

Faculty Council Meeting
Meeting Minutes
Monday, June 17, 2019
4:00-5:30PM – BRB 105

4:00-4:10PM	Chair Announcements	Sudha Chakrapani
4:10-4:12PM	Approval of Faculty Council Meeting Minutes from the May 20, 2019 Meeting	Sudha Chakrapani
4:12- 4:15PM	Faculty Council Steering Committee Activities Report	Gary Clark
4:15-4:25PM	New Academic Departments CCLCM (Plastic Surgery, Emergency Medicine, and Neurology)	Gene Barnett
4:25-4:55PM	Discussion on Faculty Council Structure and Representation	Jennifer McBride
4:55-5:00PM	Vote on the Senate Model	
5:00-5:10PM	Remote Participation Amendment -- Bylaws Recommendation on the Language	Darin Croft
5:10-5:18PM	Proposal 3 of the Faculty Proposed Amendment Petition (and Bylaws Recommendation)	Danny Manor Darin Croft
5:18-5:20PM	Committee Reports (Bylaws)	
5:20-5:25PM	Proposal for the Awards Committee	Sudha Iyengar
5:25-5:30PM	Ad Hoc HEC Committee of the Faculty Senate	Maureen McEnery
	New Business	
	Adjourn	

Members Present

Corinne Bazella
Robert Bonomo
Cathleen Carlin
Sudha Chakrapani
Shu Chen
Gary Clark
Travis Cleland

Anna Maria Hibbs
Beata Jastrzebska
Hung-Ying Kao
David Katz
Allyson Kozak
Laura Kreiner
Varun Kshetry

Vincent Monnier
Ameya Nayate
P. Ramakrishnan
Anand Ramamurthi
Ben Roitberg
Satya Sahoo
Jochen Son-Hing

Members Present (cont.)

Piet de Boer	Cynthia Kubu	Phoebe Stewart
Pamela Davis	Suet Kam Lam	Charles Sturgis
Philipp Dines	Maria Cecilia Lansang	Daniel Sweeney
William Dupps	Charles Malemud	Patricia Taylor
Judith French	Danny Manor	Krystal Tomei
Monica Gerrek	Jennifer McBride	Carlos Trombetta
Mahmoud Ghannoum	Maureen McEnery	Kristin Voos

Members Absent

Tracey Bonfield	Darrell Hulisz	Barbara Snyder
David Buchner	Irina Jaeger	James Howard Swain
Brian D'Anza	Stathis Karathanasis	Patricia Thomas
Nicole Deming	Rekha Mody	Melissa Times
Jennifer Dorth	Vicki Noble	Anna Valujskikh
Sherine Ghafoori	Clifford Packer	Jo Ann Wise
Zachary Grimmett	Nimitt Patel	Richard Zigmond
Hannah Hill	Scott Simpson	

Others Present

Todd Emch	Karen Horowitz	Kerry Levin
Joyce Helton	Sudha Iyengar	Usha Stiefel

Chair Announcements

Sudha Chakrapani, Chair of Faculty Council, called the meeting to order at 4:00PM. She proceeded to summarize the agenda items that would be addressed at today's meeting. Recapping the accomplishments of the past year, Dr. Chakrapani noted that during the ten times Faculty Council met they approved a new minor program application in Nutrition, a proposal on Experimental Biotechnology Track, Biochemistry; a new charge for the Committee on Biomedical Research, and new academic departments in CCLCM for Otolaryngology-Head and Neck Surgery, Dermatology, and BME.

Discussions were held on the Bylaws Amendment to Articles 3 and the faculty proposed petition on amendments to Article 3, and the amendment to the Bylaws on VA representation. Standing committee reports were presented and approved; and a presentation of the Ad Hoc Committee to study Faculty Council Structure and Representation was given. The possibility of remote participation in Faculty Council meetings was discussed, as well as a proposal to support the creation of day care at CWRU.

Matthew Lester gave a presentation on the HEC and CWRU's financial commitment to the campus. Dean Davis gave a presentation on the amendment to the UH affiliation agreement, discussed the SOM structure, and addressed faculty teaching and rewards. Sana Loue provided an update on diversity related issues in the SOM, and Molly Watkins elaborated on the international ranking initiatives of medical schools and their importance to Case.

Dr. Chakrapani gave special thanks to the Faculty Council Representatives who served in 2018-2019, and especially to those who are rotating off their service. Special thanks to Phoebe Stewart, Past Chair, and Gary Clark, Chair Elect, and to the Faculty Council Steering Committee members who have completed their term: Cynthia Kubu, Danny Manor, Shu Chen, Vincent Monnier, and Charles Malemud. Dr. Chakrapani thanked Faculty Council for the opportunity given to her to chair this body.

It was noted that David Buchner has given his acceptance to serve as the Chair of the Nomination and Elections Committee through June.

Approval of Faculty Council Meeting Minutes from the May 20, 2019 Meeting

A motion was made and seconded to accept the meeting minutes from the May 20, 2019, Faculty Council meeting. When the floor was opened for discussion, a correction was suggested on Page 4, lines 42-44, to end the text after “child care”. There being no further changes to the text, a vote was taken to accept the minutes with this correction. 27 were in favor, 1 was opposed, and 3 abstained. The motion passes.

Faculty Council Steering Committee Activities Report (Gary Clark)

Dr. Clark stated that the Faculty Council Steering Committee had met on June 3 where they discussed the Bylaws Committee annual report, and reviewed proposals for new academic departments at CCLCM (Plastic Surgery, Emergency Medicine, and Neurology). The Bylaws Committee recommendation on the remote participation amendment was reviewed, as well as a proposal for the creation of an Awards Committee. A brief overview was presented on the new ad hoc HEC Committee of the Faculty Senate.

New Academic Departments CCLCM (Plastic Surgery, Emergency Medicine, and Neurology) (Gene Barnett)

Dr. Barnett stated that they were presenting three departments today. Emergency Medicine, which is already established at UHCMC as well as MHMC, would be under the academic department of Medicine, with Stephen W. Meldon, MD, being proposed as academic chair. Dr. Meldon is the Senior Vice-Chair of the Emergency Services Institute. He was a previous editor-in-chief of *Geriatric Emergency Medicine*, with 32 peer-reviewed publications, 25 book chapters, and 61 presentations to his credit.

The breadth and depth of the identified faculty’s teaching and research productivity numbers 100 physicians throughout the institution. They teach medical students and have 410 house officers complete their clinical rotations each year. The residency program sponsored by CWRU, MetroHealth, and Cleveland Clinic has 13 residents per year. Research projects include PETAL and SIREN emergency research network. There are robust grants in adult, geriatric and pediatric topics e.g. Emergency Airway, Knowledge of Home Medications, Reducing Chest Imaging, and Safety of Oral Anticoagulants Registry (SOAR).

Additional factors relevant to all of the proposed new departments are that they were requested by Dean Davis, they are significantly robust and warrant being recognized, and they offer the SOM department alignment with other institutions. Results from an analysis of the effect of the establishment of these second departments on existing departments of the School of Medicine

prove that there were no adverse effects, that this alignment was preferred, and that it would allow for better showcasing of unique accomplishments. These new departments will better reflect the academic diversity of CCLCM of CWRU. Research publications authored by faculty with appointments in the new departments will make note of the CWRU faculty appointment. All CCLCM research will continue to note the CCLCM of CWRU appointment. These new departments will not require funding from the School of Medicine, and this will be affirmed by a five-year business plan. The new departments will have no financial impact on CWRU and/or SOM. The visibility of these new departments may also spur further pursuits and encourage engagement at HEC.

The Department of Neurology is an already established SOM department at UHCMC and MHMC. It was originally placed under the Department of Medicine when CCLCM began. Kerry H. Levin, MD, is being proposed as the academic chair. He has held various committee positions for the American Board of Psychiatry & Neurology, from 1997 to the present. He has 41 peer-reviewed publications, 33 book chapters, and more than 100+ CME teaching and presentations to his credit.

The breadth and depth of the identified faculty's teaching and research productivity consists of 120 professional staff in many subspecialties, who teach medical students from CCLCM in year 1 and 2, and CCLCM & CWRU students in year 3. The residency program has 40 trainees per year. Twelve different fellowship programs (accredited and non-accredited) are offered.

Research projects exist in all subspecialties with grants covering many topics (adult and pediatrics) including epilepsy, multiple sclerosis, movement disorders, headaches, sleep medicine and dementia.

The Department of Plastic Surgery is already established as a SOM department at UHCMC and MHMC. James E. Zins, MD, is proposed for the academic chair of the department. Dr. Zins was a founding member of the American Society of Craniofacial Surgery in 1992, and Director of the American Board of Plastic Surgery from 2016-2022. He has authored 204 peer-reviewed publications, 20 book chapters, and given 269 presentations and abstracts.

The breadth and depth of the identified faculty's teaching and research productivity includes 21 physicians, 4 fellows, and 13 residents. They teach medical students, residents, and fellows from CCLCM, CWRU and other institutions. They are in the process to receive ACGME approval for a new integrated residency program. There are research projects for faculty and trainees as well as writing book chapters. Grants cover many topics (adult and pediatrics): face transplant, nerves, holographic surgical planning, breast reconstruction, and limb perfusion.

When the department starts off, we will meet with the individuals to address questions about their actual roles as part of the application process, and their expectations. These new departments exactly mirror the departments at the other institutions (MHMC or UHCMC) and are in line with the other centers. The interfaces between the academic departments at CCLCM and the SOM are substantiated by a seat at Faculty Council and a seat at chair meetings. The interface between academic department chairs and the leadership at CCLCM works directly with the SOM. Not much contact exists between academic chairs and the Dean; an intermediary

participates in both activities. To address students who wish to apply for various positions at Cleveland Clinic, each clinical department has an academic coordinator that serves that purpose, and this will not change under the new system.

The question was asked that if the primary driver is alignment with the other institutions, other than internal processes, and since we have functioned all these years without department entities, why is this changing now? Dr. Barnett replied that, there has been a yearning among faculty for an appropriate academic identity. Now that the program has matured, these departments can clearly stand on their own as academic identities, with alignment through the SOM as the secondary reason.

Dean Davis explained that when we do education in the third year clerkships and electives in the 4th year, the LCME states that no matter where you do those, you should receive the same clinical experience and be evaluated in the same manner. Representatives of all of these groups decide on the examinations, criteria, what proportion of students get honors and commendable, and objectives and requirements in each discipline. Third year required clerkships -- 32 from CCLCM, with a great deal of commingling in the 3rd year, and 4th year (plastic surgery, face transplants and holographic imaging) is under Medical Education. This makes for a better alignment when there are national programs and national research that want multiple sites; this is the mechanism of getting to those sites.

When asked about yearly evaluations, Dr. Barnett clarified that if you are UHCMC faculty, your yearly evaluation comes through the SOM. The understanding is that there is to be an internal review at CCLCM, just as it is at MHMC, through the respective department chair.

A motion was made and seconded to approve the proposal to create a new academic department of Plastic Surgery at CCLCM. There being no further discussion, a vote was taken. 29 were in favor, 5 were opposed, and 4 abstained. The motion passes.

A motion was made and seconded to approve the proposal to create a new academic department of Emergency Medicine at CCLCM. There being no further discussion, a vote was taken. 28 were in favor, 3 were opposed, and 4 abstained. The motion passes.

A motion was made and seconded to approve the proposal to create a new academic Department of Neurology at CCLCM. There being no further discussion, a vote was taken. 31 were in favor, 5 were opposed, and 3 abstained. The motion passes.

Discussion on Faculty Council Structure and Representation (Jennifer McBride)

Jennifer McBride, Chair-Elect of Faculty Council, proceeded to give a brief overview of the Senate model option for Faculty Council structure and representation.

Faculty Council serves as the executive body representing all SOM faculty. In February 2018, Faculty Council tasked an ad hoc group of peers to explore, meet several times, and come back with data. Key points indicated that the size of Faculty Council, as an executive body, is too large at 70+ representatives and will continue to grow with the addition of the new CCLCM departments. It was noted that there seems to be a lack of faculty engagement.

Some points for consideration are that the senate model would provide a more efficient process without discussions at these council meetings. The senate model proposes 3-4 elected members from these entities: VA, CCLCM, UH, MHMC, and Basic Sciences. It would also engage more faculty members by encouraging faculty to be more involved in the voting process by choosing someone to represent them. It will alternate discussion with people with diverse opinions.

The primary concern of those against the Senate model is that it is faculty governance and not institutional governance. It is not beneficial to drop the ratio of representatives to faculty so significantly. Faculty members participate in faculty governance. It is better to err on the side of representation. Quorums or outcomes would be better in this group. We will lose some of the diversity of the faculty in terms of what their jobs look like. It was felt that the senate model is going to disenfranchise small departments. Engagement for departments needs to be improved rather than restricting it.

The comment was made that this is the Faculty Council and faculty are in departments. The problem with having the senate model type of representation is that it excludes a lot of faculty representation. What we need to remember is that this is unfinished business. We need to ensure that there is departmental and increasing engagement with Faculty Council. Currently, the VA has only one representative at Faculty Council. The Chair reminded the council that the VA representation was voted upon two meetings ago and is currently with the Bylaws Committee.

Members of departments with over 200 faculty report to the Chair of the department. That is the communication conduit for how we get the word out to all the people. It has been difficult for MHMC faculty to nominate or elect a member for some of their departments. On the other hand, having 3-4 representatives for the entire basic science group would not be fair. Their chairs would not have time to discuss what goes on here. When the founding fathers put the Senate together, the House of Representatives was based on geography and the number of people. A comment was made that if this model passes we will no longer have a Faculty Council. If there is a need for an institutional council that comes together for institutional issues, that would still not be a Faculty Council. The suggestion was made that perhaps there should be an additional body to address issues not addressed here. Monthly faculty meeting issues coming before Faculty Council are discussed. A representative stated that the result of a vote in their department on the senate model was a unanimous rejection. Another remarked that they have yet to hear how 3-4-5 people, can take that kind of time, meet with faculty and represent all of those diverse views at Faculty Council as we do now. Three to four people cannot represent 1,000 clinical faculty such as at UHCMC. If we want to abolish Faculty Council this is one way to do it.

While there are advantages to this, not sure if it is the perfect solution. The comment was made that our concept of Faculty Council is what you know it to be from being here at Case for all these years. It is not true to say that we are not going to have a Faculty Council with the senate model. We will. It just will not be the Faculty Council that you currently think of. Discussion and comments continued. You should have a group that just meets here at Case and then have this. There are those who do not want to come here and listen to discussion only pertinent to

Case, when it does not impact all of the people coming here. That involvement is needed for all of the sites, research money, and academic ranking.

There are many Cleveland Clinic posters and not a single sign that says CWRU. There are very enthusiastic people who do see the value of having a strong council that is very integrated. We still have this huge mass of people who are disconnected from the spirit of having a Faculty Council that will work for all institutions. Nobody understands the relationship between SOM and Cleveland Clinic. We are currently without a primary affiliate. Too many questions are still unresolved before we make a change in the current model.

If we are a council of faculty (3,000) by definition of the bylaws, what is the proper way of representing them? To keep things the way they are because we like it, or are more comfortable with it, is never a good reason. Over the past year, we have been adding two departments a month. All faculty members are viewed as the same and deserve representation that is the same.

At the request of Dr. Jo Ann Wise, who could not attend today's meeting, Dr. Darin Croft read the following text:

"In advance of the May 20 FC meeting, for which a discussion and vote on the senate model was included on the agenda, Jo Ann Wise polled DGMS faculty via e-mail; 8/29 (28%) of faculty members responded.

All members who responded were OPPOSED to adoption of the Senate Model. Some of the more salient comments are reiterated below, with light editing for clarity.

1) From a Faculty member appointed in the PA Program: "I would support the weighted model or the current model. I have only been at CWRU for 4 years but it was surprising to see the significant input and representation of our clinical faculty in our faculty council. I personally feel that the basic scientists do the heavy lifting in educating the medical students (university) as well as the PA students and thus, should have more representation on the faculty council than the clinical faculty."

Other DGMS Faculty members with appointments in the Cancer Center, the RNA Center and the Center for Medical Education opposed the senate model and supported either Model 1 (current) or 4 (weighted); one of these faculty members pointed out that Models 1 and 4 are similar in the sense that they incorporate departmentally based representation.

Jo Ann Wise's comment: The list of potential models is not exhaustive and in particular does not include the possibility of having two separate bodies, one representing basic and another representing clinical scientists. This would ensure that members vote only on issues that affect them and at the same time address the frequent refrain heard during FC meetings over the past several years that much of what is discussed is not relevant to clinical faculty.

2) Faculty member from the Cancer Center: "I'm strongly in favor of model 4 and would strongly suggest that if the senate plan moves forward that SOM basic faculty "strike" and ignore their expected duties to demonstrate how misled this process has run."

Jo Ann Wise's comment: The proposed response to adoption of the Senate Model seems extreme at first glance. However, it is worth noting that a boycott of the new HEC by basic science faculty who participate in the University Curriculum has also been advocated as a way to protest the lack of CWRU-related signage."

Dr. Bonomo stated that currently the VA is only allowed one vote representing many diverse faculty. The VA is not represented fully and completely through our connection at this point with the opportunity to participate and contribute.

Dr. David Katz read comments from Dr. Richard Zigmond, who could not attend today's meeting. "Today's vote will be hanging over our heads forever. How can we vote on a model that is supposed to be a solution but exists in the absence of a problem, with no substance to it. Liaisons between faculty and administration -- now how will representatives be chosen. I urge you to vote against and retain the current well-functioning faculty model."

The comment was made that there is a problem when the VA has only one seat as an institutional representative. In terms of weight, the website shows where faculty are based and it is not correct. The numbers are higher than listed here. The status quo is not acceptable, that one hospital has nothing to say on this body. Dr. Chakrapani reminded the members that the VA issue has been addressed and the resolution is in process.

The discussion continued from the floor. It is important to remember that this was based on a response to a survey to which only 16% responded. This led to the conclusion that the senate model is the preferred model. Virtually all of the people that voted for the weighted model were from basic science departments. The preferred model is only preferred if you consider the mechanism by which the choices were solicited. The conclusion is that we need to go to institutional representation. Seems to me like a non-sequitur -- on one hand saying all are equal and asked to assume self-evident why institutional representation is more fair and equal. We represent faculty from every department and institution and made an asterisk to the VA problem that we are dealing with.

Faculty Council represents departments irrespective of from what institution they come. Representation by institution seems self-evident as it reflects divisiveness because they compete for patients, and it will bleed into the academic area as well. For the first time we are considering 3-4 representatives. For people who are arguing for more representation, we are going in the opposite direction instead of as in the case of the VA who are adding more. This representation of faculty, the values we are optimizing, this is old, not modern, and needs to be updated. Those are different kinds of values, managerial.

Dean Davis remarked that we might have our solutions out of sequence. We have a proposal to enfranchise the VA and to also bring forward the option of remote voting, both with the goal of increasing participation for people who have difficulty making it to Faculty Council to have a voice. Any restructuring might be appropriately delayed. Seventy-six people at executive committee is a lot. First, you do the things for the VA and remote voting, and then consider what

kind of structure would be most useful given those changes. The Dean reiterated that she is neither for nor against the senate model, she just thinks that the sequence is out of whack.

Discussion from the floor continued. A motion was made to postpone and a point of order was raised. The vote that was put forward for this meeting was to vote specifically for the senate model and does not dissuade Faculty Council to discuss it if voted down. The only vote to be postponed is the vote on the senate model.

Dr. Chakrapani clarified that when making a motion to postpone and seconded you must give a specific date or postpone indefinitely; it cannot be tabled. I want to postpone indefinitely the vote on the senate model. The postponing was superior to the motion. The end debate is superior to the postponement. We cannot debate that, we have to vote. If get 2/3 then we end the debate and go to vote.

A motion was made and seconded to end the debate. There being no further discussion, a vote was taken. 33 were in favor, 4 were opposed, and 0 abstained. The motion passes.

The Chair stated that someone would have to be recognized to unpostpone it, to bring the issue before the committee, and then back to it again. If it is moved to postpone it is postponed until it is brought back. If this motion passes, the vote on the senate model is postponed indefinitely. If it does not pass we go back to the main motion. If someone wants to discuss, they move to postpone the vote on the senate model indefinitely.

A motion was made and seconded to postpone discussion on the senate model indefinitely. There being no further discussion, a vote was taken. 21 were in favor, 20 were opposed, and 0 abstained. The motion passes.

Remote Participation Amendment -- Bylaws Recommendation on the Language (Darin Croft)

Darin Croft presented the Bylaws recommendations to the language on the remote participation amendment.

3.1 Purpose and Functions of Faculty Council -- voted to insert the text below beginning with when members cannot attend:

“When members cannot attend the Faculty Council meeting at the physical location specified in person, Faculty Council shall allow for electronic attendance and voting as long as: 1) the quorum will be determined at the beginning of the meeting by posting the roll call (i.e.names of those in attendance in the room and attending remotely), and will be monitored throughout the meeting; 2) 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; and 3) the technology used for electronic meetings shall allow the members full access to and full participation in all meeting transactions in real time. The Dean is requested to provide administrative support for this purpose.”

The Bylaws Committee was not unanimous in supporting this language. Bylaws notes in the margin of things that they discussed or did not agree with unanimously, but did not include in the text.

As far as taking attendance for remote people, one option could be to have a representative in the conference room or Zoom as software. With Zoom, when people log in with their own accounts you can see who is attending, or in a remote location using a conference room the it could be stated that the following 5 or 10 people are here and then go back to the secretary. From a technology perspective, this is acceptable.

One Faculty Council representative stated that they cannot support voting remotely because meeting in person is an integral part of the democratic process. It was then clarified that we are not voting on the main motion but only on the language that the Bylaws Committee has put into the text.

It was suggested that a location (conference room) could be designated at each site where people could gather. It would be easy to record if they are there, and they would be able to interact with each other. This would not exclude members e.g. clinicians from participating from their office computer or laptop. A designated location is just another option.

The members were reminded that the motion for the concept to allow remote voting has already been approved. We fully anticipate, however, that it will have to be revisited for some tweaking.

A motion was made and seconded to approve the remote participation amendment of the bylaws. There being no further discussion, a vote was taken. 32 were in favor, 3 were opposed, and 0 abstained. The motion passes.

Proposal 3 of the Faculty Proposed Amendment Petition (and Bylaws Recommendation) **(Danny Manor – Darin Croft)**

Proposal 3 deals with the composition of the Nomination and Elections Committee. NEC currently is composed of eleven members: the Dean; 2 clinical and 2 pre-clinical Faculty Council members; 2 clinical and 2 pre-clinical faculty who are not Faculty Council members, the Faculty Council Chair, and Faculty Council Vice-Chair.

We are trying to keep the number of committee members at 11. The NEC finds candidates to serve on committees, casting the widest net possible. The NEC composition of Proposal 3 is comprised of the Dean, five Faculty Council members (one from each institution), and five faculty who are not Faculty Council members (one from each institution). The Faculty Council Chair and Faculty Council Vice-Chair are not included. The Bylaws proposal includes the Dean, 3 Faculty Council members (at least 2 from basic science departments), five faculty who are not Faculty Council members (one from each institution), the Faculty Council Chair and Vice-Chair.

When asked what data substantiates that the people who served from institutions on the NEC are primarily clinicians, it was stated that the data was not readily available. We would hope to increase the number of hospital faculty on NEC. This would get closest to what we already have. In general, clinical faculty spend time with other clinicians, basic science with basic

science. If there is that openness, three representatives from Faculty Council in general. With regard to Faculty Council members, there are 18 representatives from UHCMC, 16 from MHMC, 12+ from Cleveland Clinic, and 13 from basic sciences. In the distribution of people on the roster, clinicians outnumber the basic sciences.

We did not have a strong notion one way or the other if it is important for the chair or vice chair to be on NEC. There is a great deal of importance to establish those relationships down the road.

A motion was made and seconded that we accept the Bylaws recommendations with the exception that we strike at least two members from the basic science departments. The floor was then opened to discussion. The single most important thing about this committee is that many slots on these committees are filled for a good part of the year. Since our sole job is to appoint people to put up for election, it is important to have many contacts. That is the reason for the way that the proposal is crafted.

If you want the amendment as is, you should cast your vote against this and then we can move to amend the motion. We want to keep our eye on the original text -- 4 basic science to 4 clinical. We have actually moved a far bit over by the clinical scientists.

The motion was made and seconded to approve the subsidiary motion to approve the Bylaws recommendation to proposal 3. There being no further discussion, a vote was taken. 21 were in favor, 9 were opposed, and 4 abstained. The motion passes.

A motion was made to end the discussion, but was not seconded.

A motion was then made and seconded that in discussing the amended motion, do you approve the Bylaws recommendation to proposal 3. There being no further discussion, a vote was taken. 25 were in favor, 7 opposed, and 2 abstained. The motion passes.

Annual Report from the Bylaws Committee

A motion was made and seconded to accept the annual report from the Committee on Bylaws. There being no further discussion, a vote was taken. 29 were in favor, 3 were opposed, and 1 abstained. The motion passes.

Proposal for the Awards Committee

To increase the number of faculty who are nominated for awards and honors nationally and internationally, we propose creating an Awards sub-committee, appointed by Faculty Council. This committee will work hand-in-hand with Chairs of Departments and Centers to identify new and existing opportunities for CWRU faculty at every rank, and increase the number of faculty members at CWRU who receive awards/honors. We would be working with the department chairs, as well as center directors, to create a nomination process and assist faculty in determining if and when they should apply for various honors/awards. We have come up with a mechanism for crafting materials, and a template to move this forward. The committee would consist of 4-6 members at different career stages from across the SOM, who will initially meet monthly, and then quarterly.

A motion was made and seconded to accept this proposal to create an ad hoc Awards Committee of Faculty Council. There being no further discussion, a vote was taken. 22 were in favor, 2 were opposed, and 2 abstained. It was noted that at this time we no longer have a quorum. Faculty Council will revisit this topic at a future meeting.

There being no further business to be addressed, the meeting was adjourned at 5:42PM.

Respectfully submitted,

Joyce Helton

Meeting of the School of Medicine Faculty Council

June 17, 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

- 4:00-4:10 Chair Announcements
- 4:10-4:12 Approval of Minutes from May 20, 2019 meeting
- 4:12-4:15 Steering Committee Activities Report (Gary Clark)
- 4:15-4:25 New Academic Departments CCLCM (Plastic Surgery, Emergency Medicine, and Neurology) (Gene Barnett)
- 4:25-4:55 Discussion on Faculty Council Structure and Representation
- 4:55-5:00 Vote on the Senate Model
- 5:00-5:10 Remote Participation Amendment -- Bylaws Recommendation on the Language (Darin Croft)
- 5:10-5:18 Proposal 3 of the Faculty Proposed Amendment Petition (and Bylaws Recommendation) (Danny Manor and Darin Croft)
- 5:18-5:20 Committee Reports (Bylaws)
- 5:20-5:25 Proposal for the Awards Committee (Sudha Iyengar)
- 5:25-5:30 Ad Hoc HEC Committee of the Faculty Senate (Maureen McEnery)
- New Business
- Adjourn



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

A recap of the past year...

- The Faculty Council met 10 times this academic year September 2018- June 2019
- Approval of New Minor Program Application in Nutrition.
- Approval of Proposal on Experimental Biotechnology Track, Biochemistry
- Approved New Charge for Committee on Biomedical Research
- Approval of New academic departments in CCLCM: Otolaryngology-Head and Neck Surgery, Dermatology, and BME
- Discussed Bylaws Amendment to Articles 3 and 4.
- Presentation of the Ad Hoc Committee to study FC Structure and Representation
- Discussed Faculty proposed petition on amendments to Article 3.
- Amendment to Bylaws on VA representation
- Remote Participation amendment.
- Proposal to support creation of Day Care at CWRU
- Standing Committee Reports



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

A recap of the past year...

- Discussion on the HEC and CWRU's Financial Commitment to the Campus (Matthew Lester)
- Presentation on the amendment to the UH affiliation agreement (Dean Davis)
- Discussion of the SOM structure (Dean Davis)
- Update on Diversity Related Issues in the SOM (Sana Loue)
- Faculty Teaching and Rewards (Dean Davis)
- International Ranking Initiatives (Molly Watkins)



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Chair Announcements

- Update on VA representation amendment
- Update on Faculty Petition on Bylaws Amendment to Article 3.5, 3.6a and 3.6b (Jo Ann Wise)
- David Buchner has accepted to serve as the Chair of the Nominations and Election Committee.



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Approval of May 20th meeting minutes.



SCHOOL OF MEDICINE

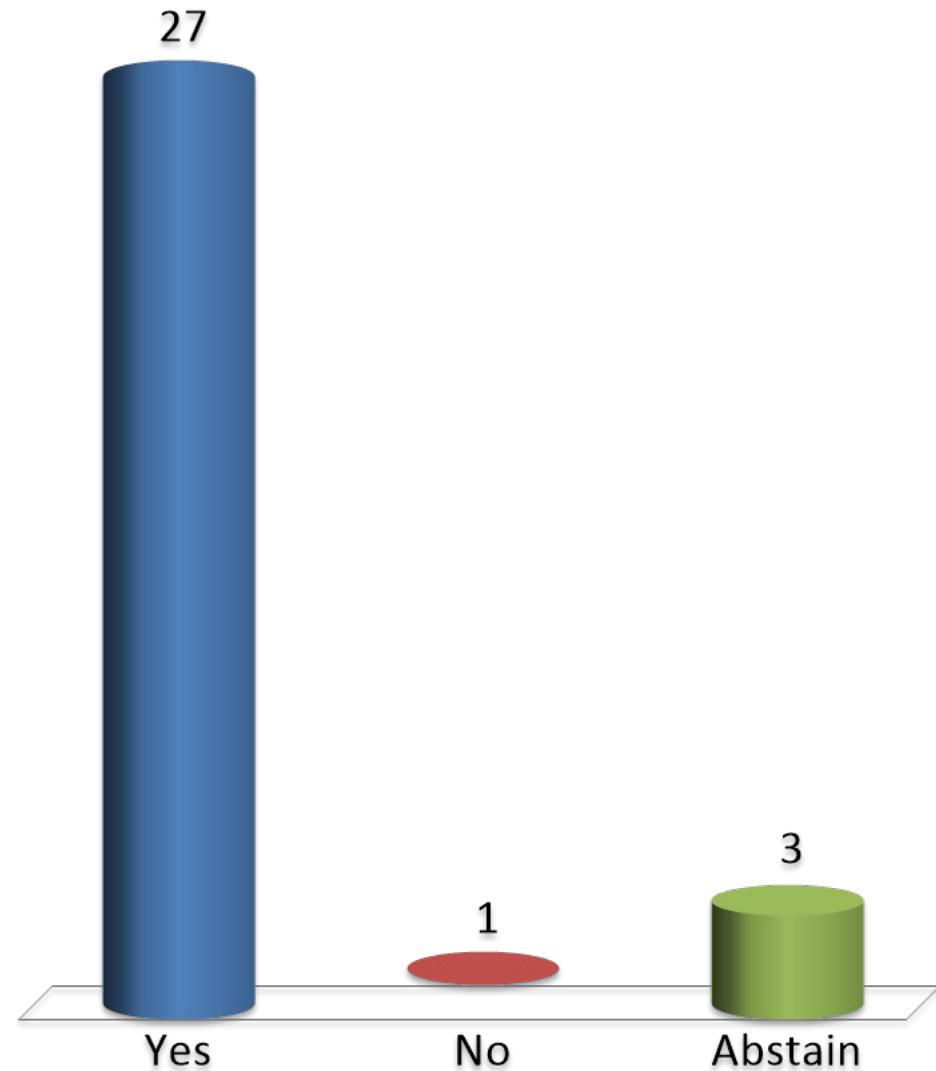
CASE WESTERN RESERVE
UNIVERSITY

Do you approve Minutes from the May 20th meeting?

A. Yes

B. No

C. Abstain



Steering Committee Activities Report

Meeting Date: June 3, 2019

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

- Discussed Bylaws Committee Annual Report.
- Reviewed proposals for new academic departments at CCLCM Plastic Surgery, Emergency Medicine, and Neurology).
- Reviewed Bylaws recommendation on remote participation amendment.
- Reviewed Proposal for the Awards Committee.
- Discussed updates from the *Ad hoc* HEC Committee of the Faculty Senate



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

New Academic Departments CCLCM:
Plastic Surgery
Emergency Medicine
Neurology

(Gene Barnett)



SCHOOL OF MEDICINE

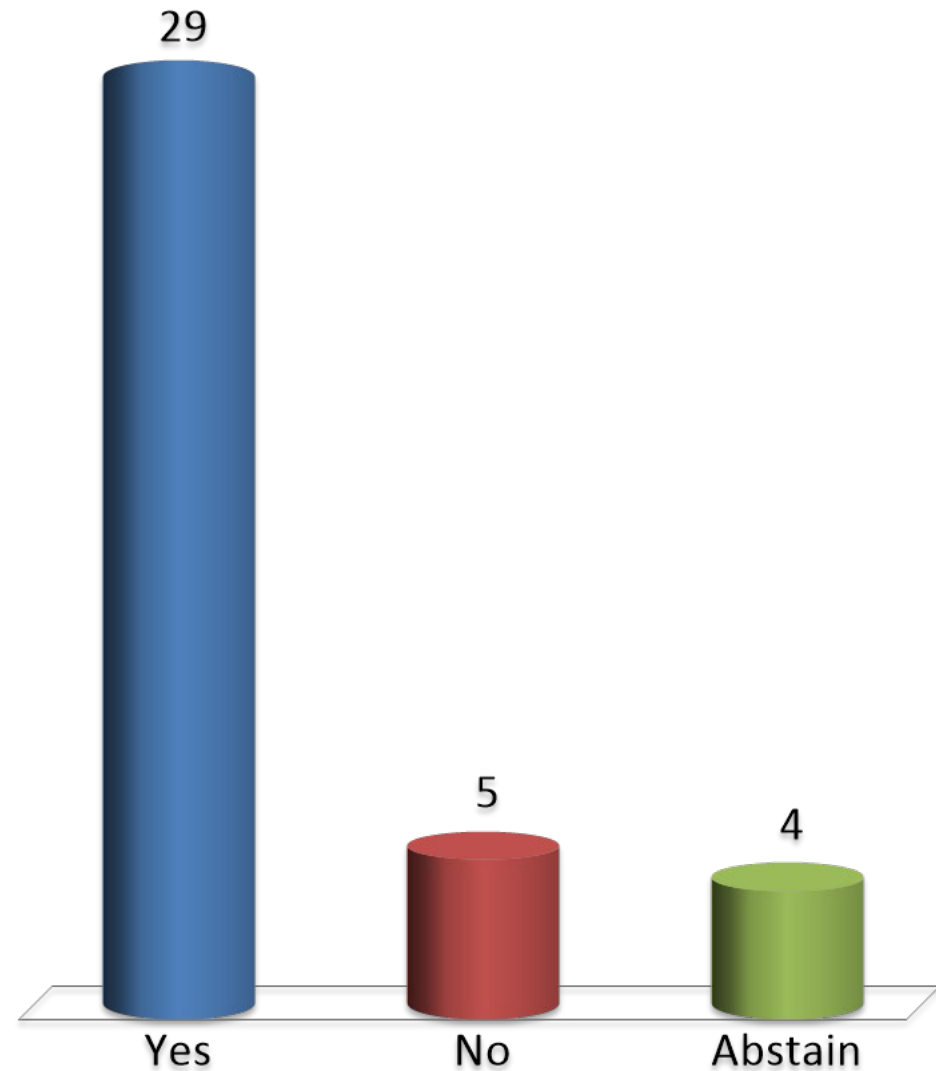
CASE WESTERN RESERVE
UNIVERSITY

Do you approve the proposal to create a new academic department of Plastic Surgery at CCLCM?

A. Yes

B. No

C. Abstain

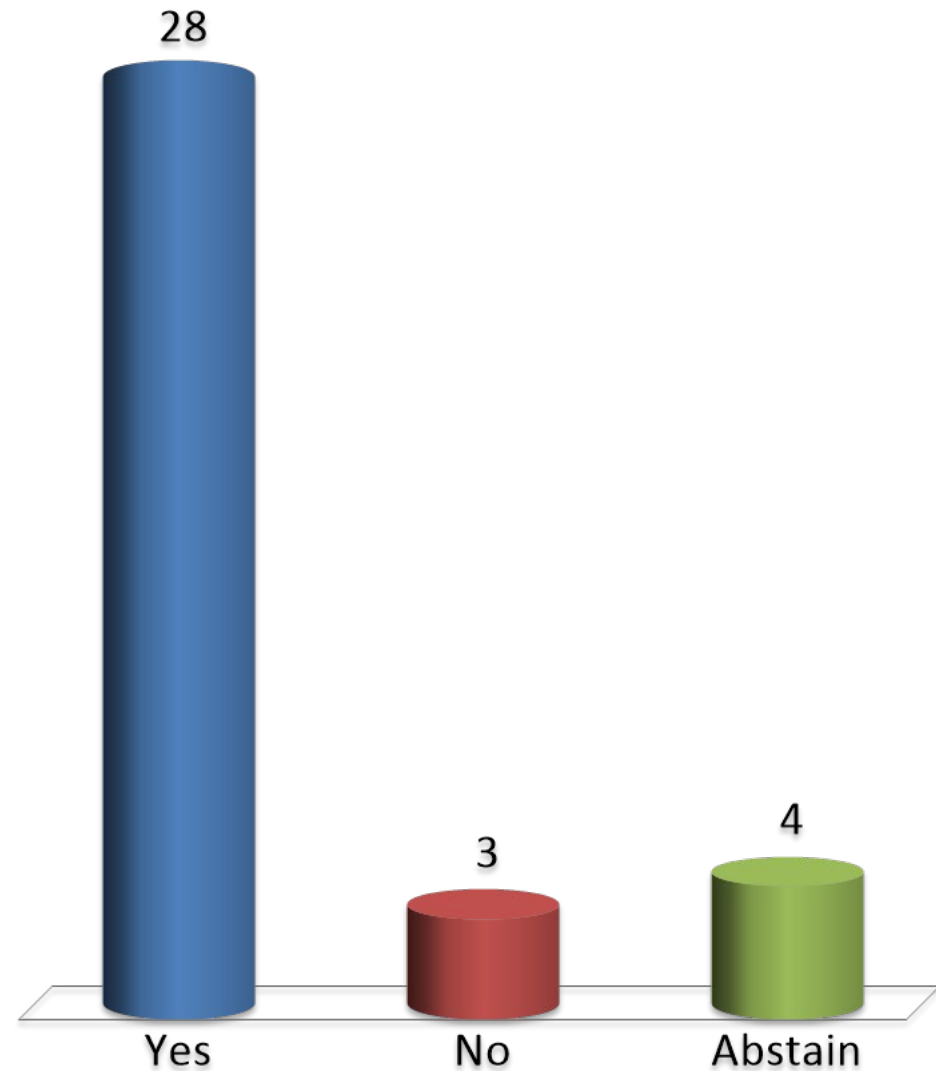


Do you approve the proposal to create a new academic department of Emergency Medicine at CCLCM?

A. Yes

B. No

C. Abstain

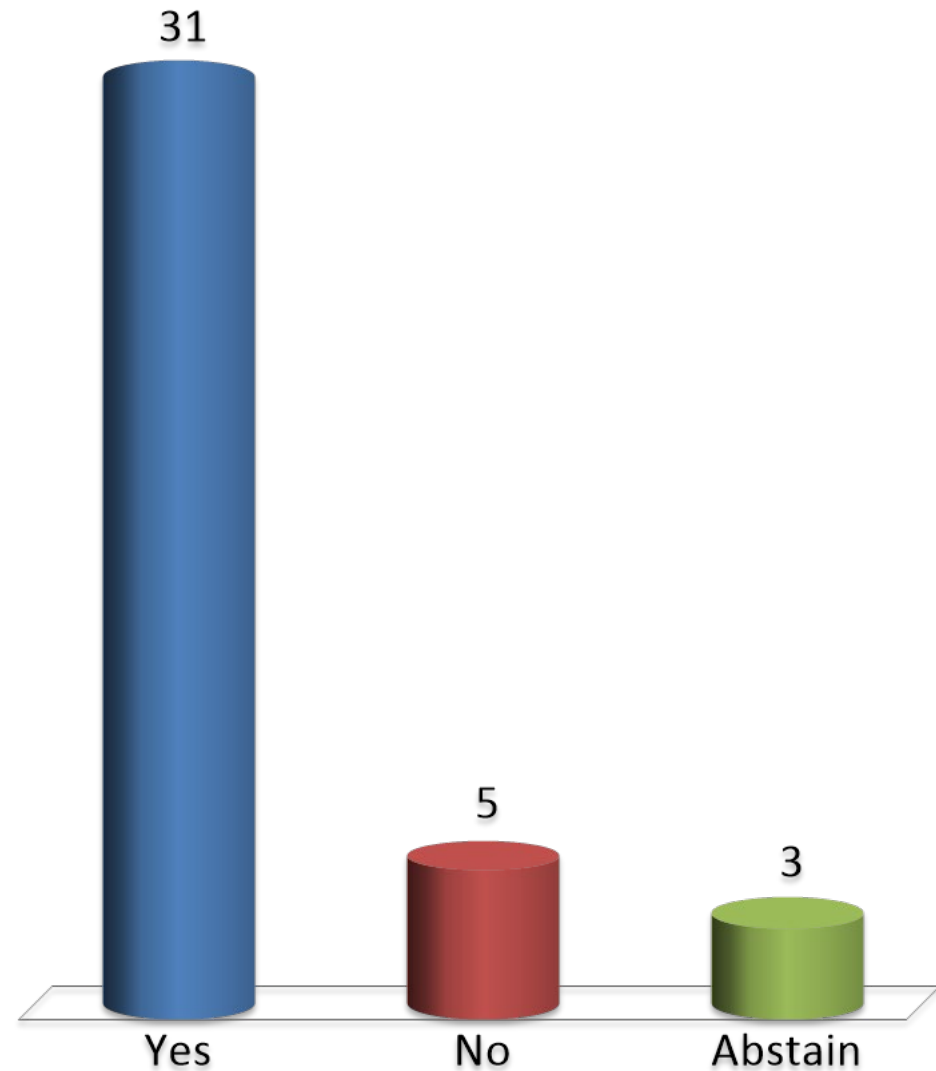


Do you approve the proposal to create a new academic department of Neurology at CCLCM?

A. Yes

B. No

C. Abstain



Discussion on Faculty Council Structure and Representation



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Motion to approve the Senate Model



SCHOOL OF MEDICINE

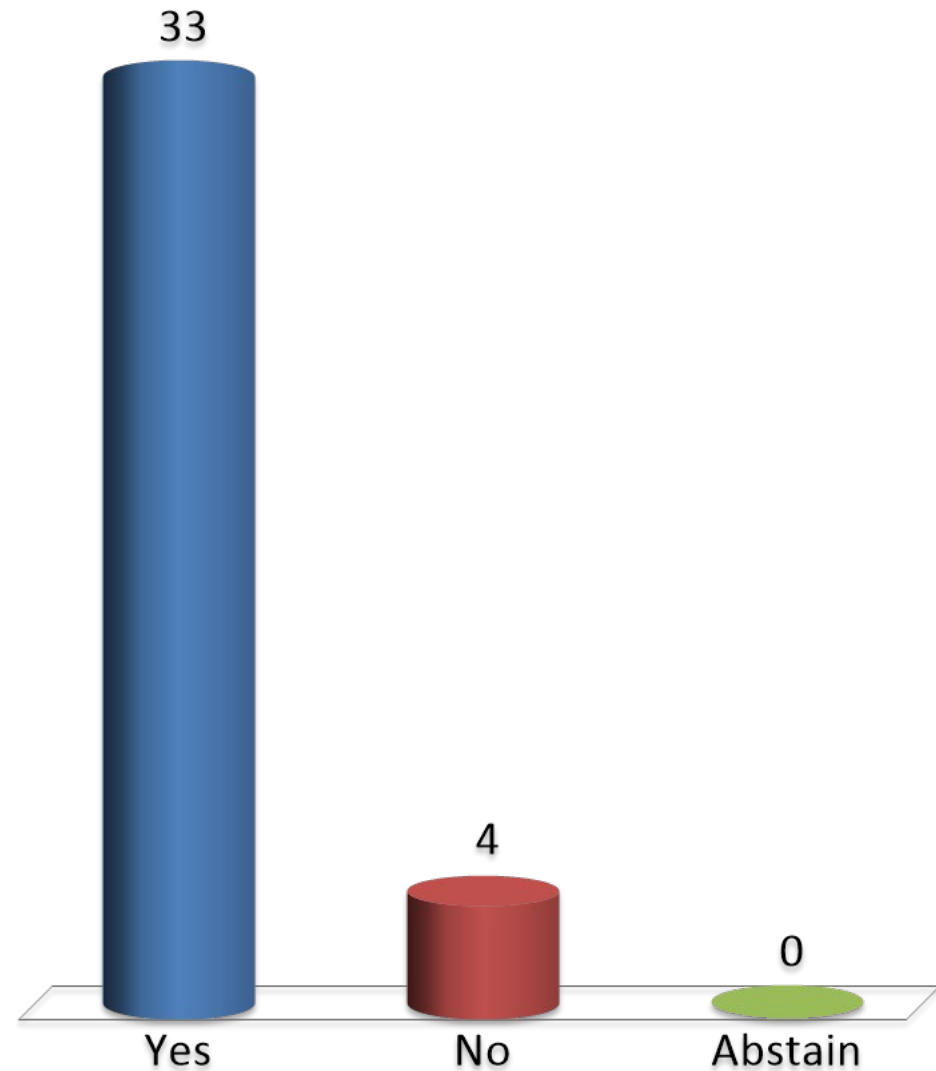
CASE WESTERN RESERVE
UNIVERSITY

Do you approve to end debate

A. Yes

B. No

C. Abstain

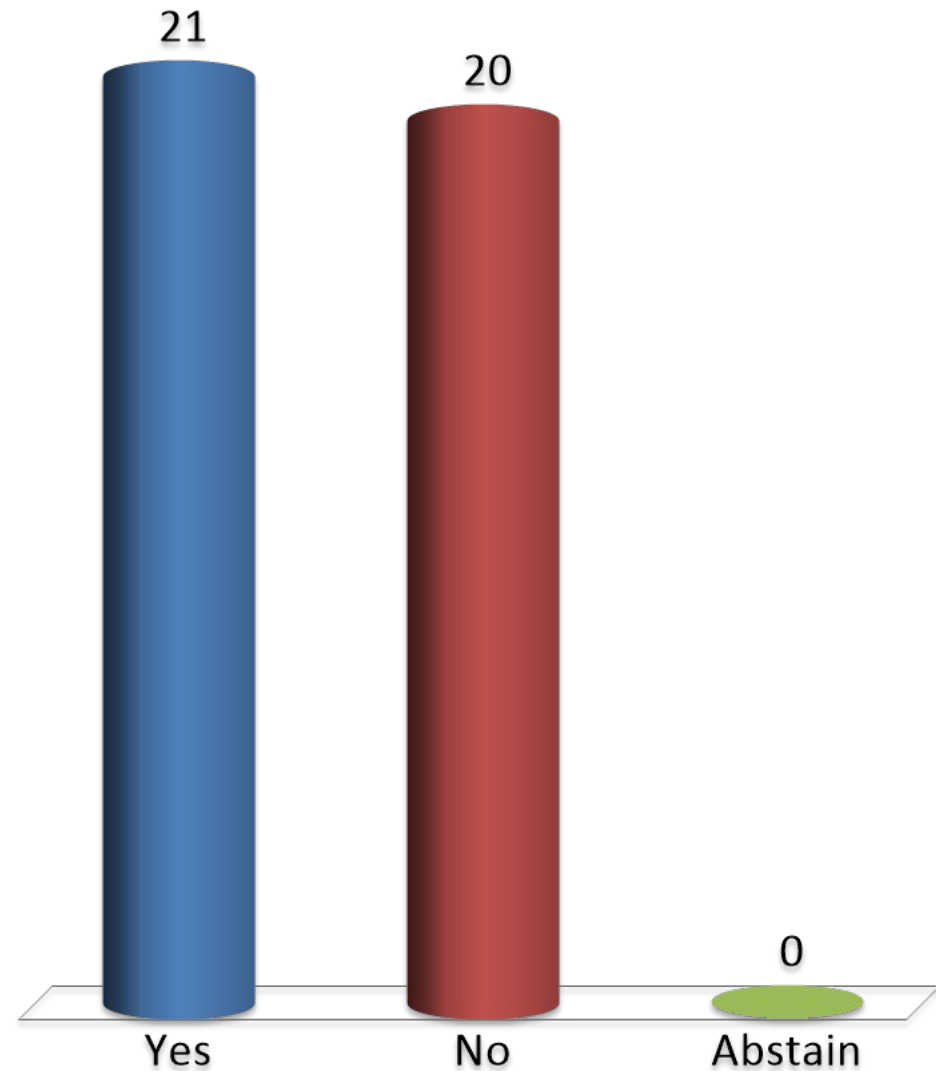


Do you move to postpone the vote on senate
model indefinitely

A. Yes

B. No

C. Abstain



Remote Participation Amendment -- Bylaws Recommendation on the Language (Darin Croft)



SCHOOL OF MEDICINE

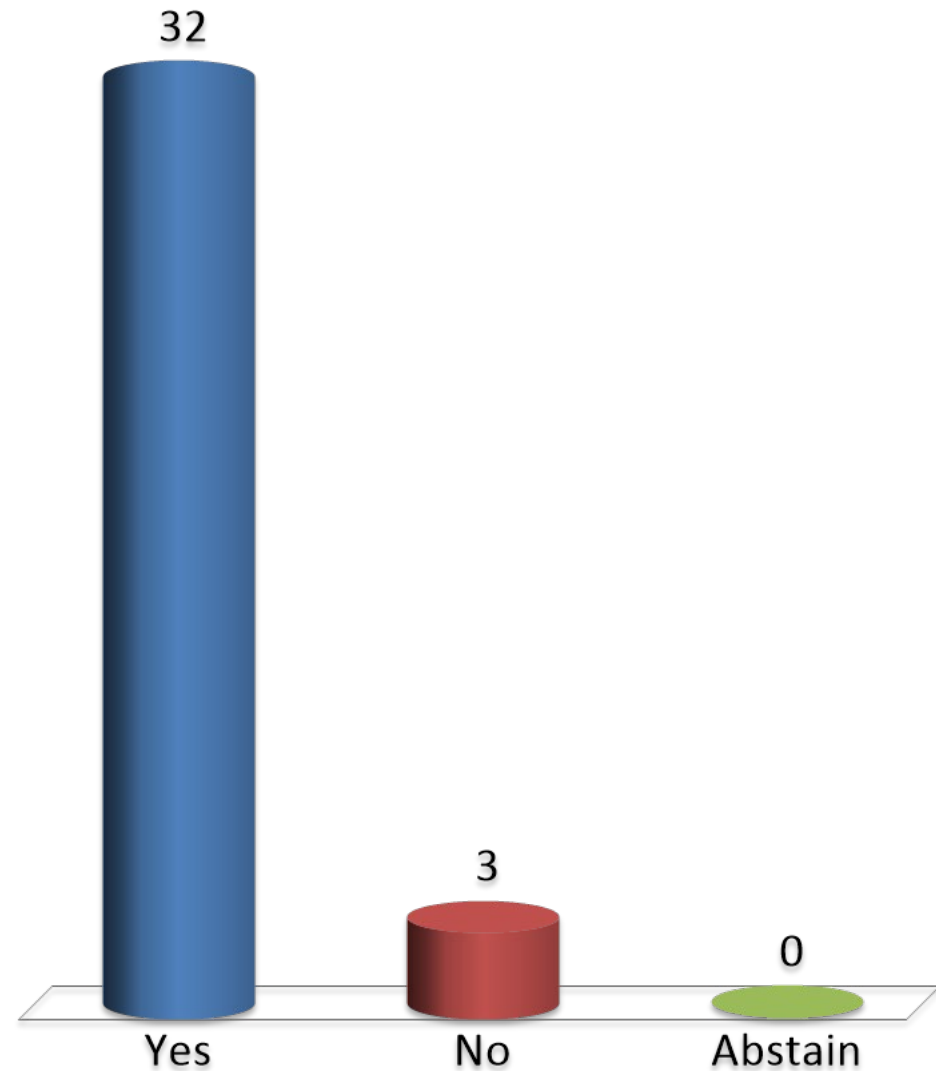
CASE WESTERN RESERVE
UNIVERSITY

Do approve the remote participation amendment to the Bylaws

A. Yes

B. No

C. Abstain



Discussion of Faculty Petition on Bylaws Amendments (Danny Manor)
Recommendation from Bylaws Committee (Darin Croft)



SCHOOL OF MEDICINE

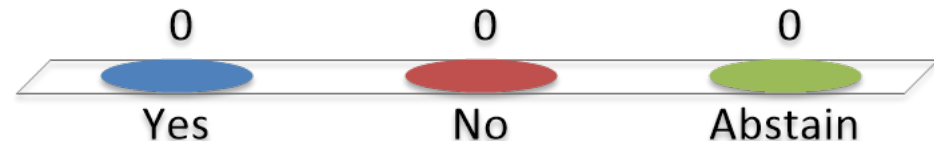
CASE WESTERN RESERVE
UNIVERSITY

Do you approve bylaws recommendation to
proposal 3 with “2 reps from basic science depts.”
removed

A. Yes

B. No

C. Abstain

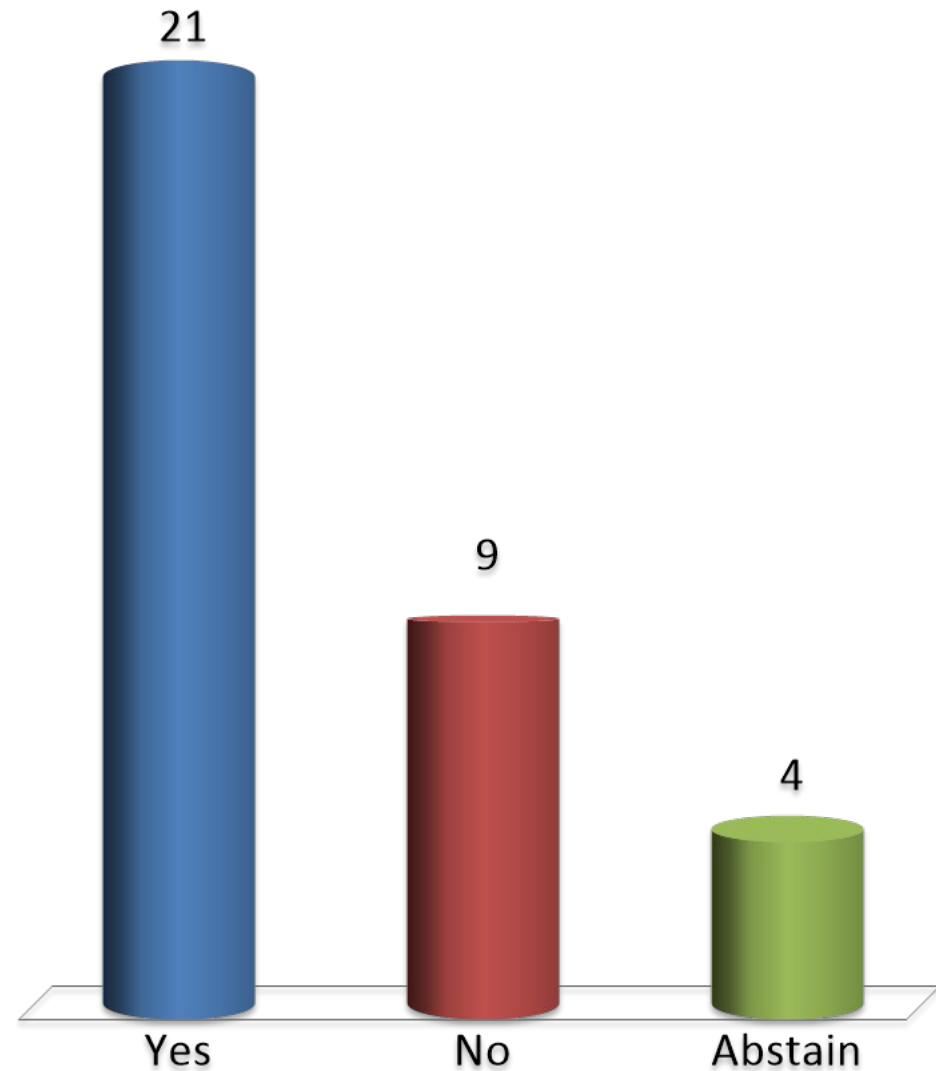


Do you approve the subsidiary motion to approve
bylaws recommendation to proposal 3

A. Yes

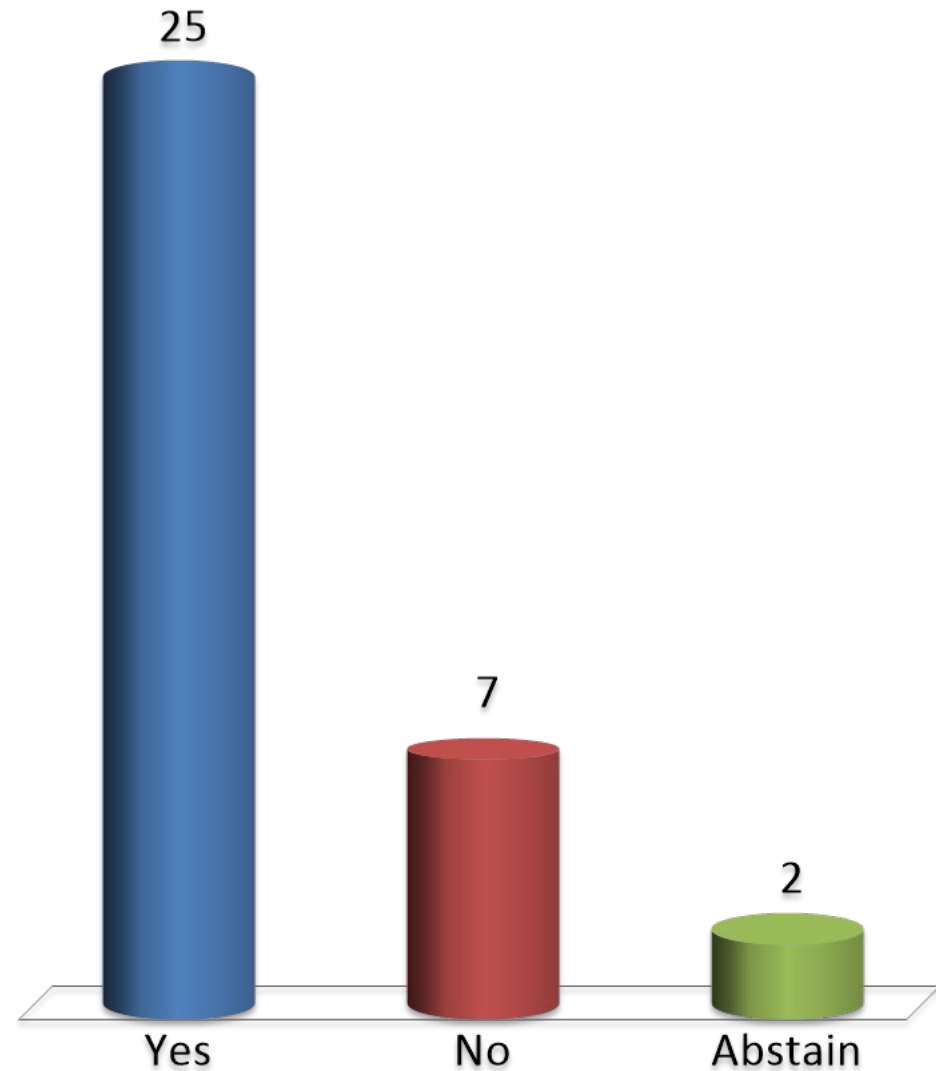
B. No

C. Abstain



Do you approve bylaws recommendation to proposal 3

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



Annual Report from the Committee on Bylaws (Submitted by Darin Croft)

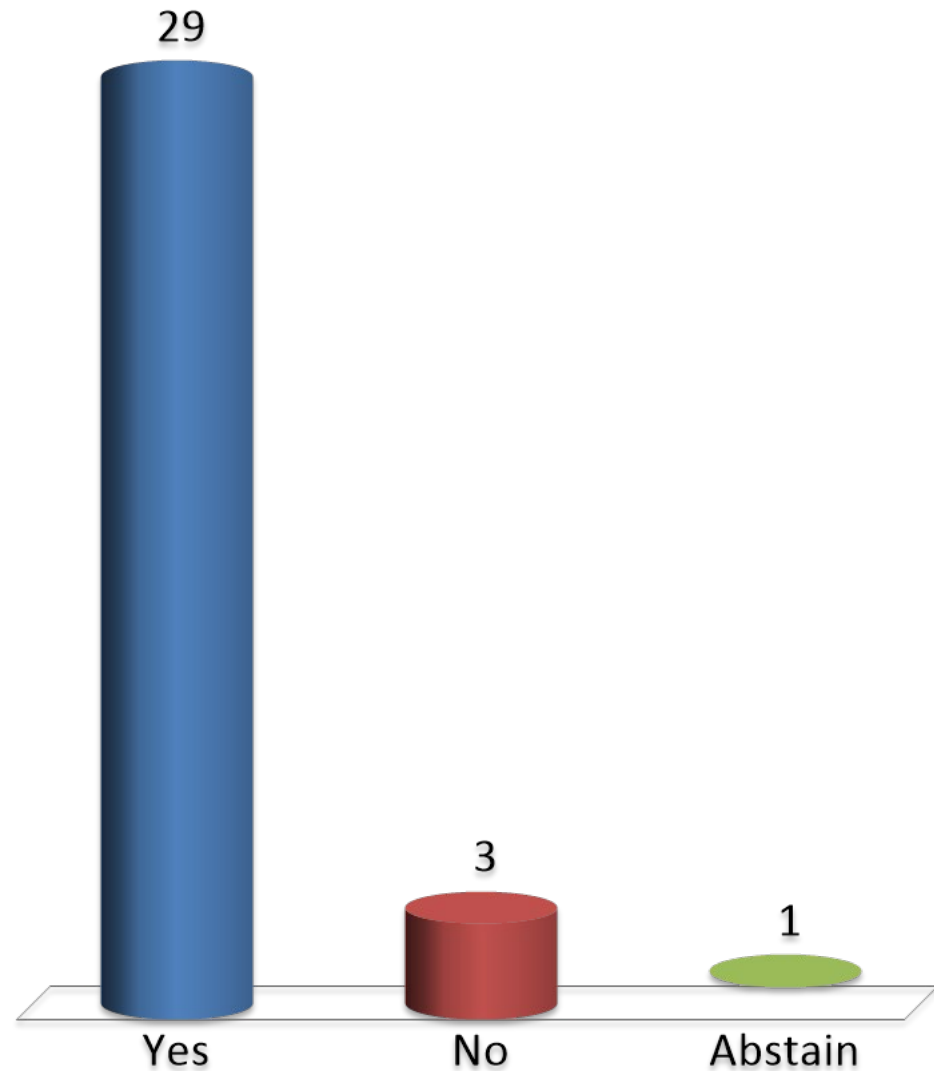


SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Do you accept the annual report from the Committee on Bylaws

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



Proposal for the Awards Committee (Sudha Iyengar)



SCHOOL OF MEDICINE

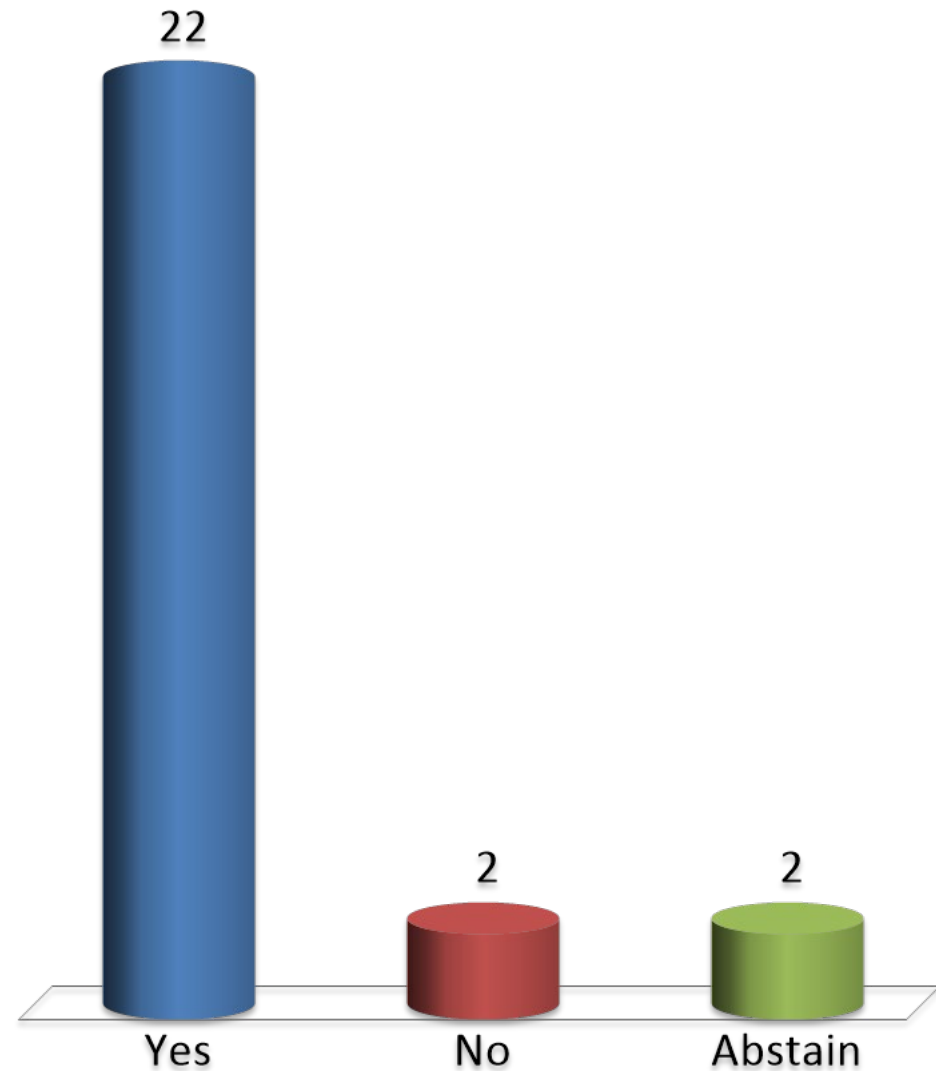
CASE WESTERN RESERVE
UNIVERSITY

Do you approve the proposal to create an Awards Committee

A. Yes

B. No

C. Abstain



Ad Hoc HEC Committee of the Faculty Senate (Maureen McEnery)



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

New Business

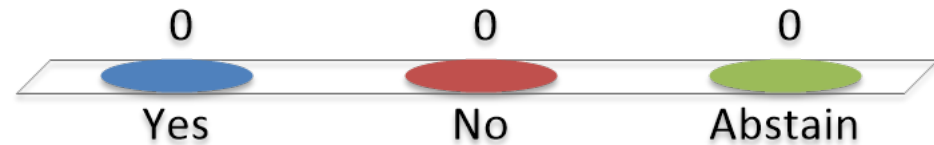


SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Do you approve the

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



Chair-Elect Election

- The NEC met on June 5, 2019. (Attended by Dr. Hung-Ying Kao, Dr. Hua Lou, Dr. Pam Davis, Dr. David Buchner, Dr. Sanjay Gupta, Dr. Gary Clark (via phone), and Dr. Krystal Tomei (via phone). Following the discussion, the NEC voted unanimously in support of upholding the results of the election. They felt there was sufficient evidence that the democratic process had been upheld during the election and therefore that the outcome of the election was valid.

The reasons for the vote that were discussed at the meeting are listed below (Dr. Buchner's email):

1. The number of FC voting members signed in does not necessarily reflect the number of voting members that were present at the time of the election, as members frequently arrive late to these meetings. Therefore, we saw no reason that the number of ballots counted should equal the number of people signed in.
2. We agree there was confusion regarding the need to place a checkmark in the "ballot received" section of the sign in form. For example, David Buchner (the NEC Chair) does not have a checkmark by his name, but he received a ballot and voted. In addition, both of the candidates for FC Chair do not have a checkmark next to their name. However, Joyce Helton has been managing the similar process of handing out electronic voting clickers specifically to voting members all year long and has never received a complaint about the process, therefore we feel confident that this process was likewise handled well. I should also note that there were no complaints from voting members at the meeting that they failed to receive a ballot.
3. Gary Clark brought up one instance he knew of where a voting member of the FC received a ballot but chose not to vote. This is certainly within the rights of the voting members to abstain from voting and can also help explain why the number of votes counted was lower than the number of people signed in.
4. *A recount of the paper ballots confirmed the original 22-20 count.*
5. Finally, in regards to the fact that not all members were present at the beginning of the meeting when voting took place, the NEC felt that all voting members had ample opportunity to place their ballots by email if they were unable to make it to the meeting or thought they may be late to the meeting. It was also made clear that prompt attendance was important as the email sent to all FC members on May 13th, in regards to the May 20th meeting when the election took place specifically said "Please arrive promptly as the ballots will be distributed as you sign it."

As stated above, for these reasons the NEC voted unanimously in support of upholding the results of the election.

Nonetheless, we take the concerns of Dr. McEnery seriously and would like to make several recommendations to improve the voting process in future elections.

1. If permitted by the bylaws (or perhaps requiring an amendment to the bylaws), the NEC recommends the use of the electronic clickers for future elections rather than a paper ballot. This is the method that has been used by FC for all other votes during the year and so may be a more familiar process to voting FC members.
2. We recommend the timing of the election be moved from the beginning of the meeting at approximately 4:00 pm to instead occur at 4:45 pm. There are always people arriving late and always people that leave early. Thus, 4:45 likely represents a time when the maximal number of voting members will be present at the meeting.
3. We recommend the exact time of the election be clearly communicated to the FC members, including in the email containing the FC agenda for the upcoming meeting.



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Faculty Council Meeting
Draft Meeting Minutes
Monday, May 20, 2019
4:00-5:30PM – BRB 105

4:00-4:05PM	Welcome, Chair's Comments, and Request for Nominations from the Floor for the FC Election	Sudha Chakrapani
4:05-4:07PM	Approval of Faculty Council Meeting Minutes from the April 15, 2019 Meeting	Sudha Chakrapani
4:07- 4:10PM	Faculty Council Steering Committee Activities Report	Gary Clark
4:10-4:13PM	Admissions Committee Annual Report (submitted by Todd Otteson)	
4:13-4:16PM	Committee on Students Annual Report (submitted by Susan Padrino)	
4:16-4:20PM	Faculty Senate Activities	Danny Manor
4:20-4:25PM	Discussion of Daycare Letter	Bill Merrick
4:25-4:28PM	Committee on Medical Education Annual Report (submitted by Cliff Packer)	
4:28-4:40PM	Committee on Budget, Finance, and Compensation Annual Report	Mendel Singer
4:40-4:50PM	Continuation of the Discussion of Bylaws Recommendation on the Petition	
4:50-5:20PM	Discussion on Faculty Council Structure and Representation	
5:20-5:30PM	Vote on the Senate Model	
	New Business	
	Adjourn	

Members Present

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

Sherine Ghafoori
Mahmoud Ghannoum
Anna Maria Hibbs
Darrell Hulisz
Beata Jasztrzebska
Hung-Ying Kao
Stathis Karathanasis

Maureen McEnery
Vincent Monnier
Nimitt Patel
P. Ramakrishnan
Anand Ramamurthi
Satya Sahoo
Jochen Son-Hing

Members Present (cont.)

Travis Cleland	David Katz	Phoebe Stewart
Piet de Boer	Allyson Kozak	Daniel Sweeney
Pamela Davis	Cynthia Kubu	Patricia Taylor
Philipp Dines	Suet Kam Lam	Krystal Tomei
Jennifer Dorth	Maria Cecilia Lansang	Carlos Trombetta
William Dupps	Charles Malemud	Anna Valujskikh
Judith French	Danny Manor	Jo Ann Wise
Monica Gerrek	Jennifer McBride	Richard Zigmond

Members Absent

Tracey Bonfield	Rekha Mody	Barbara Snyder
Brian D'Anza	Ameya Nayate	Charles Sturgis
Zachary Grimmett	Vicki Noble	James Howard Swain
Hannah Hill	Clifford Packer	Patricia Thomas
Irina Jaeger	Ben Roitberg	Melissa Times
Laura Kreiner	Scott Simpson	Kristin Voos
Varun Kshetry		

Others Present

Jae Cho	Nicole Deming	Todd Emch
Joyce Helton	Amy Hise	Usha Stiefel

Chair Announcements (Sudha Chakrapani)

Dr. Sudha Chakrapani, Chair of Faculty Council, convened the meeting at 4:00PM. She proceeded to summarize the agenda items that would be addressed at the meeting.

Dr. Eli Bar has stepped down as Chair of the NEC and is moving to another institution. President Snyder has requested that a special committee be created regarding nominations for the advisory committee for the search committee for the Dean of the medical school. A special committee was created with elected members from the Steering Committee, Nominations and Elections Committee, and four chairs (two from basic science, and two from clinical).

Dr. Chakrapani reminded the council that the third meeting of the SOM Faculty with the Dean is scheduled for Wednesday, May 29 at 4:00PM in the E401 Auditorium in the Robbins Building. Everyone is encouraged to attend.

Dr. Chakrapani asked if there were any nominations from the floor for the Chair-Elect, Steering Committee, and the Nominations and Elections Committee. She asked the FC members to make sure they had picked up a ballot.

Approval of April 15th Faculty Council Meeting Minutes

Since no edits or corrections were received when solicited, a motion was made and seconded to approve the April 15 Faculty Council Meeting minutes as presented. There being no further discussion, a vote was taken. 28 were in favor, 1 was opposed, and 3 abstained. The motion passes.

1 **Faculty Council Steering Committee Activities Report (Gary Clark)**

2 The Faculty Council Steering Committee met on May 6. Some of the topics discussed were the
3 standing committee annual reports, which will be presented to Faculty Council later today. They
4 approved the candidates for the MD degree, and reviewed the SOM CAPT recommendations for
5 equity (these included faculty packets for promotion and tenure). The Committee also provided
6 advice to the Dean on Emeritus and Chair appointments.
7

8 **Admissions Committee Annual Report (Submitted by Todd Otteson)**

9 The Annual Report from the Admissions Committee was submitted by Todd Otteson to Faculty
10 Council for review and approval. When polled, there were no questions or comments forth
11 coming from the floor. A motion was made and seconded to accept the report as presented.
12 There being no further discussion, a vote was taken. 29 were in favor, 1 was opposed, and 5
13 abstained. The motion passes.
14

15 **Committee on Students (Submitted by Susan Padrino)**

16 The Annual Report from the Committee on Students was submitted by Susan Padrino to Faculty
17 Council for review and approval. No questions or comments were forthcoming from the floor.
18 A motion was made and seconded to accept the report as presented. There being no further
19 discussion, a vote was taken. 29 were in favor, 0 were opposed, and 4 abstained. The motion
20 passes.
21

22 **Faculty Senate Activities (Danny Manor)**

23 The Senate is the major channel of communication between faculty and central administration.
24 The President and Provost are present in most of the Senate and executive meetings. Many of
25 Faculty Council's agenda items rely on the support of the Senate to move forward and come to
26 resolution. The challenge has been that sometimes the support for some issues has been limited
27 or insufficient. The School of Medicine is sometimes seen as a different beast. The size (3,000
28 faculty) is intimidating and our organizational structure can be complicated with our multiple
29 campuses, geographical locations, etc.
30

31 Across the street is a very different life. NTT and tenure track are viewed differently and the
32 distinction between clinical and basic sciences can be confusing. Everything that happens to this
33 body eventually goes across the street e.g. courses that comes through and are approved by
34 Faculty Council. One recent example was the doctor of Physical Therapy. Faculty Council had
35 no issues with this proposal. In time, it would become the standard of care in that region, and yet
36 it barely passed in the senate with a surprisingly close vote. The SOM could participate more
37 and do a better job of lobbying, meeting and explaining.
38

39 People on main campus have no questions about what tenure means; tenure in the SOM is
40 unique. A recent outcome example derived from a presentation given by the Provost's office to
41 the Faculty Senate and then the Board of Trustees about longitudinal faculty numbers across the
42 university. In this presentation, the SOM had shown a very significant decline in faculty and a
43 change up in the number of NTT faculty at the expense of TT faculty. It started a windmill of
44 discussions and e-mails. These numbers were the result of counting faculty based on paymaster;
45 only those paid by CWRU were counted. This is not how the school of medicine counts their
46 3,000 faculty members. The bottom line is that they used a very simple and straightforward
47 method, which resulted in a factually incorrect number of SOM faculty.
48

49 Dean Davis stated that they are only counting people paid by Case. Looking over a 20-year
50 period, the UH affiliation and inclusion of Cleveland Clinic as faculty, constituted a period that

1 included a great many changes. The Dean wrote to the Provost, Deputy Provost and Chair of the
2 Faculty Senate to explain this erroneous method of counting faculty and to assure them of the
3 SOM's academic commitment and that it is flourishing and not diminishing.

4
5 The differences in affiliations dictates the paymaster. Cleveland Clinic does not permit tenure.
6 The affiliates pick up the cost for academic people allowing us to expand without having to
7 expand our budget. We need to have people in the Faculty Senate who are well informed and
8 able to make our case. The SOM appreciates people who are willing to run and educate
9 themselves on the issues.

10
11 The results of the 2018 faculty climate survey were recorded in different ways. Faculty
12 geographically off campus were dropped off the count. They are full time faculty, with the same
13 protections of those at UH or Metro.

14
15 It is the hope that the prescription plan issues will be resolved within the month of June. There is
16 no more Direct Scripts, everybody is scrambling and trying their best to embrace Med Impact.
17 Those faculty members who are experiencing large out-of-pocket payouts can contact either the
18 senators or Carolyn Gregory in HR. Most probably, Med Impact will not be much of an
19 improvement. The Law School has initiated, and will be moving ahead, with a vote of no
20 confidence on both Med Impact and Direct Scripts. They are very aware of the need for a retail
21 option arrangement such as CVS. The cost structure and copays have yet to be determined.

22 23 **Discussion of Daycare Letter (Bill Merrick)**

24 Dr. Chakrapani reported that she did not receive any edits or points of discussion regarding the
25 draft letter, presented to Faculty Council for review, for using the dental and nursing school
26 buildings as daycare.

27
28 The Dean noted that at this moment neither the Dental nor the Nursing School has plans to be
29 mothballed. Nursing Research will be in the Nursing building and Dental Research will be in the
30 Dental Building. The Provost's presentation explained that the Music School Settlement is
31 reserving spots for children of Case employees. Since the initial proposal, there has not been any
32 additional activity of which we are aware. A very serious look is being given to two locations,
33 Juniper or Bellflower, and one close to where the old greenhouse used to be. They were found to
34 be either cost prohibitive or the size of the footprint was not adequate to serve the community.

35
36 It was noted that there is a very strong interest from other populations. The chances of a donor
37 willing to put their name on the building and fund it are highly unlikely. This has been an issue
38 with the Faculty Senate Committee on Women over the past two years and there is activity
39 within that committee to move this issue forward. The slots allotted for Case employees at the
40 Music Settlement does not provide for infant care or sick childcare, which remains an issue.

41
42 It was noted that Cleveland Clinic currently provides back-up emergency child care and the
43 question was raised that perhaps they would they be willing to make a commitment to establish a
44 facility and make it more generalized.

45
46 It was suggested that we could move forward with the recommendations without needing to
47 address these issues. Dean Davis felt it would be stronger if it came from Faculty Council than
48 from the dean or as a grass roots proposal. The groundswell needs to come from Faculty Council
49 and the Faculty Senate. Lending Faculty Council's support to the Faculty Senate committee
50 already addressing this issue could add to its effectiveness and make it a more grassroots and

universal way to accomplish it. The request could be addressed to the President, and not to space planning. Another option is to table or postpone it to the June Faculty Council meeting when the details of the letter could be addressed, and ultimately submit it to someone whose purview is to allocate resources.

A motion was made and seconded to endorse the establishment of daycare at the University for our faculty and trainees. It was clarified that we are not voting on this letter. The SOM number constitutes half the university, making it appropriate to start here. The Dean stated that we need to obtain the assistance of the Provost or President. The Dean is not permitted to spend money unilaterally on something like this.

There being no further discussion, a vote was taken. 36 were in favor, 2 were opposed, and 1 abstained. The motion passes.

Committee on Medical Education Annual Report (submitted by Cliff Packer)

The Annual Report form the Committee on Medical Education was submitted by Cliff Packer for the review and approval of Faculty Council. A motion as made and seconded to accept the report as submitted. There being no further discussion, a vote was taken. 32 were in favor, 1 was opposed, and 5 abstained. The motion passes.

Committee on Budget, Finance, and Compensation Annual Report (Mendel Singer)

In order to best use the allotted time, Dr. Singer stated that he would provide a summary presentation of the annual report. The full annual report slides were sent in advance to Faculty Council members for their review.

The Committee on Budget, Finance, and Compensation is comprised of seven members and three ex-officio members: Matthias Buck, Edward Greenfield, Lynn Kam, William Merrick, Marvin Nieman, William Schilling, Mendel Singer (Chair), Matthew Lester (ex-officio), Jeff Collier (Basic Science Chair -- ex-officio), and Mitchell Machtay (Clinical Science Chair – ex-officio).

Over the past academic year, this committee has reviewed and provided input and advice to the administration, Faculty Council, and faculty on quarterly financials, faculty salary vs. AAMC, the SOM 3-Year Plan, the SOM debt payment proposal and challenges, a proposal for smoothing out the impact of the UBC Plan, and the Council of Basic Science Chairs' proposal on salary.

Faculty salary continues to be an ongoing issue. Obtaining numbers from the AAMC is a very complicated process (differing from institution to institution, tenured vs. NTT, and departments that do not match perfectly within the AAMC. The Basic Science Chairs' proposal on salary was recommended by the CBFC as a whole and will be the focus of the next meeting. We have a commitment from the Basic Science Chairs committee members that they will meet in June. The CBFC particularly wants to express their appreciation to Matthew Lester for providing the CBFC with extensive data for both standard and custom requests.

The \$750 tuition share is based on prefix of course registration. A cross-listed course means no tuition transfer. Tuition sharing is also applied to dual degree students. The university recognizes only one home program. The Provost and CFO recently said that the \$750/credit hour supersedes prior agreements. This is wreaking havoc with programs where finances and home program status were linked. New agreements are possible, but need to be negotiated. The SOM picked up the negative impact loss for this year. The dual degree programs are a mess and

1 complicated at the moment and we trying to work it through. The ad hoc committee proposed to
2 phase in the impact over FY20-FY21. FY20: Coverage of 45% of net graduate tuition sharing
3 impact, while FY 21 would cover 22.5%. This provides time for the departments to adapt. If
4 you own a course, you cannot unilaterally eliminate the cross listing. Other people are needed to
5 agree. However, you can, require permission to register and then inform them that they have to
6 sign up for our section.

7
8 The original request was for CWRU to cover \$21M in SOM deficits over three years due to large
9 loss of revenues as a result of the UH Re-Affiliation. We are now expecting a total of \$18.5M in
10 deficits over four years, and then we will break even.

11
12 A shortfall exists between the actual cost of the HEC building and fundraising. CWRU, and not
13 the SOM, will pay the first \$50 million over a five-year period. This will be our full limit on our
14 cost of the HEC and the projected overhead costs for the SOM are deemed to be within budget.
15 Cleveland Clinic will be responsible for the remainder.

16
17 The medical school has a large internal debt to the university and is being pressured to increase
18 the \$12.5 million annual payment of the internal loan. The annual payments are now higher than
19 the \$12.5 million annual payment and are keeping pace with the debt. There are many different
20 pieces of debt that comprise it and a balloon payment will be due in 4-5 years for which the
21 university has already set money aside.

22
23 There is a demand for the vacated Robbins space. UH appears to be buying 50% of the Wolstein
24 Building. However, which particular space, and who will need to relocate, is currently under
25 negotiations. The future of the Pathology Building is still uncertain at this time. The renovations
26 to the Robbins Building, after relocating those going to the HEC, is likely to be in the tens of
27 millions of dollars. It has not yet been determined how these renovations will be funded.

28
29 In the future, the CBFC hopes to have more committee interaction with chairs and Faculty
30 Council. A framework is currently being developed for a better way to review financials, and a
31 better way to assess how the school is doing and identifying trends of concern. We will
32 determine what data we actually need longitudinally, and what issues we need to focus on. The
33 first annual town hall meeting of the CBFC, to report to faculty at large, is scheduled for
34 Monday, November 25, at 4:00PM. This does not conflict with the Faculty Council meeting and
35 the hope is to get feedback from faculty, share information and provide an opportunity to dispel
36 some myths.

37
38 It is important that we be educated about the financial roles of the school within the financial
39 scope of the university. A suggestion was made that Matthew Lester would be someone who
40 could provide this information as to where we fit into the budget of the university. While, the
41 university budget for Arts and Sciences is \$50 million, the SOM's budget is \$500 million. This
42 perspective is sometimes lost.

43
44 The question was posed to Dr. Singer as to the relationship between Cleveland Clinic and the
45 Lerner College of Medicine and if there is, in fact, a significant amount of money at stake for the
46 Clinic why is there no member from the Clinic on the CBFC. His reply was that no one from the
47 Clinic had run for the committee. While they do not have a fixed membership from specific
48 institutions making representation more inclusive, anyone can submit a statement of interest and
49 be placed on the ballot.

1 A motion was made and seconded to accept the annual report from the Committee on Budget,
2 Finance and Compensation as presented. There no being further discussion, a vote was taken.
3 33 were in favor, 1 was opposed, and 5 abstained. The motion passes.
4

5 **Continuation of the Discussion of Bylaws Recommendation on the Petition (Danny Manor**
6 **and Darin Croft)**

7 Of the three proposed amendments, the second is straightforward, basically addressing the
8 composition of the Faculty Council Steering Committee. While the number of members has not
9 changed (one from each constituency) there is equal representation of each institution in the
10 Faculty Council Steering Committee. We are all equal in what we are in terms of faculty. While
11 faculty from different institutions may have a different agenda, the idea is that the Faculty
12 Council should deal only with issues that are of interest to the entire body of faculty. To that
13 purpose representation should be equal among the Faculty Council Steering Committee. This
14 amendment imposes a term limit for service to the Faculty Council Steering Committee with the
15 idea of basically limiting or eliminating the notion of repetitive service in these committees.
16

17 It could, however, restrict the maximum pool of candidates. A larger pool is always better
18 allowing faculty more choices to choose the best candidate for the job. The goal is to increase
19 diversity and allow fresh perspectives. These goals can be achieved by existing mechanisms.
20 There currently is a mechanism in the bylaws whereby if a significant deficit from a single
21 affiliate is perceived, the chair can be requested to appoint a person to the Faculty Council
22 Steering Committee.
23

24 However, term limits does not seem to be an issue since there were five candidates for six slots.
25 We need to cast a wider net to encourage people to serve and assure that all institutions nominate
26 one candidate for both the Faculty Council Steering Committee and the Faculty Council Chair-
27 Elect. The current roster for the Faculty Council Steering Committee represents all affiliates.
28 The Steering Committee is empowered to make decisions for Faculty Council between meetings.
29

30 It was noted that the language of the amendment needs to be carefully examined as it is very
31 vague and does not specify participation. The change in the language will guarantee that each
32 institution be represented, strengthening the engagement of that institution going forward.
33 Presently, the language, as engineered, does not provide sufficient impetus for participation.
34

35 When asked about the status of the motion to raise the number of VA representatives on Faculty
36 Council, the Council was informed that it is currently with the Bylaws Committee and will
37 hopefully be available for a vote at the June Faculty Council meeting. Faculty Council passed in
38 principal that the VA could increase their representatives to Faculty Council. This will be
39 analyzed at the June meeting, as long as the Bylaws recommendation is received in time. While
40 there is a sequence to the implementation, every effort will be made to push this along as it is
41 recognized that the VA is anxious to participate.
42

43 The third proposed amendment deals with the composition of the NEC. Again, it is important to
44 have representatives from each institution in order to get an equal number of candidates.
45

46 We need to do better for women and under-represented minorities by changing the language to
47 ensure their participation. Women are still so far behind. Simply putting the language into the
48 bylaws is the easiest and simplest way to ensure that it happens. Sometimes capitalizing on a
49 minority voice does not necessarily mean it is heard unless there are specific mechanisms
50 outlining exactly how that voice will be heard.

Due to Faculty Council's very ambitious agenda, which includes a vote on the senate model for faculty representation to Faculty Council, a motion was made to table this discussion on proposal 2 until the June Faculty Council meeting. It was noted that according to Robert's Rules postponing a motion is debatable.

A motion was made and seconded to postpone the discussion on proposal 2 until the June Faculty Council meeting. There being no further discussion, a vote was taken. 18 were in favor, 22 were opposed, and 1 abstained. The motion does not pass which means we will vote on the original proposal 2 and can continue discussion.

A motion was then made and seconded to approve the motion to adopt proposal 2 amendment to the bylaws. There being no further discussion, a vote was taken. 17 were in favor, 23 were opposed, and 1 abstained. The motion does not pass.

The ballots from the recent election (both e-mail and paper) were tallied. The results are as follows:

Robert Bonomo and Shu Chen were write-in candidates for the Faculty Council Steering Committee. A motion was made and seconded to vote for either Robert Bonomo, Shu Chen, or to abstain. There being no further discussion, a vote was taken. 24 were in favor of Robert Bonomo, 9 were in favor of Shu Chen, and 5 abstained. Dr. Bonomo is elected as a member of the Faculty Council Steering Committee.

Chair-Elect of Faculty Council

Jennifer McBride – 22 votes

Jo Ann Wise – 20 votes

Jennifer McBride is elected Chair-Elect of Faculty Council

Faculty Council Steering Committee Members

Jo Ann Wise – 35 votes

Allyson Kozak – 32 votes

Monica Gerrek – 33 votes

Maureen McEnery – 34 votes

Robert Bonomo – 24 votes (Write-in Candidate)

The Nominating Committee

Maureen McEnery – 32 votes

Since the time for adjournment arrived, Dr. Chakrapani adjourned the meeting at 5:32PM.

Respectfully submitted,

Joyce Helton

Emergency Medicine

Neurology

Plastic Surgery

CCLCM

Proposal for Secondary Department

June 17, 2019



Emergency Medicine

- Already established SOM Department at UHCMC and MHMC
- Originally placed under the Department of Medicine when CCLCM began
- Stephen W. Meldon, MD
 - Academic Chair



Stephen W. Meldon, MD

- Senior Vice-Chair, Emergency Services Institute
- Previous editor-in-chief of *Geriatric Emergency Medicine*
- 32 Peer-Reviewed Publications
- 25 Book Chapters
- 61 Presentations



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

- 100 Physicians throughout the institution
- Teach medical students and have 410 house officers complete their clinical rotations each year
- Residency Program sponsored by CWRU, MetroHealth, and Cleveland Clinic with 13 residents per year



- Research projects including PETAL and SIREN Emergency Research Network
- Robust grants in adult, geriatric, and pediatric topics
 - Emergency Airway
 - Knowledge of Home Medications
 - Reducing Chest Imaging
 - Safety of Oral Anticoagulants Registry (SOAR)

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

- Requested by Dean Davis
- Significantly robust and warrants being recognized
- Offers SOM department alignment with other institutions



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

- No adverse effect
- Preferred alignment
- Allows for better showcasing of unique accomplishments



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

- All CCLCM research will *continue* to note CCLCM of CWRU appointment
- New department will better reflect the academic diversity of CCLCM of CWRU



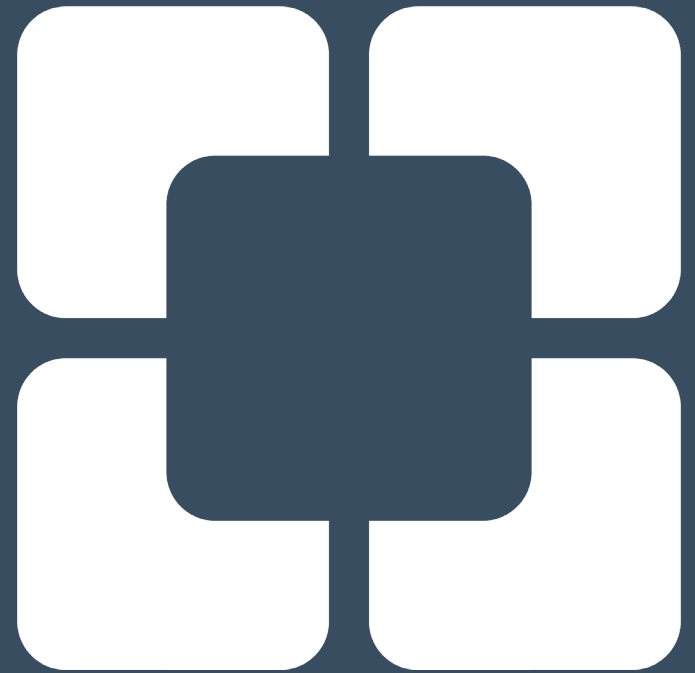
5. A five-year business plan should affirm that the new department will not require funding from the School of Medicine

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



Neurology

- Already established SOM Department at UHCMC and MHMC
- Originally placed under the Department of Medicine when CCLCM began
- Kerry H. Levin M.D.
 - Academic Chair



Kerry H. Levin, MD

- Chair, Department of Neurology
- Various committee positions for American Board of Psychiatry & Neurology, 1997-present
- 41 Peer-Reviewed Publications
- 33 Book Chapters
- 100+ CME Teaching & Presentations



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

- 120 professional staff in many subspecialties
- Teach medicals students from CCLCM in year 1 & 2 and CCLCM &CWRU students in year 3
- Residency program has 40 trainees per year
- Offer 12 different fellowship programs (accredited and non-accredited)



- Research projects in all subspecialties
- Grants cover many topics, adult & pediatrics
 - Epilepsy
 - Multiple Sclerosis
 - Movement disorders
 - Headaches
 - Sleep Medicine
 - Dementia



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

- Requested by Dean Davis
- Significantly robust and warrants being recognized
- Offers SOM department alignment with other institutions



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

- No adverse effect
- Preferred alignment
- Allows for better showcasing of unique accomplishments



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

- All CCLCM research will *continue* to note CCLCM of CWRU appointment
- New department will better reflect the academic diversity of CCLCM of CWRU



5. A five-year business plan should affirm that the new department will not require funding from the School of Medicine

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



Plastic Surgery

- Already established SOM Department at UHCMC and MHMC
- Originally placed under the Department of Surgery when CCLCM began
- James E. Zins, MD
 - Academic Chair



James E. Zins, MD

- Chair, Department of Plastic Surgery
- Founding Member of *American Society of Craniofacial Surgeons*, 1992
- Director of the Board, American Board of Plastic Surgery, 2016-2022
- 204 Peer-Reviewed Publications
- 20 Book Chapters
- 269 Presentations & Abstracts



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

- 21 Physicians, 4 fellows, and 13 residents
- Teach medical students, residents, and fellows from CCLCM, CWRU, other institutions
- In process to receive ACGME approval for a new integrated residency program



- Research projects for faculty and trainees as well as writing book chapters
- Grants cover many topics, adult & pediatrics
 - Face transplant
 - Nerves
 - Holographic surgical planning
 - Breast reconstruction
 - Limb perfusion



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

- Requested by Dean Davis
- Significantly robust and warrants being recognized
- Offers SOM department alignment with other institutions



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

- No adverse effect
- Preferred alignment
- Allows for better showcasing of unique accomplishments



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

- All CCLCM research will *continue* to note CCLCM of CWRU appointment
- New department will better reflect the academic diversity of CCLCM of CWRU



5. A five-year business plan should affirm that the new department will not require funding from the School of Medicine

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



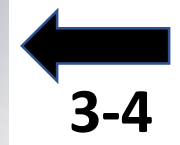
Key Takeaways

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





Cleveland Clinic
Lerner College of Medicine
of Case Western Reserve University



Recommendations of the SOM Bylaws Committee
Regarding Faculty-Proposed Amendments and Subsequent Modifications

One guiding principle of our committee is that any proposed new regulation, and especially those that impose restrictions on the democratic process, must hold the promise of significant benefit.

PROPOSAL 1

(changes to current SOM Bylaws in red)

3.5: Officers of the Faculty Council

Each year the Faculty Council shall elect a chair-elect **from the SOM or its affiliated hospitals (CCLCM, UHCMC, MHMC, and VAMC*) on a rotating basis determined alphabetically starting wherever the executive committee agrees upon. Constituencies may forfeit this opportunity and it will go to the next constituency in alphabetical order. Faculty shall remain eligible to be elected chair for up to three years after their term on Faculty Council has ended.** The chair-elect shall serve as vice-chair of the Faculty Council during the first year following election and succeed to the chair the following year.

Rationale: Ensure fair and adequate representation for all faculty members, increase inclusiveness and diversity.

Bylaws Committee Recommendation:

The Bylaws Committee does not recommend that Faculty Council representatives adopt this proposed amendment to Article 3.5, which requires that the position of chair-elect rotate in sequence among the five School of Medicine institutions (CWRU, CCLCM, MHMC, UHCMC, and VAMC).

1) Benefit is likely to be marginal

Historical data gathered by our committee indicate that the role of Faculty Council chair has been held by faculty members from multiple institutions during the past 15 years and that no single institution has had majority representation during this interval (Appendix 1). Thus, diverse institutional representation has been and can continue to be achieved without prescribing the institutional affiliation of chair-elect.

2) Proposal 1 will restrict pool of eligible candidates

Prior to 2018, only Faculty Council representatives in their first year of service were eligible to run for chair-elect. In 2018, at the suggestion of the Bylaws Committee, Faculty Council voted to expand the pool of eligible candidates to include all current Faculty Council representatives. Proposal 1 dramatically restricts the annual candidate pool by limiting eligible candidates to representatives from a single institution. This runs counter to the goals of the Faculty Council's earlier actions and is not conducive to ensuring that the best candidate be elected to this position.

3) Incompatible with current Bylaws

The provision in Proposal 1 to allow Faculty Council representatives to remain eligible to run for chair-elect for up to three years after their term has ended conflicts with the fundamental principle of the SOM Bylaws that a chair is chosen from among current members:

For Standing Committees of the School of Medicine (Article 2.6b):

“The chair of the Faculty Council shall solicit recommendations for committee chair appointments from each standing committee, and then ***shall normally appoint one of the elected members to be the chair*** of each such committee, unless other provisions for appointment of chairs are made in these Bylaws.” (emphasis added)

For committees of the Faculty Council, such as the Nominations and Elections Committee (Article 3.6b):

“The ***chair will be elected from the members of the committee*** annually.” (emphasis added)

Since candidates for chair-elect are also candidates for Steering Committee (Article 3.6b), allowing representatives to remain eligible for three years after their term ends also runs counter to the rationale of Proposal 2 (below) to “infuse the Steering Committee with fresh perspectives.”

4) An alternative mechanism

The Bylaws committee recommends that access to leadership opportunities be facilitated by increasing the number of qualified candidates rather than decreasing it. Specifically, we recommend that Faculty Council representatives from each institution take the initiative to *put forward a candidate for chair-elect each election cycle* (through nomination or self-nomination). This process of addition (as opposed to subtraction, as in Proposal 1) would achieve the desired goal of increasing inclusiveness and diversity while promoting shared governance among faculty at different institutions. It would also facilitate broader institutional participation in the Steering Committee (see Proposal 2).

PROPOSAL 2

(changes to current SOM Bylaws in red)

3.6: Committees of the Faculty Council

a. Steering Committee. The Steering Committee shall consist of eight members: the chair of the Faculty Council, the vice-chair of the Faculty Council, the immediate past chair of the Faculty Council, and five other Faculty Council members, **one from each constituency (e.g., CCLCM, UHCMC, MHMC, VAMC, and SOM)**, who shall be elected by the Faculty Council for one-year terms. **These members may be reelected successively to the Steering Committee for the duration of their terms as members of the Faculty Council and again after a period of twelve (12) years or four 3-year Faculty Council terms.**

Rationale: Increase diversity and infuse the Steering Committee with fresh perspectives.

Bylaws Committee Recommendation:

The Bylaws Committee does not recommend that Faculty Council representatives adopt this amendment to Article 3.6.

1) Benefit is unclear, as goal can be achieved by existing mechanisms.

Although multi-institutional representation on certain committees (e.g., Committee on Medical Education, the institutional representatives on Faculty Council) is explicitly prescribed in the

SOM Bylaws, this can be achieved through the current election process in the case of the Steering Committee:

“Candidates for chair-elect will also be candidates for the Steering Committee and will be so listed on mail ballots. Faculty Council members shall vote for one nominee for chair-elect and for six members of the Steering Committee. The five persons with the highest number of votes, excluding the person elected to the office of chair-elect, shall be elected to serve on the Steering Committee.” (Article 3.6b; emphasis added)

As noted above, if a Faculty Council representative from each institution were to run for chair-elect, each would be placed on the ballot for both chair-elect and Steering Committee, thereby ensuring representation on the Steering Committee from across the institutions.

In addition, a mechanism already exists in the Bylaws to address any deficiency in representation on the Steering Committee:

“If either the Steering Committee or the Nomination and Elections Committee **perceives a significant deficit in the representation of faculty constituencies within its membership** following the annual election, either committee **may ask the chair of Faculty Council to appoint a single ad hoc voting member to serve on the respective committee for the remainder of the year. In the case of the Steering Committee, the appointee should be a current member of the Faculty Council.**” (Article 3.6b; emphasis added)

2) No clear justification for proposed term limits

Historical data gathered by our committee indicate that only six of 65 individuals who have served on the Steering Committee since 2001 served more than three years (Appendix 2). Thus, the data do not support placing limits on service on the FCSC beyond those already indirectly dictated by the provisions of Article 3.4a (Terms of Office of Faculty Council Representatives).

“The Steering Committee shall consist of eight members: the chair of the Faculty Council, the vice-chair of the Faculty Council, the immediate past chair of the Faculty Council, and five other Faculty Council members who shall be elected by the Faculty Council for one-year terms. ***These members may be reelected successively to the Steering Committee for the duration of their terms as members of the Faculty Council.*** (Article 3.4a; emphasis added)”

PROPOSAL 3

(changes to current SOM Bylaws in red)

3.6b Nomination and Elections Committee. This committee shall consist of eleven members: the dean, five Faculty Council members, **one from each constituency, and five full-time faculty members who are not members of the Faculty Council, one from each constituency.** The five Faculty Council members of the Nomination and Elections Committee shall be elected at large by the Faculty Council and shall serve for the duration of their terms as Faculty Council members. The **five** non-members of the Faculty Council shall be elected by ballot by the Faculty of Medicine and shall serve three-year terms.

Rationale: Ensure fair and adequate representation for all faculty members, increase inclusiveness and diversity.

Table 1: Current and proposed composition of the Nominations and Election Committee.

Representatives:	Current Bylaws	Proposal 3	Bylaws Proposal
Administration	Dean	Dean	Dean
FC members	2 clinical, 2 pre-clinical (=4)	1 from each institution (=5)	3, at least 2 from basic science depts.
Faculty not FC members	2 clinical, 2 pre-clinical (=4)	1 from each institution (=5)	1 from each institution (=5)
FC chair	1	0	1
FC vice-chair	1	0	1
Total	11	11	11

Bylaws Committee Recommendation:

The Bylaws Committee recommends that Faculty Council representatives adopt a modified version of this amendment to Article 3.6b (Table 1).

1) Clear benefit

As an extension of the principles identified in the existing Bylaws and mentioned above, the Bylaws Committee agrees in principle with this proposal; it sees value in having all five institutions (CWRU, CCLCM, MHMC, UHMC, and VAMC) represented on the Nominations and Election Committee (NEC), as this should facilitate identifying qualified candidates from as large a pool as possible.

2) Proposed composition of the NEC in Proposal 3 is not practical

However, we feel that requiring equal institutional representation among Faculty Council (FC) members of the NEC will place an undue burden on those institutions that currently have relatively few FC representatives (viz., VAMC). It is also not clear what action would be taken if this rigid mandate for representation were not achieved. We have solicited input from those who have served on the NEC and conclude that it is important to include the FC chair and vice-chair on this committee, as currently stipulated in the SOM Bylaws, given their role (current or future) in appointing committee chairs (Article 2.6b).

3) Alternative proposal on composition of the NEC

As an alternative proposal, we recommend:

(1) prescribing equal representation among the five institutions for non-FC members of the NEC, as suggested in this faculty-sponsored amendment

(2) maintaining the FC chair and vice-chair on the NEC, as currently stipulated by SOM Bylaws

(3) decreasing the number of slots for FC members to three, at least two of whom must be from basic science departments (the rationale being that institutional representatives from the four affiliates are more likely to be from clinical departments).

Our alternative proposal would ensure that each of the five institutions is represented by at least one faculty member on the NEC while maintaining the same total number of members (11) currently prescribed by Article 3.6b of the SOM Bylaws and a balance between representatives from basic science and clinical departments. This would require the following modifications to the existing SOM Bylaws (changes in red):

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

As noted above for the Steering Committee, Article 3.6b of the SOM Bylaws provides a mechanism to address any deficiency in representation on the Nominations and Elections Committee.

APPENDICES

Data were compiled from Faculty Council rosters downloaded from [this page](#) of the SOM Office of Faculty Affairs & Human Resources web site.

APPENDIX 1. Institutional affiliations of Faculty Council chairs since 2000 (the earliest year for which data are available) and since 2004 (the first year all affiliates had representation on Faculty Council).

	2000-2019		2004-2019	
Affiliation	No.	%	No.	%
CWRU	7	35%	7	44%
CCLCM	0	0%	0	0%
MHMC	5	25%	5	31%
UHCMC	8	40%	4	25%
VAMC	0	0%	0	0%
TOTAL	20	100%	16	100%

APPENDIX 2. Summary of total number of years served by individual members of the Faculty Council Steering Committee since 2001, excluding AY 2003-04, 2009-10, and 2010-11 (for which data were not available).

Years of Service	Number of individuals	% of total
> 3 yrs.	6	9%
≤ 3 yrs.	59	91%
TOTAL	65	100%

Jo Ann Wise, the Division of General Medical Sciences representative to Faculty Council, cannot attend the June 17 meeting. She requested that the following text be read aloud at the meeting and entered into the record of deliberations on adopting the senate model for determining representation:

In advance of the May 20 FC meeting, for which a discussion and vote on the senate model was included on the agenda, JAW polled DGMS faculty via e-mail; 8/29 (28%) of faculty members responded.

All members who responded were OPPOSED to adoption of the Senate Model. Some of the more salient comments are reiterated below, with light editing for clarity.

- 1) From a Faculty member appointed in the PA program: "I would support the weighted model or the current model. I have only been at CWRU for 4 years but it was surprising to see the significant input and representation of our clinical faculty in our faculty council. I personally feel that the basic scientists do the heavy lifting in educating the medical students (university) as well as the PA students and thus, should have more representation on the faculty council than the clinical faculty."

Other DGMS Faculty members with appointments in the Cancer Center, the RNA Center and the Center for Medical Education opposed the senate model and supported either Model 1 (current) or 4 (weighted); one of these faculty members pointed out that Models 1 and 4 are similar in the sense that they incorporate departmentally based representation.

JAW comment: The list of potential models is not exhaustive and in particular does not include the possibility of having two separate bodies, one representing basic and another representing clinical scientists. This would ensure that members vote only on issues that affect them and at the same time address the frequent refrain heard during FC meetings over the past several years that much of what is discussed is not relevant to clinical faculty.

- 2) Faculty member from the Cancer Center: "I'm strongly in favor of model 4 and would strongly suggest that if the senate plan moves forward that SOM basic faculty "strike" and ignore their expected duties to demonstrate how misled this process has run."

JAW comment: The proposed response to adoption of the Senate Model seems extreme at first glance. However, it is worth noting that a boycott of the new HEC by basic science faculty who participate in the University Curriculum has also been advocated as a way to protest the lack of CWRU-related signage.

**Recommendations of the SOM Bylaws Committee
Regarding Faculty-Proposed Amendments to Article 3.5**

PROPOSAL 1

1. Amend Article 3:5 describing the “Officers of the Faculty Council” as follows:
Each year the Faculty Council shall elect a Chair-elect from among all current members of the Faculty Council. There shall be at least two nominees for the position of Chair-elect.

Rationale: The proposed text is very similar to the version of Article 3.5 approved by the Bylaws Committee on 27 March, 2018 and subsequently by the full Faculty Council. It has not yet been sent to the Faculty Senate for approval. Changes relative to the existing SOM Bylaws are highlighted in red. The goals of changing the first passage were 1) to expand the pool of candidates for FC Chair and 2) allow candidates with more experience on FC to run for Chair-elect. The goal of the change to the second passage was to ensure that candidates for this important office do not run unopposed. More broadly, these changes maximize the opportunities for the SOM Faculty as a whole, through their FC representatives, to choose the FC Chair-elect from a diverse slate of candidates.

Bylaws Committee

Bylaws Committee Recommendation: This language was brought before Faculty Council by the Bylaws Committee on December 17, 2018 and was voted down. According to Roberts Rules of Order (Article VI, Section 38, Renewal of a Motion), this proposal cannot be reconsidered by Faculty Council until the next regular session (i.e., the 2019-20 academic year). Therefore, it is our opinion that it cannot be considered at this time.

PROPOSAL 2

2. Amend Article 3:6.b. as follows:
Nomination and Elections Committee. This committee shall consist of eleven members: the dean, the chair of the Faculty Council, the vice-chair of the Faculty Council, four other Faculty Council members, two each from the basic and clinical sciences, and four full-time faculty members who are not members of the Faculty Council, two each from the basic and clinical sciences. The four Faculty Council members of the Nomination and Elections Committee shall be elected at large by the Faculty Council and shall serve for the duration of their terms as Faculty Council members. The four non-members of the Faculty Council shall be elected by ballot by the Faculty of Medicine and shall serve three-year terms.

Rationale: The proposed text is identical to the version of Article 3.6b approved by the Bylaws Committee on 27 March, 2018 and subsequently by the full Faculty Council. It has not yet been sent to the Faculty Senate for approval. The goal of changing “pre-clinical” to “basic” was to update the language in the Bylaws to reflect the current

structure of the curriculum (students are in the clinic from their first year onward). This version of Article 3.6b preserves the presence of members elected at-large on the Nomination and Elections Committee, thereby giving the SOM Faculty as a whole a direct voice in electing representatives to the committee that recruits nominees for the eight Committees of the Faculty whose missions are defined in Article 2.6 (which was amended two years ago and has been approved by a vote of the SOM Faculty as a whole and approved by the Faculty Senate.

Bylaws Committee Recommendation: This modification to the Bylaws was approved by Faculty Council on May 21, 2018. Therefore, it is not a valid amendment and cannot be considered.

PROPOSAL 3

3. Retain the current version of Article 3:6.a.
 - a. **Steering Committee.** The Steering Committee shall consist of eight members: the chair of the Faculty Council, the vice-chair of the Faculty Council, the immediate past chair of the Faculty Council, and five other Faculty Council members who shall be elected by the Faculty Council for one-year terms. These members may be reelected successively to the Steering Committee for the duration of their terms as members of the Faculty Council. The chair of the Faculty Council (or the vice-chair of the Faculty Council in the absence of the chair) shall serve as chair of the Steering Committee.

Rationale: This language maximizes the opportunities for the SOM Faculty as a whole, through their FC representatives, to choose the Steering Committee from a diverse slate of candidates that includes individuals with more experience on FC.

Bylaws Committee Recommendation: Amendments to Article 3.6a have already been proposed via another faculty-sponsored petition (Danny Manor et al.) and are on the agenda for consideration by Faculty Council. In anticipation of that discussion, the Bylaws Committee has already submitted its recommendations regarding those modifications. Since retaining the original language of the Bylaws is the de facto alternative to adopting the faculty-proposed amendments, that document should be consulted for our recommendations regarding modifications to Article 3.6a.

ARTICLE 3: THE FACULTY COUNCIL

3.1: Purpose and Functions of the Faculty Council

The Faculty of Medicine delegates all powers not reserved to the Faculty of Medicine itself (see Article 2) to a Faculty Council. The Faculty Council shall serve as the Executive Committee of the Faculty of Medicine, in accordance with Article X.1 of the Bylaws of the Faculty Senate. The Faculty Council shall meet regularly to exercise its powers and obligations, which shall include but not be limited to the following:

- a. To act for the Faculty of Medicine regarding the planning and execution of educational programs and the formulation of policies concerning curricula, student admissions, and the conduct of research in consultation with the appropriate standing committee of the Faculty of Medicine. It shall review the requirements for the M.D. degree and the recommendations of the Committee on Students regarding student standings and student promotions;
- b. To hear reports of the Standing Committees of the Faculty of Medicine and of the Faculty Council and recommend action on such reports;
- c. To make recommendations to the Faculty of Medicine concerning the establishment, discontinuance, and merging of departments;
- d. To make recommendations to the Faculty of Medicine concerning the establishment, discontinuance, and initial charge and representative composition of the membership of all Faculty of Medicine standing committees (see Article 2.6c);
- e. To elect a chair, a chair-elect, members of the Steering Committee, and the Faculty Council members of the Nomination and Elections Committee;
- f. To classify any issue requiring a vote of the faculty so as to determine the eligibility of the adjunct/clinical and student members to vote on that issue (per 2.4biii and 2.4bv); and
- g. To create *ad hoc* committees to make recommendations concerning its various functions and duties (see Article 3:6d).

3.7: Meetings of the Faculty Council

a. The Faculty Council shall meet at least once every two months from September through June of each academic year. Special meetings may be called by a majority vote of the Steering Committee, by a written petition of 10 members of the faculty addressed to the chair of the Faculty Council, or by the dean.

Commented [A1]: Approved by the Bylaws Committee on 23 January, 2018, 6:0.
SUBSTANTIVE: Explicitly identifies the Executive Committee of the Faculty of Medicine for the first time.
Rationale: In response to a query from the Faculty Senate, Faculty Council at its meeting on December 12, 2016 agreed that the full representative body and not its Steering Committee serves in this capacity.

Deleted: the

Deleted: of the Faculty Council

Deleted: also have the responsibility to

Commented [A2]: Approved 5-0 10 April 2018.
Rationale: To make Article 3.1a compatible with Article 2.6a.6.

Deleted: to approve

b. The agenda for each meeting shall be prepared by the Steering Committee, posted electronically, and sent electronically to all faculty members at least one week in advance of regular meetings and at least two days in advance of special meetings

c. Minutes of the meetings shall be kept and shall be distributed in a timely fashion to Faculty Council members, to the dean, to all department chairs, and to each member of the Faculty of Medicine. Approved minutes shall be posted electronically and sent electronically to all faculty members. The dean is requested to provide administrative support for this purpose.

d. The meetings shall be conducted according to Robert's Rules of Order, Newly Revised.

A parliamentarian may be appointed by the Faculty Council Chair in order to facilitate orderly transaction of business. A quorum of the Faculty Council shall consist of 50% of the voting members. When members cannot attend the Faculty Council meeting at the physical location specified in person, Faculty Council shall allow for electronic attendance and voting as long as: (1) the quorum will be determined at the beginning of the meeting by posting the roll call (i.e., names of those in attendance in the room and attending remotely) and will be monitored throughout the meeting; (2) 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; and (3) the technology used for electronic meetings shall allow the members full access to and full participation in all meeting transactions in real time. The dean is requested to provide administrative support for this purpose. Elected members may not designate alternates for council meetings or vote by proxy in council meetings. Faculty Council members may vote *in absentia* by mail in the election of officers and standing committees of the Faculty Council (see article 3.6b).

Commented [A3]: Approved by the Bylaws Committee on 12 December, 2017.

Rationale: Echoes language in the Faculty Senate Bylaws.

Approved by Faculty Council 20-13-3 on 28 January 2019.

Commented [A4]: The Bylaws Committee conferred with the Secretary of the Faculty Senate and determined that the guidelines specified in III unit b part 3 were never established. As a consequence, we included the language from parts 1 and 2 of the Faculty Senate Bylaws.

The Bylaws Committee also discussed placing certain limits on remote participation, such as limiting the number of meetings that can be attended remotely, assuring information is sent to members sufficiently far in advance, and explicitly adding relevant text from Robert's Rules, but ultimately decided not to include such provisions, which can be further discussed by Faculty Council.

We recommend that the Dean's Office be charged with the responsibility of implementing the technology necessary for remote attendance and voting; this should be reviewed annually by the chair and instructions disseminated to Faculty Council representatives at the beginning of every year.

Approved by Bylaws Committee 5-1 on 2019-05-02.

SOM Bylaws Committee

Annual Report to Faculty Council, AY 2018-19

Elected members

Darin Croft, Ph.D. (Dept. of Anatomy), Chair
Piet de Boer, Ph.D. (Dept. of Molecular Biology & Microbiology)
Peter Harte, Ph.D. (Dept. of Genetics & Genome Sciences)
Irving Hirsch, M.D. (Dept. of Anesthesiology, University Hospitals)
Maureen McEnery, Ph.D. (Dept. of Neurology, University Hospitals)
Jonathan Miller, M.D. (Dept. of Neurological Surgery, University Hospitals)

Ex officio member

Nicole Deming, J.D. (Assistant Dean, Faculty Affairs & Human Resources)

The Bylaws Committee met 13 times from September 2018 to June 2019, with meetings lasting 1.5-2 hours in duration. Our primary goal was to continue and complete the 5-year review of the SOM Bylaws. However, we were only able to devote a relatively small proportion of our time to that activity due to a variety of other, more pressing issues that arose during the year. These included:

- Elaborating on the process by which faculty-proposed suggestions for Bylaws amendments that were solicited as part of the 5-year review were evaluated by our committee last year
- Reviewing and the revised charge of the Committee on Research
- Providing a consensus opinion on the proper procedures for dealing with a problematic election for Chair-Elect of Faculty Council
- Providing a consensus opinion on whether names of signers of faculty-proposed amendments should accompany those amendments throughout the approval process
- Making recommendations on two sets of faculty-proposed amendments to Articles 3.5 and 3.6 of the Bylaws (dealing with the election of Faculty Council Chair-Elect, Faculty Council Steering Committee, and the composition of the Nomination and Elections Committee)
- Making a recommendation on a Faculty Council-proposed Bylaws amendment that would permit remote participation and voting in Faculty Council meetings
- Making a recommendation on a Faculty Council-proposed amendment that would increase representation of the VA Medical Center in Faculty Council

Our committee has been on the agenda of every Faculty Council meeting this year except March to present amendments to the SOM Bylaws (arising from our five-year) and/or to present our committee's recommendations on the topics noted above. Documents distributed to Faculty Council representatives in anticipation of those meetings should be consulted for additional details of our deliberations and activities.

At present, all proposed amendments to Articles 1-4 and Article 6 that have arisen from our 5-year review have been presented to and voted on by Faculty Council. Our committee is partway through reviewing Article 5, and we plan to complete that component of the review next year.

Proposal for Creation of a School of Medicine Awards and Honors Committee

Regionally, nationally and internationally a large number of ground-breaking and discipline-specific honors and awards are given to individuals who advance various biomedical fields, be it in research, service or teaching. Identification of opportunities and crafting of materials describing these extraordinary accomplishments is left to individual faculty, who may be unaware that they can and should apply for honors and awards, or may not be experienced in crafting materials. Many organizations send repeated requests for awards and honors applications because an insufficient number of individuals submit materials, or the applications received are not judged worthy because they are poorly constructed, not necessarily because they are not meritorious; junior faculty particularly underestimate the value of their work. To increase the number of faculty who are nominated to awards and honors nationally and internationally, we propose creating an Awards sub-committee, appointed by Faculty Council. This committee will work hand-in-hand with Chairs of Departments and Centers to identify opportunities for CWRU faculty to be nominated to various awards/honors.

Purpose:

1. To identify new and existing opportunities for faculty at every rank, and increase the number of faculty members at CWRU-SOM who receive awards/honors
2. To create a nomination process and assist faculty in determining if and when they should apply for various honors/awards
3. To recommend procedures for crafting materials including producing templates for some very important awards/honors

Committee Member role:

1. Develop a searchable listing of honors and awards, eligibility, frequency, deadlines (to the extent possible)
2. Solicit nominations in conjunction with Department and Center Chairs
3. Review materials submitted and suggest edits based on description of the opportunity or general knowledge of the field
4. Create a databank of materials for faculty to utilize as samples
5. Create an annual honor roll to submit to the Dean/Provost/President

Membership and size of the committee:

1. 4-6 members at different career stages from across the SOM; no more than one member from any department or center to have the broadest representation
2. Chair should be at least Associate Professor or above with general knowledge of meritorious awards/honors such as the Nobel Prize, National Academies, AAAS Fellows program, and at least one discipline-specific award/honor

Time Commitment and Resources:

1. The first year will probably be the most intense as uniform procedures and guides do not exist, and the committee may need to meet monthly to advance the agenda. Once a regular agenda is established quarterly meetings (or less, if work can be done online, or via Zoom) may suffice.
2. IT support to develop the database and centralize materials