty at the VA stated they feel underrepresented, and should not be included
48 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

1 further discussion a vote was taken. 20 were in favor, 6 were against, and 1 abstained. The
2 motion passes.

3
4
5 **New business**

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

8
9 The Faculty Council Steering Committee is a standing committee of Faculty Council. As such,
10 standing committees have a charge. A motion was made and seconded that the Faculty Council
11 Steering Committee should draft a charge for their committee and bring it before Faculty
12 Council. The motion cannot be voted upon because a quorum was no longer present.

13
14 There being no further items to be addressed, the meeting was adjourned at 5:45PM.

15
16 Respectfully submitted,

17
18 Joyce Helton
19

Faculty Council Meeting
Draft Meeting Minutes
Monday, January 28, 2018
4:00-5:30PM – BRB 105

4:00PM	Welcome and Chair's Comments	Sudha Chakrapani
4:05PM	Approval of Minutes from the December 17, 2018 Meeting	Sudha Chakrapani
4:07PM	Steering Committee Activities Report	Sudha Chakrapani
4:10PM	Bylaws Presentation	Darin Croft
4:40PM	Annual Report from the Lecture Committee	Neil Greenspan
4:50PM	Discussion of Ad Hoc Committee's Report	Cynthia Kubu
5:20PM	Report on Faculty Senate Activities	Danny Manor
5:25PM	New Business	
5:30PM	Adjourn	

Members Present

Corinne Bazella
Tracey Bonfield
David Buchner
Cathleen Carlin
Sudha Chakrapani
Shu Chen
Gary Clark
Pamela Davis
Travis Cleland
Brian D'Anza
Piet de Boer
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Scott Simpson
Jochen Son-Hing
Phoebe Stewart
Charles Sturgis
James Howard Swain
Daniel Sweeney
Carlos Trombetta
Anna Valujskikh
Richard Zigmond

Members Absent

Robert Bonomo
Sherine Ghafoori
Anna Maria Hibbs
Hannah Hill
Zachary Grimmett
Laura Kreiner

Varun Kshetry
Rekha Mody
Clifford Packer
Nimitt Patel
Hilary Petersen
Ben Roitberg

Barbara Snyder
Patricia Thomas
Melissa Times
Krystal Tomei
Kristin Voos

Others Present

Nicole Deming

Joyce Helton

Allison Vidimos

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.

Dean Davis will hold a town hall meeting on February 14 to provide an update on the transition to the new Health Education Campus. Dr. Chakrapani welcomed Dr. Charles Malemud to the Faculty Council Steering Committee as its newest member. Dr. Eli Bar has agreed to chair the Nomination and Elections Committee.

A procedural issue regarding the petition proposing amendments to the SOM bylaws has been brought to Dr. Chakrapani's attention. Thirty full-time and two part-time faculty signatures are on the petition and, to date, the names have not been publicly disclosed. While releasing the names does provide transparency, and an approach for clarification if the committee should require one, the issue of whether or not the names of the petitioners can remain undisclosed is currently under consideration.

Dr. Chakrapani clarified that only the procedural issue is being discussed today, not the content of the petition. Article 6 makes the point that a proposed amendment of the bylaws must be accompanied by the rationale for the changes. She noted that only the proposed amendments would be forwarded for consideration and not the petition with the signatures. The floor was then opened for discussion.

The Faculty Affairs & HR Office has verified that the names on the petition are current faculty members. Faculty Council discussed potential reasons why faculty may not wish to have their name disclosed. It was suggested that petitions could be contacted for clarification. Faculty Council operates under Robert's Rules in order to promote open dialogue. Other members raised concerns that petitioner could not be questions regarding the proposed amendments. Other members stated that there appears to be tension among faculty, and there are those who genuinely fear retribution for signing the petition.

A motion was made and seconded that in order for faculty members to propose an amendment to the bylaws their names have to be disclosed on the petition. There being no further discussion, a vote was taken. The motion was stated as "Do you approve the motion that a petition needs to be accompanied by the names of the signees to move forward." A vote was take and the tally was 27 in favor, 8 opposed, and 1 abstained. The motion passes.

Faculty who have already signed this petition, and wish to remove their names, will be permitted to do so.

Approval of December 17 Faculty Council Meeting Minutes

Dr. Chakrapani stated that she verifies the vote tallies included in the meeting minutes. The minutes are not a transcript of the Faculty Council meetings. The minutes summarize the actions taken by Faculty Council and Faculty Council is afforded the opportunity to amend the meeting minutes if a change is needed. Members were reminded to submit suggested edits prior to the meeting and then these would be discussed at the meeting. The vote for the December 17 meeting minutes was then postponed until these changes can be incorporated and the edited version presented for approval.

Steering Committee Activities Report

At the Steering Committee's request, Sana Loue, Vice Dean for Faculty Development, presented an update on diversity and recruitment initiatives at the SOM. Draft presentations from Darin Croft on the Bylaws Amendments and the Annual Report from the Lecture Committee were reviewed and placed on the Faculty Council agenda. The committee reviewed the SOM CAPT recommendations for promotion and tenure to ensure that equality in standards had been applied in the assessments. Advice was provided to Dean Davis on Chair and Emeritus appointments.

Bylaws Presentation (Darin Croft)

Dr. Croft explained that part of the ongoing 5-years review has already been presented and approved by Faculty Council. Articles 3 and 4 will be addressed today. Article 5 and the Appendix will be reviewed at a later date.

3.4 -- Terms of office of Faculty Council representatives. "Re-elected" was changed to "stand for election". A motion was made to approve the amendments to Article 3.4. There being no further discussion a vote was taken. 27 were in favor, 1 was opposed and 2 abstained. The motion passes.

Article 3.5 Part 1 – addresses the pool from which the Faculty Council Chair could be selected. Add the text "among current members of the Faculty Council". This change is highly advocated in order to make the bylaws consistent. A motion was made and seconded to approve the amendments to Article 3.5 Part 1. There being no further discussion, a vote was taken. 32 were in favor, 1 was opposed, and 1 abstained. The motion passes.

Article 3.5 Part 2 – It was suggested that instead of "requiring two candidates for Chair-elect", to add the text that "the NEC shall strive to nominate at least two candidates for the position of Chair –elect". A motion was made and seconded to approve the amendments to Article 3.5 Part 2. There being no further discussion, a vote was taken. 30 were in favor, 1 was opposed, and 4 abstained. The motion passes.

A motion was made and seconded to vote on Article 3.6a first. There being no further discussion a vote was taken. 28 were in favor 3 were opposed, and 0 abstained. The motion passes.

Article 3.6a -- Committees of Faculty Council. It was suggested that "the Steering Committee meetings shall be conducted according to Robert's Rules of Order, Newly Revised edition",

should be added to the article. A motion was made and seconded to approve the amendments to Article 3.6a. There being no further discussion a vote was taken. 28 were in favor, 8 were opposed, and 1 abstained. The motion passes.

A motion was made and seconded to approve the amendments to Article 3.6a first. There being no further discussion a vote was taken. 28 were in favor, 3 were opposed, and 0 abstained. The motion passes.

A motion was made and seconded to approve the amendments to Article 3.6c. There being no further discussion, a vote was taken. 23 were in favor, 7 were opposed, and 2 abstained. The motion passes.

Article 3.7 -- Meetings of Faculty Council. It was suggested that the text “A parliamentarian may be appointed by the Faculty Council Chair in order to facilitate the orderly transaction of business” be added.

It was noted that Nicole Deming’s role as Secretary of Faculty Council is not that of a parliamentarian. While she also could serve as Secretary and parliamentarian, it is perfectly acceptable for a different person to be parliamentarian. No qualifications for a parliamentarian were given. A motion was made and seconded to approve the amendments to Article 3.7d. There being no further discussion, a vote was taken. 20 were in favor, 13 were opposed, and 3 abstained. The motion passes.

Dr. Croft explained that the changes proposed are intended to flesh out and more clearly explain The Division of General Medical Sciences. In Article 4.7 – The Division of General Medical Sciences, the blue text is what is being added. No changes are being proposed in the process or status. The hope is to clarify this entity for new faculty coming in.

Centers are established to allow a mechanism for specialized groups of faculty to work together. Centers may not have a fully developed academic discipline required to establish a department, but could grow into departments such as the Department of Neurosciences, the Department of Genetics and Genome Sciences and Department of Bioethics). There are also centers that have remained centers like the RNA Center and the Cancer Center. They serve as a mechanism for appointing faculty who are critical for the procurement of large grants and activities, but are faculty who do not fit into an established department. The Cancer Center established core directors who would not have been accepted by basic science departments, but who are essential to the center and the securing of grants, and a mechanism to developing programs with the SOM.

A motion was made and seconded to approve the amendment to Article 4.7 by deleting “and with advice of the Faculty of Medicine”. There being no further discussion, a vote was taken. 32 were in favor, 3 were opposed, and 1 abstained. The motion passes.

A motion was made and seconded to approve Article 4.7 as amended. There being no further discussion, a vote was taken. 30 were in favor, 1 was opposed, and 1 abstained. The motion passes.

Annual Report from the Lecture Committee (Neil Greenspan)

The Lecture Committee is comprised of five members: Matthias Buck, Kishore Guda, Diana Ramirez-Bergeron, Xinglong Wang and Neil Greenspan.

The Louis A. Bloomfield Memorial Lecture was held on October 10, 2018, with Andrew Read from Penn State as the featured speaker (invited by Neil Greenspan). Michael N. Hall, from the University of Basel (invited by Diana Ramirez-Bergeron) presented the H.M. Hanna Lecture in late October of last year with an estimated attendance of 100.

Speakers already slated for the 2019-2020 academic year are Wendell Lim (UCSF Center for Systems & Synthetic Biology – invited for the Bloomfield Lecture by Xinglong Wang); and Sheena Radford (University of Leeds – invited for the Hanna Lecture by Matthias Buck). Hans Clevers, from Utrecht University (invited by Kishore Guda), has been secured as speaker for the Hanna Lecture in 2020-2021.

The new endowed lecture policy has been a current area of focus for the Lecture Committee. A whole series of endowed lectureships are sitting idle. The current initiative is to open these up for faculty nominations and utilize these funds. The initial call for applications for a series of lectureships (5) received virtually no response. The only application for an under-utilized fund was received from Dr. Yu, who was awarded up to \$5,900 from the Zella Hall Lecture Fund for the Pittsburgh Diffraction Conference in October, 2018.

The Lecture Committee would welcome any ideas to increase faculty participation in nominating candidates for unused lectureships. It was suggested that the Lecture Committee communicate with the Seminars Committees in different departments. Each of those seminar series has a guaranteed audience of at least 70 people. It is an embarrassment to both Case and our speakers when the turnout is poor.

From a scientific point, feedback from those people who met with Dr. Reed felt it had been worthwhile. All of these lectures are held on the SOM campus.

The intent is to target relevant hospital faculty in the various departments. To coordinate attendance, potential attendees need to be informed three months or more in advance. The SOM listing is currently used for distribution. The suggestion was made that targeted invitations be sent to relevant hospital departments to ensure better engagement.

A motion was made and seconded to accept the Annual Report from the Lecture Committee. There being no further discussion, a vote was taken. 33 were in favor, no one opposed, and no one abstained. The motion passes.

Discussion of Ad Hoc Committee's Report (Cynthia Kubu)

Dr. Kubu continued her presentation from the January Faculty Council meeting by providing a brief recap highlighting the issues that had emerged from the Ad Hoc Committee report. The primary work product survey was developed using feedback from different faculty with a total response rate of 16%. MHMC experienced difficulty accessing the survey because of their firewall.

The current model C1 is primarily department-based and will grow as departments are added. Currently, there are 73 voting members on the Executive Committee. Model C2 is the senate

model, which provides equal representation across the five sites. In the current model the VA has only one representative. Model C3 is the house model with proportional representation, and model C4 is the weighted CWRU model. Faculty who receive their primary compensation through the university would have a greater say. People working in the hospitals are primarily paid by the university.

Four hundred fifty-eight faculty responded. The Senate model proved to be the top choice with the weighted SOM/CWRU model coming in second. The work site was significantly related to the model for which participants voted. Joint faculty had joint appointments. While a voluntary survey with 16% response rate is hardly definitive, it does present data.

A number of representation principles came out of research. Conclusions showed that respondents indicated support (i.e. greater than >40% -- very important or extremely important) for the following:

- the ability to participate and vote in Faculty Council 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 Faculty Council representatives can deliberate and consult with their constituents prior to casting a vote (>50%)
- Chair of Faculty Council is rotated among all sites
- term limits on Faculty Council
- Faculty Council works closely with administration (>50%)
- the current model of Faculty Council was the least preferred by all respondents
- the senate model was the most preferred model by the respondents
- the respondents choice of preferred model was related to their work site

Goals and underlying values to guide the work of the ad hoc committee were agreed upon early on in the meetings: the strength of Faculty Council was to be maintained; a representation model must be fair and transparent; endeavor to increase engagement in the SOM; and represent and advocate for all faculty. There must be special recognition for basic science needs and hospital faculty. It is up to Faculty Council to determine how to utilize the data that was collected e.g. what came up within the terms of the committee, how best to increase engagement and have more say in Faculty Council, and how to achieve a greater sense of unity. We need to brainstorm back through what the model and the voice is. The decision to accept the senate model vs SOM weighted model would have to be examined in great detail, as the stakeholders are not the same.

A motion was made and seconded to pass the senate model. Discussion followed and questions were raised. Members asked about the level of input from representatives on Faculty issues that may impact one group of faculty more than another. Members also suggested a much more studious consideration of this matter is required. Members asked if the goal of Faculty Council is to increase engagement and do the different models address this question. The question was asked whether the information collected expanded upon why people do or do not feel engaged. Dr. Kubu replied that the qualitative data only indicates major themes. Nineteen percent of the survey respondents have been on Faculty Council.

A member of faculty council stated that Cleveland Clinic, the VA, and MHMC have very little in common. The administration, e.g. the medical school Dean and the Vice Dean for Research, play a very small role in these affiliated hospitals. The suggestion was made that it might be more prudent to create two faculty councils, one for basic science and one for clinical science. Some representatives have stated at previous meetings that much of what is being discussed in Faculty Council (e.g. salary) is not relevant to them.

Members stated that the Council was not at a point to vote on these models and that thoughtful discussion is necessary before a decision to restructure Faculty Council is made. It was suggested that the Council discuss the purpose of Faculty Council, the diversity of institutions, and the strengths and benefits of each of the models.

The Dean agreed that it was premature to vote on these models, and that a lot more information is required. She proposed that she, or members of her team, come to Faculty Council to provide more in-depth knowledge about SOM as it relates to each of its affiliate hospitals and the faculty in basic sciences. There are a number of things that interconnect the faculty across all sites involving research, service and teaching. The Dean stated that with respect to faculty, there are probably more commonalities than there are divisions. The Dean recognized that geography is a big issue.

The Dean commented that who pays is secondary to faculty function. The Cancer Center could not function without Cleveland Clinic, University Hospitals and the SOM. Not one or two of these could operate the kind of fantastic cancer center that we currently have. The Dean then asked that the members consider not yet changing the model but consider a mechanism of bringing the Faculty Council together in the 21st century to operate in a more effective and conclusive way.

The Dean noted that this is not the only chance to vote on the models. The SOM has 13 basic science departments, Cleveland Clinic has 13, MHMC has 18, and UH has 16 bringing us fairly close to already having equal representation. The VA, because it has appointments through UH, does get shortchanged, having only one institutional representative. They could have more representation.

A member recommended face-to-face meetings to and other meetings to provide additional information to the survey. Dr. Kubu remarked that with respect to representation, the response rate is similar to other faculty surveys, and no responses were removed. MHMC and UH were underrepresented. The firewall at MHMC may have been one of the factors that limited faculty input.

The ad hoc committee sunsets at the end of this month. The end of their charge will provide an opportunity for a different group to go forward and have a thoughtful discussion.

Dean Davis has offered to provide information at the next Faculty Council meeting. The suggestion was made to postpone the vote on the different models until more information is provided, and delay the action on the original motion until May of 2019.

A subsidiary motion was made and seconded to postpone the vote on the senate model until May 2019. There being no further discussion, a vote was taken. 28 were in favor, 8 were opposed, and 2 abstained. The motion passes.

There being no further business to be addressed, the meeting was adjourned at 5:44PM.

Respectfully submitted,

Joyce Helton

5-Year Review

- Article 1: Purpose
- Article 2: Faculty of Medicine
- Article 3: Faculty Council

Presented to Faculty Council

- Article 4: Departments & Division of General Medical Sciences

Today's proposals

- Article 5: Appointments, Promotions, Tenure

- Article 6: Amendments

**To be
presented later**

- Appendix 1: Qualifications & Standards for Appointments, Promotions, Tenure

Article 4 title and 4.1

Original:

ARTICLE 4 – DEPARTMENTS AND DIVISION OF GENERAL MEDICAL SCIENCES (DGMS)

4.1 Organization of Faculty into Departments and Division of General Medical Sciences (DGMS)

a. The Faculty of Medicine shall be organized into departments and DGMS... representing academic disciplines as specified in the Constitution of the University Faculty, Article VII, Sec. B.

Proposal (deletions and corrections):

ARTICLE 4 – DEPARTMENTS ~~AND DIVISION OF GENERAL MEDICAL SCIENCES (DGMS)~~

4.1 Organization of Faculty into Departments ~~and Division of General Medical Sciences (DGMS)~~

a. The Faculty of Medicine shall be organized into departments ~~and DGMS~~... representing academic disciplines as specified in the ~~Faculty Handbook, Chapter 2 (Organization and~~ Constitution of the University Faculty), Article VII, Sec. B.

Original:

Article 4.2a (part 1)

4.2 Functions of Departments

a. Each department and DGMS shall provide a central administration for its academic disciplines. Each department and DGMS shall be responsible for the teaching in its discipline in the School of Medicine, through the core academic program's committee structure and the other units of the undergraduate medical curriculum and in the affiliated hospitals. Each department shall also allocate resources to execute powers and responsibilities concerning the faculty's educational, research, scholarly activities (Faculty Handbook, Chapter 2, Section B), and full freedom of scholarly investigation and publication of his or her findings (Faculty Handbook, Chapter 2, Section D).

Proposal:

4.2 Functions of Departments

a. Each department and DGMS shall provide a central administration for its academic disciplines. Each department ~~and DGMS~~ shall be responsible for the teaching in its discipline in the School of Medicine, through the core academic program's committee structure and the other units of the undergraduate medical curriculum and in the affiliated hospitals. Each department shall also allocate resources ~~to support its~~ educational, research ~~and~~ scholarly activities (Faculty Handbook, Chapter 2, ~~Article VII~~, Section B), ~~and full freedom of scholarly investigation and publication of his or her findings (Faculty Handbook, Chapter 2, Section D).~~

- First deletion makes department reference parallel with others
- Second deletion is redundant with Article 5.3: Academic Freedom.

Article 4.2a-c

Original:

4.2 Functions of Departments

- a. ...Each department shall plan and execute programs of research and of professional activity and shall train medical students, undergraduate students, and graduate students in its disciplines.
- b. ... “DCAPT”s ...
- c. ... paragraph 4.2(c)... Alternatively, department chairs may nominate a committee of at least three faculty members from among the primary full- time faculty (and other faculty) to serve as the committee.

Proposal:

4.2 Functions of Departments

- a. ...Each department shall plan and execute programs of research and of professional activity and shall train medical students, graduate students **and, in some cases, undergraduate students** in its disciplines
- b. ... “DCAPTs” ...
- c. ... paragraph 4.2(**d**)... Alternatively, department chairs may nominate **a committee of** at least three faculty members from among the primary full- time faculty (and other faculty) to serve as the committee.

Original:

Article 4.2d

d. ...Department chairs shall not be present for DCAPT voting. Should a faculty member take advantage of the self-initiation process, the DCAPT chair shall invite the department chair as well as an advocate, selected by the candidate from among the CWRU faculty, to the meeting at which the self-initiated promotion or tenure award is discussed to provide the department chair and advocate with the opportunity to offer his or her perspectives. The advocate and department chair shall present separately and neither shall be present for the vote.

... whom she or he initiated for appointment, promotion, or tenure.

Proposal (insertions, corrections):

- Improper use of self-initiate

d. ...Department chairs shall not be present for DCAPT voting. **If a department chair does not support a faculty member for promotion and/or tenure, the faculty member may self-nominate.** Should a faculty member take advantage of the **self-nomination** process, the DCAPT chair shall invite the department chair as well as an advocate, selected by the candidate from among the CWRU faculty, to the meeting at which the self-**nomination for** promotion or tenure award is discussed to provide the department chair and advocate with the opportunity to offer his or her perspectives. The advocate and department chair shall present separately and neither shall be present for the vote. **If the DCAPT does not recommend in favor of the promotion, a faculty member may self-initiate, as described in the Faculty Handbook (Chapter 3, Article I, Section I, Initiation of Recommendations).**

... whom she or he **nominated** for appointment, promotion, or tenure.

The specific asks as relates to the issue of CWRU day care.

1. That the Faculty Council endorse a resolution asking for the Dean of the School of Medicine to support the establishment of a day care center as the School of Medicine represents roughly half the population of CWRU faculty and staff.
2. As part of this resolution, establish the necessary committee to review cost and feasibility of using either the School of Dentistry or the School of Nursing, buildings that the President has indicated would be mothballed. These buildings are centrally located, have access to parking for pick up and drop off and are anticipated to be large enough to offer the space necessary.
3. If deemed necessary, develop a survey for possible use to be sent to faculty and staff at University Hospitals, The Cleveland Clinic, The VA Hospital as well as the School of Medicine and the CWRU community for possible utilization.
4. As such a facility would serve the entire University community, the Dean is urged to request that the Provost and President also consider this proposal for a day care center on campus in the very near future.
5. In lieu of support for this proposal, the Dean (and Provost and President) should provide a sound time table to the CWRU faculty and staff for the independent establishment of a day care facility on campus.

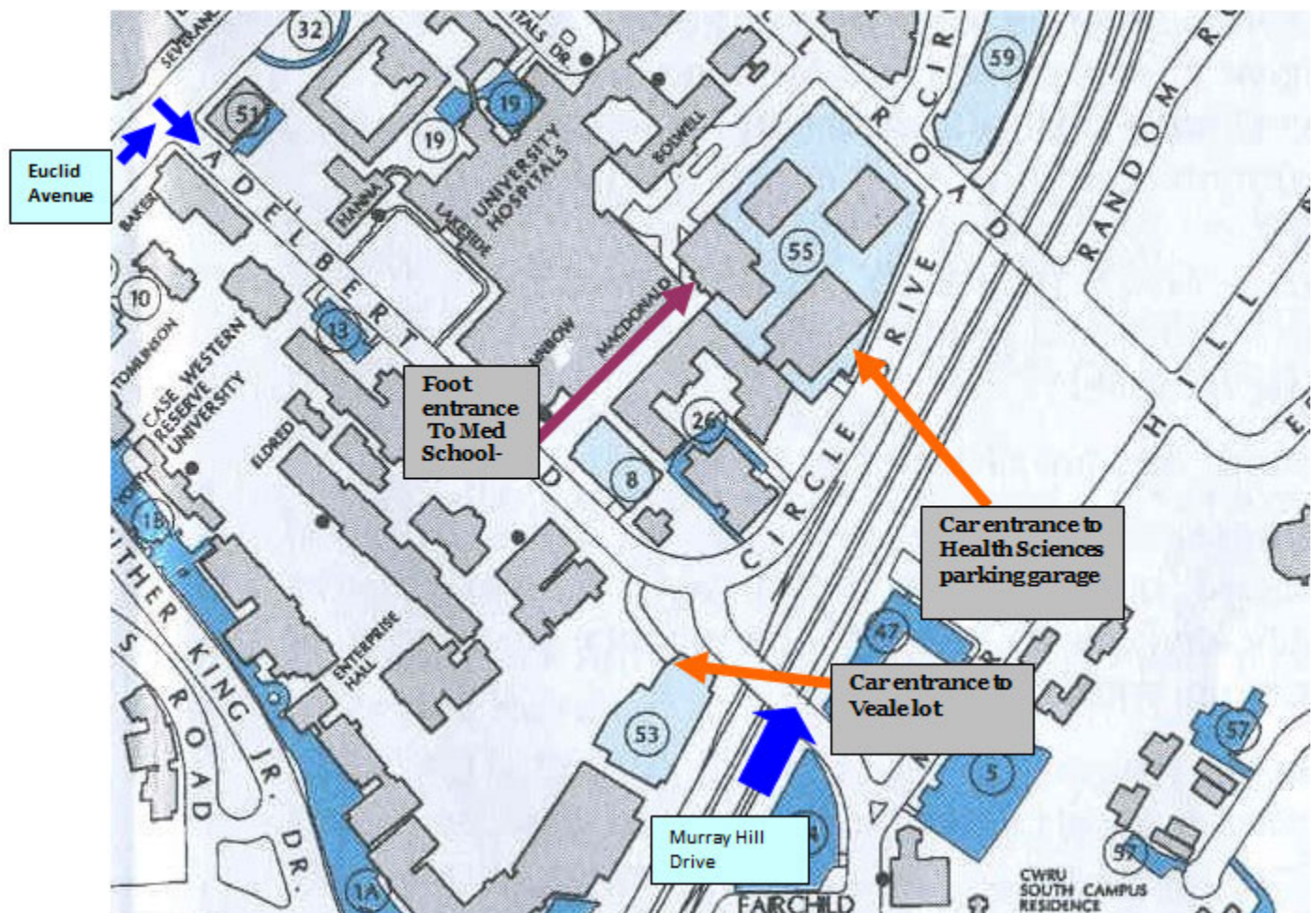
Directions & Parking Information

Directions to the Health Science Parking Garage (#55 on the map) and into the Medical School First Floor

Driving East on Euclid Avenue; turn right on Adelbert Road, and take Adelbert Road to Circle Drive. Make a **left** at the 4-way stop sign. Turn left into the Health Science Parking garage, Lot 55 on attached map. Upon entering the visitor's entrance of the Medical School from the Health Sciences parking garage (brown **M** DOOR ACROSS FROM THE NURSING SCHOOL ENTRANCE) you will see that straight ahead is a glass door to the medical school, which requires card access. Please go down the hall on the **right**, take a slight **left** and then you will see the Security Desk. Go past the Security Desk and up the stairs. Conference Room BRB105 will be on the left side past the Dean's Office.

Parking is also available at the Veale Parking Lot #53 on the map. You would walk down Adelbert to the foot entrance to the medical school which opens to the staircase leading to the first floor of the BRB Building. We are only able to comp for parking at the Health Science Parking Garage and Veale Parking garage.

Parking Lot Map



Visitor's parking lots (Please remember to bring your parking ticket with you).

- Lot # 55 is Health Sciences Parking lot (Under Medical School)
- Lot #53 is Veale Parking Garage