

**Faculty Council Meeting
Meeting Minutes
March 18, 2024**

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:02-4:06PM	Welcome and Chair Announcements	Matthias Buck	<p>The Chair called the meeting to order at 4:02PM. The University Climate Survey is closing on Wednesday of this week; all are encouraged to participate. Nominations are being solicited for the Faculty Council Steering Committee and must be made by March 26. Self-nominations are being accepted. The Dean's Third Meeting of Faculty (hybrid) is scheduled for April 30 and will include questions selected by Faculty Council, which will be voted on today</p> <p>The next presentation of the Dean's Signification Conversations is scheduled for Wednesday, April 10, 5:00-6:30PM (BRB105 and Livestream). The topic is: How Health is the Culture of Academic Medicine. Please register online to attend. Results from the February 26 Mini-Survey indicated that 98% of (SOM-Basic and Clinical) academic departments have regular faculty meetings but only 20% have a report from Faculty Council on their agenda. Dr. Buck then provided an overview of the agenda items to be addressed at today's meeting.</p>	
4:06-4:07PM	Approval of February Faculty Council Minutes	Matthias Buck	When polled, there were no edits or corrections suggested to the February 26 Faculty Council Meeting minutes.	The February 26 Faculty Council Meeting Minutes were approved by general consensus.
4:07-4:09PM	Report from Faculty Council Steering Committee Meeting	Darin Croft for Alan Levine	The Faculty Council Steering Committee met on Monday, March 4; six members were in attendance. Following the chair's announcements, the committee approved the minutes of the February meeting and reviewed and voted in favor of five emeritus packets. They reviewed the PAF form for the Cancer Center, and discussed the proposed Dean's topics for the Dean's Third Meeting of Faculty Meeting. They met with the co-chairs (Siran Koroukian and Mamta Singh) of the	

	Report from Faculty Council Steering Committee Meeting (continued)		Committee on Appointments, Promotions and Tenure. They reviewed the promotion packets for equity issues and voted that there were no equity issues noted. The committee approved the agenda for today's Faculty Council Meeting.
4:09-4:11	Dean's Announcements	Stan Gerson	The Dean complimented the entire faculty and school on the incredible placement of this years' graduating medical students at amazing locations for residencies of their choice. Nearly all students were able to achieve both their specialty and location of interest and that many were staying in Cleveland at affiliate hospitals. The Dean stated that he had received many emails from hospital leadership thanking us for their ability to recruit outstanding students.
4:11-4:23PM	Proposal for Bylaws Amendment re: Salary Guarantee	Bill Merrick	<p>Dr. Merrick stated that the first slide shows the current language in our bylaws for tenure salary guarantee. The following is proposed:</p> <ol style="list-style-type: none"> 1. Delete entirely the current languages in Section 5.7, the Tenure Guarantee. 2. Replace with the following: <ol style="list-style-type: none"> a. The award of tenure for faculty of the School of Medicine is accompanied by a guarantee of base salary that is equal to at least the CWRU based salary commitment from the previous year. b. When a faculty member switches departments (which may reflect a change of employers), their new salary will be negotiated with the Dean of the SOM and the chair of the desired department based upon the faculty member's presumed new role and functions within this department. <p>The Bylaws Committee does the final wordsmithing. This proposal was discussed and debated, with concerns raised about the clarity and specificity of the language, particularly regarding changes in employers and salary negotiations. The Dean stated that first and foremost we should abide by the statement of the university board and then, as closely as we can, with the statement of the addendum passed by the Faculty Senate pertinent to the SOM. They are not identical, because not all units in the university have chairs.</p>

			<p>He would suggest that tenured faculty have their salary adjusted with their chair and approved by the Dean and not with the Dean and the chair. Unless the intention of this group of individuals is to have their salary adjudicated by the Dean, he would be cautious with that last statement (b).</p> <p>The Dean also stated that the second point of caution is that the term “based” has a meaning in the compensation plan of the SOM and may mean something else at the level of the university, so would be conscientious about the term “based” and would suggest an added term in the context of the SOM compensation plan which describes “based” – perhaps next on the agenda.</p> <p>Dr. Buck stated that we do not have an alternative/additional proposal at this time. We are considering Dr. Merrick’s wording with the provision that it will go to the Bylaws Committee, be word smithed, come back to Faculty Council, and then to the faculty for approval. A vote was called.</p>	<p>A motion was made by a Faculty Council member and seconded by a Faculty Council member to approve the proposed change in text to Section 5.7, the Tenure Guarantee.</p> <p>Vote: 44 were in favor, 3 were against, and 0 abstained.</p> <p>The motion is approved.</p>
4:23-4:30PM	Report from the University Faculty Senate /Senate Executive Committee	Elvera Baron	<p>Dr. Baron stated that the child care subsidiary, that was previously discussed, was brought up to the President’s Office meeting in the spring (they are meeting with numerous schools and the SOM). One of the questions that kept coming up was whether the very narrow pool of eligible applicants could be extended. His office is currently looking at utilization of those currently eligible before making it more broadly applicable to others. Dr. Baron will let us know if any data is being collected.</p> <p>Dr. Baron has been asked if the A1 task force being put together by the Provost is still accepting participants. if we have faculty that are interested in participating in an A1 task force at the Dean’s level, and are heavily using AI, they should be able to join the task force out of the Dean’s Office.</p> <p>Dr. Baron asked the Faculty Council representatives to please remind the rest of the constituent faculty that the climate survey is out and extremely important to complete so our concerns are represented at the university level. Discussion took place regarding the notion of making DEI statements part of current teaching service and research or have a separate</p>	

			<p>one, optional or not optional. ExCom members were encouraged to discuss with their schools what the current practices are and what people are thinking going forward. Data being collected shows that over this past year the number of submissions for NTT faculty, that include DEI, has increased by a significant amount. Tracking the numbers, whether or not it should be made a requirement or integrate it into the required statement. Training may need to be required to fill out and evaluate those statements.</p>	
4:30-4:52PM	Summary of Ad Hoc Committee on P&T Report	Cathleen Carlin	<p>The full report of the summary of the ad hoc Committee on Promotion and Tenure is posted in the Faculty Council folder in BOX.</p> <p>Dr. Carlin discussed the formation and activities of the committee empaneled by the Dean to review promotion and tenure practices across all campuses and ensure compliance with the Handbook and School of Medicine Bylaws. The committee consisted of representatives from the main campus school of medicine, and all affiliates, with two representatives from each institution. The committee met monthly from January to December in 2023, with the goal of providing recommendations on distinguishing criteria for promotion and tenure. To this end, they reviewed various documents related to promotion and tenure, and met with different constituencies. They were asked to provide recommendations as to whether the current standards were sufficient and offer guidance on considering information submitted in the optional COVID and DEI statement.</p> <p>Requirements for external letter referees has been a big issue. The committee was able to review some letters that violated the arms-length criteria. The committee also met with the Chair of the Bylaws Committee, Piet de Boer. The committee also met with the Council of Basic Science Chairs, the Committee on Women and Minority Faculty, Medical Education, DEI staff both in the SOM and the university. Faculty in NTT clinical service and teaching appear to have a tremendous amount of angst about the definition of a regional reputation. Some of the most useful conversations the committee has had were with most recently promoted faculty. What does regional mean (outside Cleveland, outside Cuyahoga County, outside Ohio)?</p>	

			<p>Several of our peer institutions do a better job than we do in terms of providing documentation of what qualifies activities that establish a regional reputation. Very institution-specific. We think it is worth thinking about whether we, as a school, could create a similar document; a base document that could then be tailored to different affiliates. NTT faculty, who are primarily engaged in clinical, teaching and service, appreciate a little more guidance.</p> <p>Historically, those faculty engaged in clinical supervision, but not engaged in research or teaching, have been defined as part-time both in the handbook and SOM Bylaws. These individuals don't have a path for promotion. The committee spent considerable time going through the handbook and bylaws to determine what constitutes part time. The Faculty Affairs website changed the definition of part time to align it with the handbook stating part time is an individual who participates in one of three major activities – clinical, research and service.</p> <p>The committee felt that the bylaws need to be amended to better describe the qualifications for promotion to Instructor and Sr. Instructor. Criteria for junior faculty positions is not explained in the bylaws.</p> <p>The Chair stated that Faculty Council will come back at a future date and address additional concerns such as the time restriction in medical education which we did not have time to address today. There will be future discussion.</p>	
4:52-5:23PM	Presentation of proposal to reform Appointments, Promotions and Tenure [APT] at SOM	Stan Gerson	<p>Dean Gerson expressed his appreciation for the efforts of the ad hoc Committee on Promotions and Tenure. They moved ahead in a very non-incremental manner to try to understand what to do collectively about the promotions and tenure process. They wanted to take on an effort to allow us to look to our faculty for their scholarship, and appreciate what faculty do. He spoke to a number of other peer institutions and talked to dozens of deans. He became aware with clinical faculty, whether physician scientists or master clinicians, that the way we can promote their faculty status is through scholarship, authorship and impact, moving beyond what we have classically done. To assess faculty advancement based on their</p>	

	<p>Presentation of proposal to reform Appointments, Promotions and Tenure [APT] at SOM (continued)</p>		<p>overall impact on their area of expertise to improve health through excellence in investigation, practice, education, leadership, service, and/or community benefit. He thus updated the review parameters to highlight scholarship in clinical practice and teaching. The definition of scholarship includes activities that advance the practice of a medical specialty and/or in prevention and implementation, with authorship and educational activities that advance the specialty and have impact and recognition for accomplishments. Recognition may be local, regional or national, and is assessed by impact and leadership. Impact is of high quality when it is paradigm shifting, practice changing, policy informing. 90% of our faculty are not involved with tenure.</p> <p>Academic track expectations – metrics include peer-reviewed publications, external grant support, regional and national reputation for expertise, innovations, and public dissemination of work. Faculty committed to scholarship in education and with evidence of reputation, expertise and published contributions to innovation in the field may qualify for the academic track.</p> <p>Associate Professor continues to have a high bar for expertise. Tenure is unchanged and tenure guarantee is as noted.</p> <p>The clinical academic track supports the career advancement for faculty who focus predominantly on excellence in clinical medicine, and contribute to scholarship through participation in education programs of medical students, residents, fellows, and colleagues and are recognized for clinical excellence and advancement in their field of practice. The CV should include authorship (clinical trials, SOPs, guidance, process improvement, reviews, hospital policy). These faculty participate in scholarship through their practice as educators, leaders, coordinators, as experts to whom patients are referred from a large geographic area or are recognized innovators and teachers in developing improvements of the practice in their specialty.</p> <p>The Dean outlined that Associate Professor places greater emphasis on the mature and durable recognition of clinical education and/or service excellence and ongoing contributions and impact to clinical scholarship and/or educational activity. Local and regional recognition as reflected in leadership roles,</p>	
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	<p>Presentation of proposal to reform Appointments, Promotions and Tenure [APT] at SOM (continued)</p>		<p>high impact programs, including education programs and/or advancement of the field. This may be reflected in statements by the candidate and their chair and corroborated by external reviewers.</p> <p>Professor should include a record of continued excellence in their field with ongoing contributions to excellence in education and/or clinical practice service in their area of expertise with examples of impact on their field regionally and nationally.</p> <p>Promotion to Associate Professor should take place typically in y5 of first appointment “at rank” to DCAP, year y6 to CAPT. There should be a five-year minimum from promotion to associate professor to professor, with an eight-year timeline to end of review (tenure clock). Tenure should be considered and voted on separately from promotion. The transfer of tenure status still requires CAPT assessment.</p> <p>Attention should be given to personal statements to ensure that individual accomplishments are noted and strategic goals are set. Dean Gerson suggested focusing on impact in their field, scholarship and authorship rather than the number of hours spent on service.</p> <p>They plan to shorten the expectation of external referee letter responses and concentrate on what they think of this person’s accomplishments, authorship and impacts and do they subscribe to our guidelines for promotion. Conversations with the Provost on managing the letter process is ongoing.</p> <p>The timeline to for implementation at the DCAP is this spring 2024; SOM CAPT spring 2025, with the final version introduced into SOM bylaws and Faculty Senate 2025.</p> <p>Dr. Barnett stated he is fully supportive of the Dean’s recommendations, but a comment was reiterated that the 5year minimum timeline to full professorships is too restrictive for clinical faculty. Any comments should be sent to the Dean. Discussions on these matters will continue at April’s meeting.</p>	
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5:23-5:36PM	Research in the Cancer Center Update (Gary Schwartz)	Gary Schwartz	<p>Gary Schwartz, MD, Director, provided an update of the Case Comprehensive Cancer Center's activities. He met with all leadership in the Cancer Center to identify strengths, weaknesses, and establish a series of core principles similar to those in SOM and what Stan Gerson had established. The consortium is the major strength of the cancer program. Dr. Schwartz noted that over 7,700 patients are seen across different centers, nearly 2,000 patients enter clinical trials, and the center mentors many students. He also introduced a new strategic plan designed around core principles such as the importance of the consortium and community trust, and strategic pillars focused on discoveries and data science.</p> <p>Every cancer center is reviewed on a 5-year cycle. The Cancer Center grant review will be submitted in May and reviewed in August. One of several areas of research currently in process will help denote which patients may or may not respond to chemotherapy. The center is actively involved in community engagement e.g. the release of toxic plume in East Palestine where they went to help advise about cancer risks. Case in the Barbershops has taught 17 barbers in Cleveland's inner city how to discuss prostate cancer screening with their clients. They are engaging inner city high school students by meeting monthly with members of the East Cleveland community to engage over healthcare issues, mental health, and cardiovascular disease. 25% of all cancers are rare. A meeting was recently held at Case to cure rare cancers. Thirty-five leaders across the country gathered to discuss how to best approach this issue. The center hopes to become the focus for rare cancer therapy in this long spectrum of disease.</p>	
5:36-5:49-PM	Presentation of Proposed Certificate Program on Cancer Studies	Ruth Keri and Damian Junk	<p>The meeting discussed two new initiatives aimed at promoting diversity in cancer studies. Dr. Ruth Keri introduced a post-baccalaureate program funded by the American Cancer Society to address the disparity in cancer death rates among non-Hispanic black and Native American populations. The program provides didactic and experiential training in cancer research and aims to transition students from undergraduate to graduate school. Additionally, Dr. Keri presented a program developed by her team, funded by the American Association for Cancer Research, to enhance the learning environment and potentially</p>	

	Presentation of proposed certificate program on Cancer Studies (continued)		increase the diversity of their Md, PhD, and PhD training programs. The program requires scholars to identify an experienced mentor in cancer research, complete 15 credit hours of graduate level coursework, and maintain a GPA of 3.0 or higher. The program is open to underrepresented groups and does not require US citizenship.	A motion was made by a Faculty Council Member and Seconded by a Faculty Council member to approve the Post Baccalaureate Certificate Program in Cancer Studies. Vote: 31 were in favor, 0 were against, and 3 abstained. The motion is approved.
5:49-5:55PM	3rd Meeting with Faculty – Voting on Questions for the Dean		The following questions/topics have been proposed for the Dean’s Third Meeting of Faculty --- Philosophy and Policies on Compensation --- Appointment, Promotion and Tenure reform at SOM --- Interdisciplinary Science and Engineering Building, Space Issues --- Midtown Collaborative --- Impact of Artificial Intelligence on Teaching and Research After some discussion, Faculty Council members were asked to vote for three topics out of the five options. There were some technical difficulties when we were ready to launch the poll. A Qualtrics survey will be sent out asking everyone to choose three topics.	
5:55-5:56PM	New Business		When polled, there was no new business to address.	
5:56PM	Adjourn		There being no further agenda items to be addressed, a motion was made to adjourn the meeting. The motion was approved by general consensus and the chair adjourned the meeting at 5:56PM.	

Present

Joshua Arbesman
 Moises Auron
 Blaine (Todd) Bafus
 Elvera Baron
 Abigail Basson
 Melissa Bonner
 Elvera L. Baron
 Neil Bruce
 Matthias Buck
 Adrienne Callahan
 Francis Caputo
 Aleece Caron

Mohamad Chaaban
 Patrick Collier
 Marta Couce
 Darin Croft
 Margot Damaser
 Piet de Boer
 David DiLorenzo
 Jessica Fesler
 Stephen Fink
 Lisa Gelles
 Stan Gerson
 Ramy Ghayda

Matthew Grabowski
 Alia Hdeib
 Amy Hise
 Jessie Jean-Claude
 Hung-Ying Kao
 Sadashiva Karnik
 Gaby Khoury
 Vijaya Kosaraju
 Sangeeta Krishna
 Erin Lamb
 Stephen Leb
 Alan Levine

Shawn Li
 David Ludlow
 Janice Lyons
 Mariel Manlapaz
 Tani Malhotra
 James Martin
 Wlliam Merrick
 David Mihal
 Attila Nemeth
 Rebecca Obeng
 Cyrus Rabbani
 Anastasia Rowland-Seymour

Hemalatha Senthilkumar
 Paul Shaniuk
 Bryan Singelyn
 Jacek Skowronski
 Phoebe Stewart
 Nami Tajima
 Patricia Taylor
 Johannes von Lintig
 Ari Wachsman
 Mark Walker
 Robert Wetzell
 Raed Zuhour

Absent

Corinne Bazella
 Maura Berkelhamer
 Elaine Borawski
 Dan Cai
 Andrew Crofton
 Meelie DebRoy
 Mackenzie Deighen
 Jonathan Emery

Corinna Falck-Ytter
 Bahar Bassiri Gharb
 Rachael Gowen
 Jason Ho
 Peter K. Kaiser
 Eric W. Kaler
 Christina Krudy

Jennifer Li
 Lia Logio
 Dan Ma
 Raman Marwaha
 Christopher McFarland
 Gillian Michaelson
 Rocio Moran

Dean Nakamoto
 Neal Peachey
 Deven Reddy
 Tamer Said
 Matthew Sikora
 Courtney Smalley
 Usha Stiefel

James (Jim) Strainic
 Ben Strowbridge
 Joseph Tagliaferro
 Geroge Videtic
 Scott Williams
 Wei Xiong
 Samina Yunus

Others Present

Cathy Carlin
 Nicole Deming
 Agata Exner

Jeremiah Escajeda
 Joyce Helton
 Damian Junk

Ruth Keri
 Cynthia Kubu
 Daniela Mehech

Sarah Ondrejka
 Lila Robinson
 Alicia Santin

Gary Schwartz
 Richard Wilson

**Faculty Council Meeting
Draft Meeting Minutes
February 26, 2024**

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:03-4:13PM	Welcome and Chair Announcements	Matthias Buck	<p>The Chair called the meeting to order at 4:03PM. Dr. Buck reminded everyone of the upcoming SOM senator elections and the university-wide engagement survey which will be going out shortly. He encouraged everyone to participate and provide constructive feedback. The Medical Education Retreat will be held on May 8; Lia Logio will be presenting to Faculty Council on April 16. The next Dean’s Significant Conversation will be held on April 10: How Healthy is the Culture of Academic Medicine. The Dean’s Third Meeting of Faculty will be held in April or May as a hybrid meeting; the date will be forthcoming.</p> <p>The Chair provided a brief overview of the agenda items to be addressed at today’s meeting.</p> <p>A poll was launched for Faculty Council members to answer the following three questions:</p> <ol style="list-style-type: none"> 1. Unit you represent (CCF, CWRU-Main, MHMC, UH, VA) 2. Does your department/academic unit have regular faculty meetings (1-4 months) 3. If so, is a report from Faculty Council on the agenda <p>Dr. Buck will present the results of the poll at the March meetings of the Faculty Council Steering Committee and Faculty Council.</p>	
4:13-4:14PM	Approval of January Faculty Council Minutes	Matthias Buck	When polled, there were no edits or corrections suggested to the January 22 Faculty Council Meeting minutes.	The January 22 Faculty Council Meeting Minutes were approved by general consensus.

4:14-4:24PM	Report from Faculty Council Steering Committee Meeting	Alan Levine	<p>Dr. Levine presented an overview of topics discussed at the February Faculty Council Steering Committee Meeting.</p> <p>The FCSC reviewed two academic chair appointments. The general consensus of the committee was that both candidates are well qualified for their academic chair appointments. Ten emeritus packets were reviewed. All were deemed to be strong candidates and met the qualifications for emeritus status.</p> <p>NTT promotion packets, previously reviewed by the CAPT, were evaluated to ensure equity had been applied. The committee discussed the proposed text stating that any tenured faculty member should have a dual appointment -- an appointment in a clinical department as well as possibly in basic sciences. If a transition should occur in the future that faculty member already has a home. Dr. Elvera Baron will provide the details of the proposal and discussion later in today's meeting. The agenda for today's meeting was created and approved</p>	
4:24-4:35PM	Dean's Announcements	Dean Gerson	<p>The Dean stated that he is aware of the topic of tenure at UH and is moving ahead conscientiously, both with the chairs, to make sure all is coordinated in how we manage the guidance that has been provided ongoing, and looking forward to conversation with MetroHealth faculty and VA leadership.</p> <p>The search for the Neuroscience chair is ongoing. Nominations have been placed for the Distinguished University Professor designation. Faculty nominations for awards and recognition continues. Documents have been submitted to US News & World Report for the rankings. A draft of the guidance conversations that took place regarding the appointments and promotions process is being circulated with the chairs of each of the major institutions that make up our consortium medical center, and give the best opportunity for the 3,400 faculty members to see their efforts recognized. It is slowly navigating itself for review at the chair level, then associate dean level, Provost, Sr. Vice Provost level, and then will come to this body for assessment.</p>	

4:35-4:47PM	Report from University Faculty Senate/Senate Executive Committee	Elvera Baron	<p>Dr. Baron noted three topics that she would address in today's meeting: The January 29 Faculty Senate meeting summary, UH recommendations, and shared governance documents.</p> <p>One of the topics relevant to the SOM, and also to other schools of the university, is how the AI test scores can be safely infiltrated to assist professors in grading. Dr. Baron will provide contact information for the AI task force. They discussed the open access initiative, how it is being rolled out across the university, and whether scientists are able to publish in the open access format. Library Sciences presented on this topic to Faculty Council several months ago.</p> <p>Many universities are becoming test optional only and not test required. It was voted to go test optional at the last meeting. April 8 will be a university holiday because of the total eclipse. There will be additional training for Title IX; information will be forthcoming. The climate survey was accepted and sent to the Faculty Senate for approval. Childcare benefits will be made available for those post-doctoral fellows who receive any funding from CWRU or are presenting at meetings.</p>	
4:47-4:59PM	CWRU-UH Tenure Matter at Senate	Elvera Baron	<p>The UH Hospital Based Faculty Committee was tasked with reviewing the key documents in the Faculty Senate's process towards protecting the indefinite duration of tenure and durability of CWRU compensation for tenured hospital based faculty at UH. This committee reviewed key documents to determine their compliance with the Faculty Handbook and SOM Bylaws. The Hospital Based Faculty Committee created UH recommendations to this end. If hospital based faculty move to a new department, their salary should be commensurate with their role and responsibilities. The committee proposed the following amendment to the Faculty Handbook: "Tenure Salary Guarantee":</p> <p>"This commitment includes a salary guarantee to which Case Western Reserve University obligates itself. The salary shall be at a level determined by the dean of the relevant school or college to be reasonable compensation for the roles and responsibilities of the tenured faculty member".</p>	The proposed amendment was sent to the Faculty Senate for review.

4:59-5:12PM	Shared Governance Committee Final Report	Elvera Baron Danny Manor	<p>The ad hoc Committee on Shared Governance was created in November of 2022 and was slated to sunset in November 2023. The committee was charged with studying current practices of shared governance across campus (including the operations of the Faculty Senate), evaluate stakeholders' experiences and expectations, and make recommendations. The report, posted in box, was received by not accepted by Senate Excom. Dr. Baron and others believe the report should be presented to the Senate and she will write a letter to Excom to that effect.</p> <p>Dr. Baron highlighted the need for improvement in the engagement of clinical faculty in shared governance. The committee also discussed the challenges faced by faculty attending Senate meetings and proposed the use of Zoom as an additional option for participation. Faculty Council discussed but did not vote on (no motion was made) on drafting a letter to the Senate requesting a review of their policies and the implementation of a hybrid model for meetings.</p> <p>The SOM is the smallest participant on percent response to the previous survey (5% compared to 30-40% for other schools). It was concerning that many questions on the survey were answered with "I don't know". The reasons for the lack of engagement were debated; some suggestions were a lack of interest, not enough education about available opportunities, or a lack of onboarding of new faculty. Many recommendations were made as to how to interact with the Faculty Senate and the whole SOM. The recommendations of this committee were presented to the ExCom to generate discussion and new actions. Quarterly reports could be generated to educate the rest of faculty as to what the Faculty Senate is doing, and minutes and recommendations could be made readily available. It was suggested there be an annual delivery of a comprehensive report regarding the state of the university and denoting future plans by CWRU president and provost.</p>	
5:12-5:24PM	First Report from FACE Committee (Ad Hoc Committee on Faculty-Administration Interactions, Co-Governance and Engagement)	Alan Levine	<p>The FACE committee is comprised of equal representation from the basic sciences and clinical faculty. The upcoming climate survey will focus on three major topics and has undergone some changes based on feedback, such as clarifying the definition of 'leadership'. Concerns were</p>	

	<p>First Report from FACE Committee (Ad Hoc Committee on Faculty-Administration Interactions, Co-Governance and Engagement) (Continued)</p>		<p>raised about the low response rate to a previous survey from the SOM, with only 3-5% participation.</p> <p>Dr. Levine acknowledged there was a perceived lack of action following the previous climate survey in 2018. The strategy for the upcoming survey involves encouraging peer-to-peer interaction to increase participation. The committee desires to avoid the pitfalls of previous surveys, including a lack of action following proposed ideas.</p> <p>Dr. Levine discussed the shared governance approach, emphasizing the importance of quick, short-term fixes to demonstrate active listening and build trust. He suggested the committee should focus on issues that can be resolved within a week, then tackle larger, more complex questions requiring administration buy-in. Each FACE Committee member was asked to provide two comments, one personal and one gathered from colleagues, which will be sorted through in the March meeting.</p>	
<p>5:24-5:40PM</p>	<p>Annual Report from the Nomination and Elections Committee</p>	<p>Scott Howard</p>	<p>Dr. Howard has served as chair of the NEC for three years. This committee has sought to standardize processes, increase transparency, and promote diversity and inclusion (such as adding a mandatory diversity statement in their application process and inviting Tina Lining to speak about diversity). Dr. Howard also highlighted the challenges of maintaining committee composition due to personnel changes and the need for increased voter participation in faculty elections. He stressed the importance of reaching out to colleagues to encourage voting and discussed the potential loss of basic science membership on the Faculty Senate. He acknowledged the frustration of seeing only 7% of faculty voting in these events and encouraged participation.</p> <p>There had been some discussion in Faculty Council about earmarking two seats for basic science and two for clinical. The Bylaws Committee concluded they could not earmark seats based on the current rules.</p> <p>The NEC is currently preparing for the Faculty Council ballot. The new chair is expected to be chosen in</p>	

			the next month or so. Those interested should submit a statement of interest. Typically, we will have a voting period in May where Faculty Council will vote. This will include the Faculty Council Chair, Faculty Council Steering Committee, and the membership of the NEC for those members rotating off. The NEC's members come from all institutions and from Faculty Council itself.	
5:40-5:41PM	New Business		When polled, there were no topics of new business to address.	
5:41PM	Adjourn		There being no further agenda items to be addressed, the chair adjourned the meeting at 5:41PM.	

Present

Robert Abouassaly
Joshua Arbesman
Moises Auron
Elvera L. Baron
Melissa Bonner
Neil Bruce
Matthias Buck
Dan Cai
Adrienne Callahan
Francis Caputo
Aleece Caron
Patrick Collier
Darin Croft

Marta Couce
Margot Damaser
Piet de Boer
Jonathan Emery
Stephen Fink
Lisa Gelles
Stan Gerson
Ramy Ghayda
Matthew Grabowski
Alia Hdeib
Jason Ho
Jessie Jean-Claude
Hung -Ying Kao

Sadashiva Karnik
Gaby Khoury
Vijaya Kosaraju
Christina Krudy
Erin Lamb
Alan Levine
Jennifer Li
Shawn Li
Janice Lyons
Tani Malhotra
James Martin
Raman Marwaha
William Merrick

Gillian Michaelson
David Mihal
Attila Nemeth
Rebecca Obeng
Cyrus Rabbani
Anastasia Rowland-Seymour
Hemalatha Senthilkumar
Paul Shaniuk
Matthew Sikora
Bryan Singelyn
Jacek Skowronski
Courtney Smalley

Phoebe Stewart
Usha Stiefel
Ben Strowbridge
Nami Tajima
Johannes von Lintig
Ari Wachsman
Mark Walker
Robert Wetzel
Scott Williams
Wei Xiong
Samina Yunus
Raed Zuhour

Absent

Mohamad Chaaban
Andrew Crofton
Meelie DebRoy
Mackenzie Deighen
David DiLorenzo
Corinne Falck-Ytter

Jessica Fesler
Bahar Bassiri Gharb
Rachael Gowen
Amy Hise
Peter K. Kaiser
Eric W. Kaler

Sangeeta Krishna
David Ludlow
Dan Ma
Mariel Manlapaz
Christopher McFarland

Daniela Mehech
Rocio Moran
Dean Nakamoto
Neal Peachey
Deven Reddy

Tamer Said
Jim Strainic
Joseph Tagliaferro
Patricia Taylor
Gregory Videtic

Others Present

Nicole Deming
Peter Harte
Anna Maria Hibbs

Joyce Helton
Scott Howard

Cynthia Kubu
Danny Manor

Sarah Ondrejka
Reshi Parameswaran

Demitre Serletis
Nick Ziats

Section 5.7 – the Tenure Salary Guarantee (current)

Award of tenure for faculty of the School of Medicine should be accompanied by a base salary guaranteed by the School of Medicine that will be equal for faculty in the school's basic science and clinical science departments. The amount of the guarantee and its financial support are currently under discussion.

Proposed changes for the SOM Bylaws

1. Delete entirely the current language in Section 5.7, the Tenure Guarantee.
2. Replace with the following:
 - a. The award of tenure for faculty of the School of Medicine is accompanied by a guarantee of base salary that is equal to at least the CASE based salary commitment from the previous year.
 - b. When a faculty member switches departments (which may reflect a change of employers), their new salary will be negotiated with the Dean of the SOM and the chair of the desired department based upon the faculty member's presumed new role and functions within this department.

Other observations from the committee

The rate of AAMC salary* increase (over the past 10 years) is:

Assistant Professor – 1.9%

Associate Professor – 2.5%

Full Professor – 4.4%

*Biochemistry

Other observations from the committee

1. The latest medical school salary comparisons for 2023**

- a. Professor (AAU – \$235,000; AAMC - \$202,000; CWRU - \$210,000)
- b. Associate Professor – (AAU - \$152,000; AAMC - \$140,000; CWRU - \$149,000)
- c. Assistant Professor – (AAU - \$127,000; AAMC - \$110,000; CWRU - \$120,000)

**AAU and AAMC – median salary, CWRU – mean salary
AAMC data (Biochemistry, all schools); AAU and CWRU data from Eddie Bolton, Institutional Resources

Other observations from the committee

A report from Mr. Paul Bristol (second quarter) indicates the SOM is in good financial shape although the projected margin for the year will be about \$2 million less than originally projected primarily due to the loss of tuition due to decreased enrollment (primarily MS programs). The current projected margin is about \$7 million.

Going forward, it is predicted that the SOM will be able to accommodate the 4% raise pool suggested by the President.

**Committee on Appointments, Promotions and Award of Tenure
Guidelines and Process
Committee Members 2022-2023**

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*** SOM CAPT**

FCSC

COMMITTEE CHARGE

1. Ensure that practices across the five campuses remain compliant with Faculty Handbook and SOM Bylaws and are sufficient to capture and promote faculty activities.
2. Provide recommendations on distinguishing and more explicitly defining the criteria for promotion versus award of tenure with attention to faculty diversity in academic medicine.
3. Make recommendations on the sufficiency of the current standards and opportunities for improved processes and offer guidance on considering information submitted in the optional COVID and DEI statements.

METHODOLOGY

Monthly meetings January – December 2023

Committee reviewed following documents:

- CWRU Faculty Handbook
- SOM Bylaws
- SOM Bylaws Appendix I
- Documents from Faculty Affairs
- Examples of arms-length violations in external letters
- CV template
- Promotion and tenure success statistics provided to Faculty Council
- Letter of concerns from CCF

Committee queried Faculty Affairs representatives from ~ 20 peer institutions

Committee met with:

- SOM Dean
- SOM Standing Committee on Bylaws

Committee representatives met with:

- Recently promoted faculty from the four affiliate hospitals
- Faculty Council Steering Committee
- Chief Academic Officers and support staff from four hospital affiliates
- Council of Basic Science Chairs
- SOM Standing Committee on Women and Minority Faculty
- SOM Standing Committee on Medical Education
- CWRU and SOM DEI staff

Concerns/Committee Recommendations

- Regional reputational requirement for promotion to associate professor in NTT track
- Career track for faculty primarily engaged in clinical supervision
 - Local versus regional reputation
 - Definition of 'part-time'
- Appointment/promotion criteria for Instructor and Senior Instructor faculty positions
- NTT 6-year reviews/improve communication
- TT faculty engaged in medical education scholarship
- Public and policy advocacy portfolio
- Senior level appointments

APT evolution Dean's Guidance, Faculty Council— March 2024

Agenda

- 1) **Rationale** of approach and terms
- 2) **Review** statement of qualifications and expectations for SOM
- 3) **Timeline** of moving from classical to new version



1) Rationale

- **One-year review** by Ad-Hoc committee on APT; co-chairs: Cathy Carlin and Rosa Hand—
Big thanks!
- **Expand promotion** recognizing faculty scholarship for hospital-based faculty
- **Benchmarking** Promotion criteria included: Duke, Cornell, Univ. of Chicago, Harvard, and University of North Carolina SOMs.
- **Emphasize** scholarship, authorship and impact in research, education, leadership and clinical practice.
- **Remove terms**
 - Pick one characteristic to be considered; “excellence in 2 of 3” of research, education, service; 50% academic effort (CWRU), “slots”; nontenure from track designation



2) Review statement of qualifications and expectations from SOM

Input:

- ✓ Ad Hoc Committee
- ✓ Chairs of SOM CAPT
- ✓ Vice deans
- ✓ CBS Chairs
- ✓ UH, VA, MH, CCF Chairs
- ✓ Senior Associate Deans (UH, CC, MH, VA)
- ✓ Provost and vice Provost



Guidelines for Faculty Appointments, Promotion, and Granting of Tenure For The School Of Medicine (SOM)

- **The faculty of medicine** - consist of educators, researchers, scholars, and clinicians working across 4 major academic medical centers campuses plus the SOM campus. 90% are not involved in the tenure process
- **Assess faculty advancement based on:**
 - their overall impact on their area of expertise to improve health through excellence in investigation, practice, education, leadership, service, and/or community benefit.
- **Update review parameters** to highlight scholarship in clinical practice and teaching.

Aspects of Scholarship in Clinical Medicine

- ***Scholarship***

includes activities that advance the practice of a medical specialty, and or in prevention and implementation, with authorship and educational activities that advance the specialty and have impact and recognition for accomplishments.

- ***Recognition***

may be local, regional or national, and is assessed by impact and leadership.

- ***Impact*** is of high quality when it is:

- paradigm shifting
- practice changing
- policy informing



Full Time Appointment updated tracks

Academic Tenure Track (only SOM, UH, MH)

Academic Track

Clinical Academic Track

Academic Track - expectations

Metrics include peer-reviewed publications, external grant support, regional and national reputation for expertise, innovations, and public dissemination of work.

Faculty committed to scholarship in education and with evidence of reputation, expertise and published contributions to innovation in the field may qualify for the academic track.



Criteria for Promotion, Academic Track examples

- **Investigate strategies** of biological pathways that contribute to, for example - health and physiology, disease, development and aging
- **Population based**, EMR-data based, policy focused, or environmental-focused assessment of health and disease;
- **Paradigm-shifting**, clinical practice changing and public policy influencing academic contributions;
- **Commercial development** of recent discoveries;
- **Educational and training efforts**, in the broadest scope; authorship of training guidelines, standards, presentations of fundamental aspects of specialty training and state of the art advancements; chairing and participation in practice review;
- **Efforts to train and support** future workforce development through mentoring of students (BS, MS, PhD, MD), residents or junior colleagues;
- **Service activities**, as they relate to academic and education scholarship, would include health care leadership both within academia, government, or for-profit entities;
- **Awards** for performance and accomplishment from internal (school, hospital, university) and external entities.



Considerations of Promotion Academic Track

- **Associate professors:** considerable recognition locally, and regionally as a clinical expert and prominent referral resource in their clinical area of expertise with considerable evidence of scholarship and educational activity
- **Professors:** Expectations of associate professor level durable, local, regional, national and even international impact in their area of expertise, both by written documentation in their CV through positions, presentations, publications and external support, as well as arm's length external letters and support letters from prior trainees.

Academic Tenure Track and Award of Tenure

Award of tenure for faculty engaged in sustained and cumulative discovery and translational innovation and/or research or education-focused activities that impact the field of medicine with peer reviewed publications, external grant support and recognition for expertise in research and/or education in the biomedical disciplines.

Tenure is guaranteed until retirement even if disengaged from a hospital-based department

Salary is then dependent on roles and responsibilities in a basic science department



Clinical Academic Track

Supports the career advancement for faculty who focus predominantly on excellence in clinical medicine, contribute to scholarship through participation in:

- a) education programs of medical students, residents, fellows, and colleagues and
- b) are recognized for clinical excellence & advancement in their field of practice.

CV to include authorship (clinical trials, SOPs, Guidance, process improvement, reviews, hospital policy).

These faculty participate in scholarship through their practice as educators, leaders, coordinators, as experts to whom patients are referred from a large geographic area or are recognized innovators and teachers in developing improvements of the practice in their specialty.



Criteria for Promotion, Clinical Academic Track

- **Impact** through involvement in hospital-based committees and education programs;
- **Authorship** contributions to policies, procedures, clinical guidelines, care maps or plans, or podcasts;
- **Teaching (with authorship)** development of educational materials;
- **Excellence in training** through trainee reviews, teaching awards;
- **Excellence in clinical practice**; evidence of regional/national referrals;
- **Service**: institutional, regional and national committees;
- **Leadership in developing innovations** in care, participation, leadership and decision making, e.g., FDA testimony, industry medical advisory boards, national specialty treatment guidance boards;
- **PI status** of clinical trials (commercially supported, nationally driven and investigator initiated);
- **Mentoring activities**, especially in the context of career advancement.

documentation through CV, Education portfolio, chair review, personal statement



Considerations of Promotion - Clinical Academic Track

- **Associate professor**, places greater emphasis on the mature and durable recognition of clinical, education and/or service excellence and ongoing contributions and impact to clinical scholarship and/or educational activity.
 - Local and regional recognition as reflected in leadership roles, high impact programs, including education programs, and/or advancement of the field. This may be reflected in statements by the candidate and their chair and corroborated by external reviewers.
- **Professor** should include a record of continued excellence in their field with ongoing contributions to excellence in education and/or clinical practice service in their area of expertise with examples of impact on their field regionally and nationally.

Timeline for Promotion and award of tenure

- Initiate Assoc promotion typically in y5 of first appointment “at rank” to DCAP, y6 to CAPT
- 5 y minimum from promotion to associate professor to professor
- 8-year timeline to end of review (tenure clock)
- Tenure considered, voted, separately from promotion
- Transfer of tenure status still requires CAPT assessment

Personal Statements

- **Key area(s) of expertise**, accomplishments in scholarship and authorship (citing publications, internal hospital documents, web sites and the like).
- **Impact** through contributions in their area of expertise.
- **Strategic goals**, anticipated trajectory and priorities for academic/clinical and scholarship extending their area of expertise over time, and from local to regional, and national recognition and impact.
- **Contributions** to team science (when appropriate).
- **Paradigm shifting, practice changing and policy guiding** impact
- **Role in education and in DEI**, (diversity and inclusive excellence) statements

3) Timeline: moving from classical to new version

- Complete feedback and comments
- Discussion by chairs with departments and DCAPT
- Present to Faculty Council – (Mar/Apr)
- Implementation
 - DCAP this spring 2024
 - SOM CAPT spring 2025
- Final version introduced into SOM bylaws and Faculty Senate 2025



QUESTIONS AND COMMENTS



CASE WESTERN RESERVE
UNIVERSITY
School of Medicine

Final Report of the Dean's ad hoc Committee on Appointments, Promotion, and Award of Tenure (2022-2023)

Executive Summary

Committee Charge 1: Ensure that practices across the five campuses remain compliant with Faculty Handbook and SOM Bylaws and are sufficient to capture and promote faculty activities.

Related to charge 1; the committee observed:

Observation 1.a) Disparate interpretations by affiliated hospitals of the mandatory 6-year review for promotion among NTT faculty. We also note that faculty awareness of available resources for promotion are highly variable.

Observation 1.b) Lines between academic and community practice (and thus between historical definitions of special appointments, full-time vs part-time, and the definitions of adjunct and clinical faculty) have blurred.

Related to charge 1; the committee recommends:

Recommendation 1.1) Revise SOM bylaws to remove language referring to special appointments as equivalent to part-time appointments, and instead make clear that there are four independent classifications of each appointment.

Recommendation 1.2) Modify the current criteria for each academic rank within the special (clinical/adjunct) faculty track in alignment with what the committee and at least one affiliate believe to be the current, although opaque, spirit of the bylaws and in alignment with uses of and expectations for faculty with clinical prefix titles at peer institutions. We suggest that the leadership at the affiliates collaborate to expand the activities in Appendix IX as a framework of core guidelines that can be supplemented with affiliate-specific clinical activities as necessary to ensure that activities are communicated and evaluated consistently across affiliates.

Recommendation 1.2.1) Revise SOM bylaws to establish requirement for local reputation for promotion to special (clinical/adjunct) associate professor.

Recommendation 1.2.2) Revise SOM Bylaws to establish requirement for regional reputation for promotion to special (adjunct/clinical) professor.

Recommendation 1.2.3) Educate affiliates about the promotion path for special (adjunct/clinical) faculty and ensure that affiliation agreements allow equitable utilization of this promotion path across affiliates.

Recommendation 1.2.4) Revise "Abbreviated and unofficial version of the appointment, promotion and tenure standards at the Case School of Medicine" to recognize appropriate reputational requirements for each academic rank in the special and non-tenure tracks and provide examples of activities in each area of excellence and as a starting point for affiliate specific activity lists.

Recommendation 1.3) NTT faculty should receive an electronic notification when the time for their 6-year in rank review becomes due. This notification might also include a link to relevant promotion materials on the Faculty Affairs website with an “opt-out” option for those choosing to forego this review. Email notifications to TT and NTT faculty notifying them of mandatory reviews could also include a link to relevant promotion materials on the Faculty Affairs website as a countermeasure to those who feel information is difficult to locate.

Committee Charge 2: Provide recommendations on distinguishing and more explicitly defining the criteria for promotion versus award of tenure with attention to faculty diversity in academic medicine.

Related to charge 2; the committee observed:

Observation 2.a) General agreement among department chairs, past and current CAPT committee members, and peer institutions that current criteria for award of tenure and TT promotion faculty in the SOM are appropriate.

Observation 2.b) A perception among faculty with primary appointments that criteria for the award of tenure and promotion are interpreted differently across basic science departments leading to faculty dissatisfaction. In addition, we observed that academic clinical departments may not find intrinsic merit in tenure and thus faculty do not feel supported in a physician-scientist pathway.

Observation 2.c) Some dissatisfaction that faculty primarily engaged in innovative medical education are not tenure eligible under current SOM guidelines.

Related to charge 2; the committee recommends:

Recommendation 2.1) Departments work with SOM to adopt and communicate a uniform yet flexible approach to evaluating whether there is evidence that continuing and sustainable extramural funding will be secured to support future scholarly efforts required for the award of tenure.

Recommendation 2.2) The SOM adopt and communicate a uniform approach to evaluating whether there is evidence of sustained excellence and enhanced recognition for research contributions by implementing a policy with a minimum 3-year “in rank” requirement before TT faculty may be considered for associate to full professor promotion.

Recommendation 2.3) The SOM adopt and communicate a flexible approach to evaluating individual accomplishments and whether NIH career development K awards provide evidence of independent funding for advancement to associate professor in the tenure track or in the non-tenure track for those with primary area of emphasis in research.

Recommendation 2.4) The SOM foster TT career advancement for faculty primarily engaged in medical education innovation by providing an overview of grant opportunities within medical education and strategies for successful grant applications.

Committee charge 3: Make recommendations on the sufficiency of the current standards and opportunities for improved processes and offer guidance on considering information submitted in the optional COVID and DEI statements.

Related to charge 3; the committee observed:

Observation 3.a) Guidelines to accurately reflect strengths and accomplishments for promotion of faculty working in certain academic disciplines could be improved.

Observation 3.b) Junior level instructor and senior instructor appointments are important for advancement of promising candidates to TT and NTT faculty positions within the SOM. However, we were advised by the chair of the SOM Bylaws Committee that the current Bylaws do not explicitly describe standards for these junior level appointments and promotions.

Observation 3.c) Most affiliates expressed significant concerns regarding the current requirement for six external arm's length letters in support of faculty promotions, the length of time required to achieve academic appointment and promotion, and the requirement that faculty returning to CWRU after having an appointment at another institution are subject to full review.

Observation 3.d) Some affiliates face unique challenges related to DCAPT reviews and compliance with university regulations.

Observation 3.e) The Provost's office provides sufficient guidance on COVID impact and DEI statements. However, we also observed a great deal of misinformation indicating a breakdown in communication between SOM Faculty Council and University Senate with a potentially negative impact on multiple aspects of faculty governance.

Related to charge 3; the committee recommends:

Recommendation 3.1) The SOM develop explicit guidelines for establishing regional/national/international reputations for NTT faculty primarily engaged in medical education and clinical service (also see recommendations for Committee Charge 1 and Appendix IX), and faculty in all tracks with significant academic achievements in advocacy for community education and policy change. These guidelines should be developed with active participation of appropriate faculty constituencies.

Recommendation 3.2) Revise SOM bylaws to establish explicit requirements for appointment and promotion of junior level instructor and senior instructor faculty positions (recommended revisions attached as an appendix VII).

Recommendation 3.3) Adhere to university Provost policies regarding arm's length external letters supporting appointments and promotions of full-time faculty.

Recommendation 3.4) Require appointment of at least one VAMC-based faculty member to affiliate DCAPTs reviewing candidates with academic activities conducted primarily at VAMC.

Recommendation 3.5) Improve understanding of and adherence to university and SOM regulations by continued education of affiliate leadership and frontline faculty through the Office of Faculty Affairs.

Recommendation 3.6) SOM Faculty Council should enhance lines of communication between SOM and University Faculty Senate so that new optional or required portions of processes can be promptly and accurately communicated to faculty.

Introduction

Committee charge

The SOM Dean periodically empanels an ad hoc committee charged with reviewing the standards for faculty appointments, promotions, and award of tenure as well as procedures of review at the department, hospital, and school levels. Dean Gerson has tasked this iteration of the committee with reviewing current practices and making recommendations for improvement while also ensuring high academic standards in alignment with best practices to recognize our faculty's impact on the school and fields of study. Dean Gerson instructed the committee to provide feedback in three specific areas:

- (1) Ensure that practices across five campuses remain compliant with Faculty Handbook and SOM Bylaws and are sufficient to capture and promote faculty activities;
- (2) Provide recommendations on distinguishing and more explicitly defining the criteria for promotion versus the award of tenure with careful attention to the diversity of SOM faculty and their accomplishments in academic medicine; and
- (3) Make recommendations on the sufficiency of the current standards, opportunities for improved processes, and offer guidance on considering information submitted in the optional COVID and DEI statements. The committee identified several additional areas for investigation during our interviews of various faculty constituencies that are also addressed at the end of this report.

Committee membership

The committee had 13 members, 2 from each of four affiliate hospitals, 5 from SOM basic science departments with ad hoc membership from the Assistant Dean for Faculty Affairs. A member list is included as Appendix I. Dean Gerson asked Dr. Cathleen Carlin and Dr. Rosa Hand to serve as committee co-chairs and they both agreed.

Methodology

The committee met monthly beginning in December 2022. We reviewed the following documents and held open discussions among the committee.

- CWRU Faculty Handbook (including Constitution of the University)
- SOM Bylaws
- SOM Bylaws Appendix I; Qualifications and Standards for Appointment, Promotion and Tenure
- Various instructions/introductions to CAPT
- Diversity, Equity and Inclusiveness statement instructions
- Examples of arms-length violations
- CV template
- Promotion and tenure success statistics as provided to Faculty Council
- Letter of concerns from CCF

We met with the following groups/individuals for information gathering:

- SOM Dean (spoke to whole committee)
- Faculty Council Steering Committee
- Faculty Council Bylaws Committee chair (spoke to whole committee)
- Nine recently promoted faculty from the four affiliate hospitals (over three dates)

- Chief Academic Officers and/or Chairs of Medicine and/or faculty or staff responsible for administrative and/or mentoring aspects of promotion for affiliate hospitals
- SOM Committee on Women and Minority Faculty
- Council of Basic Science Chairs
- SOM Committee on Medical Education
- CWRU and SOM DEI staff

Except where specified above, for each of these meetings, the committee co-chairs were present. Other committee members were invited to join and listen as feasible/relevant. We developed and used standard question lists for some of these meetings (Appendix II).

Committee members were also assigned to contact the faculty affairs offices at peer and aspirational institutions (determined by US News and World Report medical school rankings; Appendix III) to scan procedures and expectations from other institutions. This information was gathered using standardized but relatively general questions (Appendix IV); some committee members engaged in verbal or written dialogue with assistant deans at the peer institutions, while others mined the information from publically available websites. This initial scan was broad in nature. Later in the process, topics of particular interest were identified, and questions were emailed more specifically (also listed in Appendix IV).

Committee co-chairs developed recommendations based on the information gathering steps and presented them to the committee for discussion and/or approval. An interim summary was provided to the Dean and Vice Dean of Faculty Affairs (Appendix V). The final report was reviewed and approved by a majority of committee members on short notice prior to submission to the Dean (Specific committee member endorsements are provided as Appendix VI).

Assessment and Recommendations

In the following sections we provide observations, details and recommendations categorized by committee charge. There is not a 1:1 correspondence between observations and recommendations. Some recommendations are accompanied by additional appendix materials that could support implementation of the recommendation should the Dean choose to proceed with adopting the recommendation.

Committee Charge 1: Ensure that practices across the five campuses remain compliant with Faculty Handbook and SOM Bylaws and are sufficient to capture and promote faculty activities.

Observation 1.a) The committee observed disparate interpretations by affiliated hospitals of the mandatory 6-year review for promotion among NTT faculty. We also note that faculty awareness of available resources for promotion are highly variable.

Committee co-chairs and affiliate representatives met with Chief Academic Officers and attendant support staff at all four hospital affiliates. In all cases, the committee was impressed with the professionalism and commitment of staff personnel providing support for academic career advancement. Support staff also praised the open communication and ongoing educational support provided by SOM Faculty Affairs office. The committee did note a certain amount of tension on the part

of some academic officials regarding requisite appointment/promotion standards and procedures from the SOM and university which could have a negative impact on faculty satisfaction.

The committee did identify one potential area of non-compliance: The affiliated hospitals did not appear to have a unified approach to interpreting the requirement for 6-year reviews for promotion readiness of NTT faculty mandated by the SOM Bylaws (Article 4.2.g), and there also appeared to be some confusion about how these reviews differ from annual faculty/staff performance reviews conducted by the affiliates. Assistant Dean Deming informed the committee that her office sends out a list of "years at rank" to all department chairs and DCAPTs, who then reach out to NTT faculty that are due for a 6-year review on promotability. However, departments manage this differently with some offering reviews every 2-3 years (instead of 6) and others sending out a general email asking if anyone wants to submit a CV for review. In contrast, TT faculty are sent emails (along with the DCAPT and Department Chair) when mandatory 3rd and 6th pretenure reviews are due, and all parties are required to sign a form confirming a copy of the review was submitted to Faculty Affairs.

Several recently promoted NTT faculty spoke with us about their individual experiences, which were highly variable. On the one hand, a majority found that resources were readily accessible, that the process was surprisingly easy, and remarked that support staff do not get nearly enough credit for their contributions. We heard similar positive comments from faculty at multiple affiliates. Several faculty members also noted that informal mentoring by peers was just as if not more valuable than formal feedback from chairs and DCAPT committees.

However, other faculty members had the opposite experience (procedures hard to find and confusing) and were seemingly unaware of the multitude of resources provided by the SOM Faculty Affairs office working in tandem with academic offices at all affiliates. The committee concluded these negative experiences resulted from individual rather than systemic failures in communication since faculty members at the same affiliate found resources providing oversight for the promotion process were readily available. The committee notes that the SOM continues to make strides in communication improvements, most recently with the Faculty Affairs office now providing notification of both the SOM CAPT's and the Dean's recommendation to academic chairs and faculty candidates on behalf of the Dean (per Assistant Dean Deming). However, the committee notes that faculty awareness of available resources is highly variable.

Another faculty member we interviewed expressed frustration that they had to redo their promotion packages that had been approved by affiliate CAPT committees before they could be sent to SOM Faculty Affairs due to process changes. Again, the committee determined this was likely due to a breakdown in communication involving this individual and not a systemic failure, since the SOM is given a 1-year grace period in the event of any rule change due to the 8-month lag between when the SOM begins its review cycle and the distribution of any updates for the next promotion cycle coming from the Provost's office (per Assistant Dean Deming). Finally, one faculty member remarked that the "bar for promotion appeared to be higher" for faculty located at their institution compared to other hospitals suggesting a perceived lack of fairness and perhaps some confusion about expectations at the outset of a faculty appointment. The committee agrees that the Faculty Affairs office does a good job providing up-to-date information on promotion guidelines and procedures. However, responsibility for encouraging junior

faculty members to know the guidelines for promotion and hierarchy of accomplishments as well as the submission calendar and pertinent policies for their academic track, early in their academic career falls to academic chairs and/or mentoring committees. The committee heard from several sources that there is considerable variability in academic leadership among chairs and DCAPTs across the institution, despite continuous ongoing education/training initiatives led by Faculty Affairs. On a positive note, the committee heard Dr. Marjorie Greenfield, Career Development and Advancement Officer for University Hospitals, talk about the importance of developing strategies for educating early career faculty on their shared responsibility for understanding promotion standards and procedures.

SOM basic science chairs were generally satisfied with the current SOM standards for promotion, and highly supportive of advancement for TT candidates with critical roles in funded team science projects. This group also appreciated improvements in communication regarding the status of candidate promotion/tenure packages recently implemented by the Faculty Affairs office.

Observation 1.b) The committee observed that lines between academic and community practice (and thus between historical definitions of special appointments, full-time vs part-time, and the definitions of adjunct and clinical faculty) have blurred.

All affiliates felt strongly that the standards and procedures for promotion of faculty primarily engaged in clinical service with significant contributions to medical education are confusing and that the regional reputational requirement for promotion to associate professor in the NTT is burdensome for clinicians. Although this information was not conveyed to the committee, Faculty Affairs changed its definition of part-time from "<50% FTE" to "faculty members who devote less than 50 percent of their time to approved academic activities conducted at an approved site" as this committee debated this topic extensively over the course of several meetings. Regardless of Faculty Affairs current or historical interpretation, we find nothing in the CWRU Faculty Handbook or SOM Bylaws to prevent utilization of the special (clinical/adjunct) faculty track by individuals with full time academic responsibilities. Indeed, several affiliates shared that as academic medicine has changed and as affiliates have regionalized, the lines between academic and community practice (and thus between historical definitions of full-time vs part-time faculty) have blurred. Additionally, faculty primarily engaged in clinical activities are classified as "special" faculty in Bylaws of both the School of Nursing and School of Dentistry at CWRU. Most peer and aspirational institutions have modified criteria for promotion of faculty who have a clinical prefix title, and many institutions allow the use of clinical prefix titles for full-time faculty (Appendix VII).

Related to charge 1; the committee recommends:

Recommendation 1.1) Revise SOM bylaws to remove language referring to special appointments as equivalent to part-time appointments, and instead make clear that there are four independent classifications of each appointment (recommended revisions in Appendix VIII).

Recommendation 1.2) Modify the current criteria for each academic rank within the special (clinical/adjunct) faculty track in alignment with what the committee and at least one affiliate believe to be the current, although opaque, spirit of the bylaws and in alignment with uses of and expectations for faculty with clinical prefix titles at peer institutions (Appendix VII). We suggest that the leadership at the affiliates collaborate to expand the activities in Appendix IX as a framework of core guidelines that can be supplemented with affiliate-specific clinical activities as necessary to ensure that activities are communicated and evaluated consistently across affiliates.

Recommendation 1.2.1) Revise SOM bylaws to establish requirement for local reputation for promotion to special (clinical/adjunct) associate professor (recommended revisions in Appendix VII).

Recommendation 1.2.2) Revise SOM Bylaws to establish requirement for regional reputation for promotion to special (adjunct/clinical) professor (recommended revisions in Appendix VII).

Recommendation 1.2.3) Educate affiliates about the promotion path for special (adjunct/clinical) faculty and ensure that affiliation agreements allow equitable utilization of this promotion path across affiliates.

Recommendation 1.2.4) Revise “Abbreviated and unofficial version of the appointment, promotion and tenure standards at the Case School of Medicine” to recognize appropriate reputational requirements for each academic rank in the special and non-tenure tracks and provide examples of activities in each area of excellence and as a starting point for affiliate specific activity lists (recommended revisions in Appendix IX).

Recommendation 1.3) NTT faculty should receive an electronic notification when the time for their 6-year in rank review becomes due. This notification might also include a link to relevant promotion materials on the Faculty Affairs website with an “opt-out” option for those choosing to forego this review. Email notifications to TT and NTT faculty notifying them of mandatory reviews could also include a link to relevant promotion materials on the Faculty Affairs website as a countermeasure to those who feel information is difficult to locate.

Committee charge 2: Provide recommendations on distinguishing and more explicitly defining the criteria for promotion versus award of tenure with attention to faculty diversity in academic medicine.

Observation 2.a) The committee observed general agreement among department chairs, past and current CAPT committee members, and peer institutions that the current criteria for award of tenure and TT promotion faculty in the SOM are appropriate.

The committee began investigating current standards and procedures by reviewing pertinent sections from the Faculty Handbook and the SOM Bylaws including Appendix 1. According to the Faculty Handbook, the awarding of academic tenure is an essential component of the development and delivery of quality educational and research programs at CWRU by assuring academic freedom provided to NTT

colleagues by extension, the ability to attract and retain outstanding faculty, and explicitly protect against dismissal or disciplinary action because of controversial and unpopular views (Chapter 2, Article I) so long as they do not violate the university code of ethics (Chapter 3). Furthermore, according to the SOM ByLaws, the award of tenure is accompanied by a base salary guarantee (Article 5.7). The committee endorses the value of tenure and salary guarantee, and also observes that the award of tenure benefits the SOM by fostering full engagement in the university's academic mission and faculty governance; and providing the conditions for faculty to pursue research and innovation free from corporate or political pressure.

In recognition of unique financial constraints in the SOM, the requirement for sustainable extramural funding for the award of tenure to independent and team science faculty with expectation of continued academic accomplishments and extramural funding support for further promotion of tenured faculty, were enshrined in Appendix I of the SOM Bylaws in 2006. While these requirements are relatively straightforward for faculty employed by the university, Assistant Dean Deming informed the committee that President Kaler has assembled an advisory committee to investigate financial issues affecting the award of tenure for faculty employed by the hospital affiliates. This work is ongoing, and the committee was not provided any further details. The committee observed general agreement among department chairs, past and current CAPT committee members, and peer institutions (Appendix X) that current criteria for award of tenure and TT promotion faculty in the SOM are straightforward and appropriate.

Observation 2.b) The committee observed a perception among faculty with primary appointments that criteria for the award of tenure and promotion are interpreted differently across basic science departments leading to faculty dissatisfaction. In addition, we observed that academic clinical departments may not find intrinsic merit in tenure and thus faculty do not feel supported in a physician- scientist pathway.

Since a majority of tenure-track and tenured faculty hold primary appointments in the basic science departments on the main CWRU campus, the committee spoke at length with the Council of Basic Science Chairs (CBSC) regarding current standards for the award of tenure and TT promotions. Our discussion was mainly centered on the statement from SOM Bylaws Appendix 1 that "Tenure is awarded to a faculty member only when the university foresees continuing fulfillment of the qualifications" of a record of high achievement of excellence in research, teaching effectiveness, and service contributions. The basic science chairs in attendance all agreed that renewal of extramural funding was a critical benchmark when nominating candidates for the award of tenure in independent and team science tenure tracks, and that they also valued collaborative research records. Current SOM standards for award of tenure requiring a sustained record of extramural funding for independent and team science research programs are in excellent agreement with standards from our tenure-granting peer institutions (Appendix X). However, the committee also heard that some TT faculty members have the impression that the standard requiring a sustained funding record for career advancement is interpreted differently across basic science departments leading to faculty dissatisfaction and potentially retention in SOM. CBSC members in attendance agreed that some guidance establishing funding requirements across basic science departments would be beneficial, but that flexibility is also needed when judging extramural funding sources recognizing the diverse spectrum of faculty activities of TT faculty. The committee observed that supporting letters from department chairs and DCAPTs are an invaluable resource for SOM CAPT members when evaluating less 'traditional' funding sources.

There was also some discussion regarding the timing of tenure-track promotion, with one chair noting some difficulty in evaluating the requirement for sustained excellence and enhanced recognition for research contributions for promotion to professor. The committee found that some of our peer institutions impose a 3 to 5 year “in rank” requirement for associate to full professor promotion. For instance, Northwestern Feinberg School of Medicine requires mandatory 6 and 5 year in rank before TT promotion to associate and full professor respectively.

Several members of the committee from academic clinical departments shared their perspectives on current standards for award of tenure and TT promotions, and why they can have a negative impact on physician scientist faculty. First, the bar to achieve promotion to associate professor (with its often attendant salary increases) requiring a national reputation is higher than for their NTT peers. Second, NIH K awards intended for physician-scientists who require additional mentored training to be competitive for NIH funding do not currently qualify as evidence of research independence required for award of tenure and TT promotion to associate professor. Third, it is not clear that academic clinical departments and SOM necessarily find intrinsic merit in physician-scientist faculty members and support them accordingly. Collectively these issues can be a major disincentive for faculty with hospital-based appointments to pursue a career as a physician scientist with a TT career trajectory, which the committee views as a significant missed opportunity given the SOM’s strong commitment to innovative transdisciplinary research.

Observation 2.c) The committee observed some dissatisfaction among stakeholders that faculty primarily engaged in innovative medical education are not tenure eligible under current SOM guidelines.

The Standing Committee on Medical Education expressed frustration that faculty engaged in innovative medical education activities are not tenure eligible. The committee found that current SOM standards reserving tenure for faculty primarily engaged in externally funded research programs including medical education were consistent with tenure requirements at our peer institutions (Appendix X). However, the committee was unsuccessful in identifying current TT or tenured CWRU faculty with a sustainably funded research program in medical education. The committee acknowledges that different grant sources may be required for the field of medical education research vs basic or clinical science, and recommends SOM provide an overview of grant opportunities within medical education and strategies for successful grant applications for interested faculty. Given the SOM’s strong national reputation in developing innovative medical education curricula, externally funded medical education research represents a significant untapped resource for advancement of TT faculty.

Related to charge 2; the committee recommends:

Recommendation 2.1) Departments work with SOM to adopt and communicate a uniform yet flexible approach to evaluating whether there is evidence that continuing and sustainable extramural funding will be secured to support future scholarly efforts required for the award of tenure.

Recommendation 2.2) The SOM adopt and communicate a uniform approach to evaluating whether there is evidence of sustained excellence and enhanced recognition for research contributions by implementing a policy with a minimum 3-year “in rank” requirement before TT faculty may be considered for associate to full professor promotion.

Recommendation 2.3) The SOM adopt and communicate a flexible approach to evaluating individual accomplishments and whether NIH career development K awards provide evidence of independent funding for advancement to associate professor in the tenure track or in the non-tenure track for those with primary area of emphasis in research.

Recommendation 2.4) The SOM foster TT career advancement for faculty primarily engaged in medical education innovation by providing an overview of grant opportunities within medical education and strategies for successful grant applications.

Committee charge 3: Make recommendations on the sufficiency of the current standards and opportunities for improved processes and offer guidance on considering information submitted in the optional COVID and DEI statements.

Observation 3.a) The committee observed that guidelines to accurately reflect strengths and accomplishments for promotion of faculty working in certain academic disciplines could be improved.

Multiple faculty groups ranging from recently promoted NTT faculty to faculty members serving on the SOM CAPT asked for improved clarity regarding clinical activities establishing regional and national/international reputations in the NTT. In general, there appears to be significant confusion and angst about the requirement for a regional reputation for promotion to associate professor. The recommendations related to promotion for NTT or special faculty described under Committee Charge 1/ Appendix VIII & IX attempt to clarify this confusion. Several faculty groups also recommended that the SOM provide improved guidelines for representing academic activities of faculty members actively engaged in public advocacy aligned with the SOM’s commitment to health equity in both NTT and TT, and the committee agrees. These academic activities could be described in a stand-alone advocacy portfolio described in a recent publication recommended by the Standing Committee on Women and Minority Faculty (Appendix XI), and/or the candidate’s DEI statement or annotated curriculum vitae.

Observation 3.b) The committee observed that junior level instructor and senior instructor appointments are important for advancement of promising candidates to TT and NTT faculty positions within the SOM. However, we were advised by the chair of the SOM Bylaws Committee that the current Bylaws do not explicitly describe standards for these junior level appointments and promotions.

The committee spent some time discussing the importance of junior level instructor and senior instructor appointments for advancement of promising candidates to TT and NTT faculty positions within

the SOM. Yet Dr. Piet DeBoer who chairs the SOM Bylaws Committee advised the committee that the current Bylaws are essentially silent on standards for these junior level appointments. The committee recommends that the SOM Bylaws be revised be more explicit about the requirements for appointment and promotion to instructor and senior instructor (recommendations attached as Appendix VIII). Note: the requirements for senior instructor are similar to those for assistant professor. This is logical, given that senior instructor is a terminal title for those faculty without a doctoral degree. Faculty with a doctoral degree are unlikely to use the senior instructor rank except in the case of chief residents and should progress from instructor (if relevant) to assistant professor.

Observation 3.c) The committee observed most affiliates expressed significant concerns regarding the current requirement for six external arm's length letters in support of faculty promotions, the length of time required to achieve academic appointment and promotion, and the requirement that faculty returning to CWRU after having an appointment at another institution are subject to full review.

Promotion and tenure letters are a key component of academic career advancement that speak to the candidate's qualifications based on the letter writer's personal experience (i.e., colleague and trainee letters), or an objective "arm's length" review of the applicant's materials and reputation similar to manuscript and grant peer reviews. Several of the affiliates argued quite vehemently that the current requirement for six arm's length letters for NTT promotions and new senior level appointments was a significant and unnecessary administrative burden. Indeed, one affiliate went so far as to state that the six-letter requirement for senior level appointments reflected poorly on the SOM. Countering these negative comments, members of the APT committee who have served on the SOM CAPT argued that the arm's length letters often provide important context for the candidate's accomplishments that may not be apparent in other promotion materials, particularly for NTT faculty primarily involved in clinical service and education. Committee members also pointed out reduction of the current six-letter requirement would be a significant disadvantage for candidates, by elevating the impact of one 'negative' letter. External letters also play an important role when promotion packets reach the Provost's office where they may be reviewed by faculty members outside the SOM. In addition, most peer institutions surveyed have similar (and sometimes higher) letter requirements for senior level appointments as well as for promotions (Appendix XII).

All affiliates granting primary faculty appointments were of the strong opinion that promotions and appointments take much longer than necessary. There was also a general perception that unnecessary delays occurred once materials have been received at the CWRU Faculty Affairs office. Although the affiliates shared several anecdotal stories ("appointment of department chair took more than two years") the committee could not clearly establish whether these isolated examples resulted from delays at SOM, mandatory review by the university Provost ensuring equity across all CWRU schools, or mandatory approval by the Board of Trustees. The committee found that peer institutions described timelines for promotion and new appointments that were quite similar to CWRU (18 months on average depending on track). The committee notes that the Faculty Affairs office is continuously improving transparency of APT timelines, for instance the recently implemented policy requiring notification of both the SOM CAPT's and the Dean's recommendation to academic chairs and faculty candidates. The Faculty Affairs has also recently successfully advocated for biannual NTT promotion review (January 1 and July 1) in the Provost's office. The committee did discover that one peer institution (Northwestern

Feinberg School of Medicine) has a protocol in place allowing for expedited review of senior level appointments which the SOM may wish to consider. However, new appointments are already approved by the Provost's office on a rolling (typically monthly basis) once they have been reviewed by SOM CAPT and the Dean.

All affiliates granting primary faculty appointments would like to see changes in how the SOM handles appointment of faculty members who are returning to CWRU after holding a faculty position at another institution. After lengthy committee discussion, committee members from the affiliates generally agreed that (1) Faculty returning to CWRU within 5 years can be appointed at their CWRU previous rank upon request by academic department chair and recommendation of the Dean. (2) SOM should develop a legally binding document to be signed by both candidate and officials at the previous institution attesting the candidate has resigned their position in good standing. (3) Candidates who previously held TT or tenured positions are subject to full review. However, the committee also notes that returning faculty are treated as new faculty appointments at most of our peer institutions. Furthermore, the committee consulted with the chair of the SOM Bylaws committee, who concluded that this change in policy is not compliant with current SOM Bylaws and University Faculty Handbook.

Observation 3.d) The committee observed that some affiliates face unique challenges related to DCAPT reviews and compliance with university regulations.

VAMC leadership expressed concerns that some DCAPTs have little understanding or interest in career advancement of their colleagues who are based at VAMC but hold primary appointments at another affiliate. VAMC leadership also noted this situation was significantly improved by appointing VA-based faculty members to relevant DCAPT rosters.

Committee members Smith and Irefin lead a discussion of an extensive list of APT-related concerns provided by academic CCLCM leadership. The list included a number of primary concerns that this report has already addressed, as well as some secondary concerns that were mostly of a procedural nature.

For instance, they asked why fellows are no longer eligible for faculty-level instructor appointments. CCLCM leadership explained that these appointments had been offered in the past to bolster resumes of medical trainees. However, these past appointments were requested and awarded in error since students/trainees do not meet the requirement as being an "expert in their field" according to the Faculty Handbook making them ineligible for faculty appointments. This aligns with CCLCM not recognizing fellows as experts in their field indicated by not granting them privileges to bill for services. In addition, SOM reports residents and fellows that teach as separate from faculty to LCME meaning that these individuals should not be double counted as both resident/fellow teachers and faculty teachers.

Another secondary concern involved SOM/university policies and procedures for approving outside faculty appointments at other schools. They recommended that CCLCM-based CWRU faculty primarily engaged in teaching unrelated to medical/clinical trainees or a degree program that CWRU offers be allowed group approval. However, the CWRU Faculty Handbook clearly states that all full-time faculty must request permission on an individual basis with the support of their chair and Dean, and university

policy requires that outside appointments must be approved by the Provost as of 2019 (per Assistant Dean Nicole Deming).

Observation 3.e) The committee observed that the Provost's office provides sufficient guidance on COVID impact and DEI statements. However, we also observed a great deal of misinformation indicating a breakdown in communication between SOM Faculty Council and University Senate with a potentially negative impact on multiple aspects of faculty governance.

Guidelines for both statements were clearly articulated in several Provost's workshops open to the entire university community. Committee co-chairs attended one of the workshops, where we learned that both are strictly voluntary statements implemented to provide faculty with opportunities to describe how COVID impacted their promotion/tenure trajectory, and describe their academic activities related to DEI. As of spring 2023, approximately 10% of university faculty had submitted these statements. In addition, the DEI statement is not meant to describe personal DEI characteristics, but rather academic activities including advocacy for community education and policy change. The committee concluded that no further guidelines are needed. However, we encountered significant confusion and misinformation surrounding these statements during our meeting with the Faculty Council Steering Committee (FCSC). Since both statements were approved by the University Faculty Senate, this suggests breakdown in communication between FCSC and the SOM representative on the Senate Executive Committee who provides monthly reports to Faculty Council, which may be having a negative impact on many other aspects of SOM-university engagement.

Related to charge 3; the committee recommends:

Recommendation 3.1) The SOM develop explicit guidelines for establishing regional/national/international reputations for NTT faculty primarily engaged in medical education and clinical service (also see recommendations for Committee Charge 1 and Appendix IX), and faculty in all tracks with significant academic achievements in advocacy for community education and policy change. These guidelines should be developed with active participation of appropriate faculty constituencies.

Recommendation 3.2) Revise SOM bylaws to establish explicit requirements for appointment and promotion of junior level instructor and senior instructor faculty positions (recommended revisions attached as an appendix VII).

Recommendation 3.3) Adhere to university Provost policies regarding arm's length external letters supporting appointments and promotions of full-time faculty.

Recommendation 3.4) Require appointment of at least one VAMC-based faculty member to affiliate DCAPTs reviewing candidates with academic activities conducted primarily at VAMC.

Recommendation 3.5) Improve understanding of and adherence to university and SOM regulations by continued education of affiliate leadership and frontline faculty through the Office of Faculty Affairs.

Recommendation 3.6) SOM Faculty Council should enhance lines of communication between SOM and University Faculty Senate so that new optional or required portions of processes can be promptly and accurately communicated to faculty.

Submitted December 22, 2023

Members of the committee

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**Committee on Appointments, Promotions and Award of Tenure
Guidelines and Process
Committee Members 2022-2023**

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Appendix II: Standard questions used to organize meetings of CWRU stakeholder groups

A) Questions for meetings with hospital affiliate academic leadership and Council of Basic Science Chairs

- 1) Take us through the process up to the point of submitting portfolios to faculty Affairs.
- 2) How do you judge equity in promotion standards/faculty mentoring across different departments?
- 3) For those campuses with TT faculty, how do you align tenure standards with the dean's mandate for sustained salary recovery?
- 4) Do NTT faculty receive mandatory, routine DCAPT review to assess promotion readiness?
- 5) What are areas of the standards that cause confusion and/or consternation?
- 6) Are there activities your faculty routinely engage in that are not captured in the standards?
- 7) Are you receiving timely feedback once CAPT reviews have been completed? Do you find this useful to guide future faculty through promotion/tenure?
- 8) Are there varying interpretations regarding what constitutes an arms-length external reviewer? Regional reputation for NTT faculty?
- 9) How do you use the titles instructor and senior instructor? What do you see as differentiating between instructor, senior instructor?
- 10) What does your department/institution view as an appropriate number of years between promotions or is there no informal advice in this regard?

B) Questions for Newly Promoted (NTT) Faculty

- 1) What resources did you use when preparing for promotion? Looking back, which resources were most helpful? When did resources conflict?
- 2) What was confusing about the process/guidelines/standards?
- 3) Were there elements of your accomplishments that you struggled to put into the CV template?
- 4) What is one thing you understand now that you wish you understood at the start of the process?

Appendix III: US News and World Report Rankings Top Medical Schools 2022-2023 as provided to the ad hoc committee by the Office of Faculty Affairs and used for peer institution information

Institution
Harvard
NYU (Grossman)
Columbia
Johns Hopkins
University of California San Francisco
Duke University
University of Pennsylvania (Perelman)
Stanford University
University of Washington
Yale University
Icahn School of Medicine at Mt. Sinai
Washington University in St. Louis
Vanderbilt University
Cornell University (Weill)
Mayo Clinical School of Medicine (Alix)
University of Pittsburgh
Northwestern University (Feinberg)
University of Michigan - Ann Arbor
University of California Los Angeles (Geffen)
University of California San Diego
University of Chicago (Pritzker)
Baylor College of Medicine
Emory University

Appendix IV: Questions for peer institutions

First pass:

- 1) What categories of academic appointments are used at your institution (i.e. full-time v. part-time, tenured v. tenure track v. non-tenure track)?
- 2) For full-time faculty whose primary responsibilities are teaching or clinical service, what track would those faculty be appointed to at your institution?
- 3) Does your university have hospital affiliates with full-time or part-time university faculty appointments? If yes, can you explain the relationship between your university and its affiliated hospitals?
- 4) What are the standards for promotion and/or award of tenure at the various ranks? What differentiates the roles and expectations for full vs. part-time appointments?
- 5) What evidence is required to support a regional/national/international reputation (specifically for clinicians and educators)?
- 6) Do you require external referees, and if so, on what basis do you ask them to evaluate the candidate?
- 7) Additional Notes

Second pass:

- 1) What is the modified title for faculty primarily engaged in clinical service?
- 2) What is the reputational requirement for promotion to associate professor in the aforementioned track?
- 3) What is the reputational requirement for promotion to professor in the aforementioned track?
- 4) Can faculty move between the modified and unmodified title tracks?

Third pass:

- 1) First, the committee is re-evaluating whether well-established senior investigators who are recruited to CWRU need to go through the process of soliciting external letters supporting their appointment. Would you be willing to share your appointment processes in this regard? Specifically, at your institution, do all new appointments, regardless of prior rank or position, need to have letters from arms-length external referees? If so, how many letters are required compared to the number of letters required for senior level promotions to the same rank at your institution.
- 2) Second, we are also interested in standards and qualifications for the award of tenure at your institution. Our current standards state that the award of tenure is reserved for full-time faculty who are primarily engaged in research with the expectation of sustained extramural funding, while faculty primarily engaged in education and clinical service are not tenure-eligible. Does your institution have similar requirements, and if not, what faculty categories are tenure-eligible?

APPENDIX V

Interim Progress Report

Dean's Ad hoc Committee on the Standards for Appointment, Promotion, and Tenure

Prepared by co-chairs for committee members & submitted to Dean Gerson, June 2023. *Subsequently updated with information in italics.*

We are coming to the end of the information gathering phase of our committee's work. We have prepared the following report for you to understand what we heard during meetings with constituents. In the more detailed meeting summaries that follow, you can see that for each of these meetings, the committee co-chairs were present, with other committee members invited to join and listen as feasible/relevant.

In general, these meetings were insightful and participants acknowledged the magnitude of work facing the committee and expressed gratitude to the committee for undertaking that work and for the opportunity to provide feedback.

The major themes that emerged from the meetings are:

- 1) NTT faculty with heavy clinical loads who are actively engaged in medical school teaching have difficulty establishing regional reputations required for promotion.
- 2) Expectations for NTT faculty primarily engaged in clinical service, part-time clinical faculty, and for full-time junior level instructor/senior faculty, are not well-defined.
- 3) The requirement for arms-length external letters supporting appointments of senior investigators with well established national/international reputations is burdensome, embarrassing to the institution, and creates an unnecessary bottleneck in these appointment timelines.
- 4) There is significant variability in how faculty candidates gain access to effective mentoring and promotion information resources. Some faculty also perceive inconsistencies in the promotion process, which has a negative impact on faculty satisfaction and potentially retention.
- 5) It is unclear how faculty primarily engaged in advocacy work can represent their academic achievements.
- 6) There is significant variability in how faculty view teaching portfolios, ranging from unnecessary burden to extremely useful.

Next steps:

Our agenda for the June committee meeting is as follows:

- Discuss themes 3-6 above and determine whether the committee wishes to make recommendations on each one or believes that the status quo is acceptable.
- Determine whether the recommendation is at the level of process (Faculty affairs office), bylaws change, or requires negotiation with the provost.

Our agenda for the second June or July committee meeting is as follows:

- Discuss theme 1-2 above and develop potential solutions based on information gathered in the peer institution scan (summary forthcoming).

Summary of constituent meetings

Faculty Council

The committee co-chairs asked Darin Croft (chair, Faculty Council) to solicit the Council's input which was subsequently shared with the co-chairs by the Faculty Council Steering Committee (FCSC) on April 3, 2023.

Summary of discussion:

In addition to general comments, we asked Council to consider the following questions:

- 1) What does it mean to be an academic and have a university appointment? (Remembering that many SOM faculty members, and many of our committee members, are located at our clinical affiliates and may have less strong ties to the central university).

Responses: It can be difficult if not impossible for clinical faculty to leverage time from hospitals for teaching and service activities, which can have a negative impact on clinical faculty feeling connected to the university. Some faculty members noted it was difficult to find opportunities to engage in more traditional teaching activities in the medical school curriculum in addition to bedside and hospital teaching

- 2) What do you see as overarching themes/trends in promotion and tenure that might impact the CWRU process in years to come?

No response

- 3) What is your understanding regarding new requirements from the provost's office for the COVID impact statement and Diversity statement?

Responses: Faculty noted lack of clarity about how these statements should be addressed, how they will be evaluated for equity and fairness, and whether they align with university commitments to DEI principles. There was also concern that the COVID impact and DEI statements could be used against faculty.

Recently promoted SOM faculty

Three groups of faculty members who were promoted were promoted to Associate Professor or Professor in the NTT effective January 1, 2023, agreed to meet with us. There were nine participants (2 Ph.D., 7 M.D.) representing all the hospital affiliates. In addition to the co-chairs other APT committee members attending one of the meetings were: Smith, Peachy.

Questions posed:

- 1) What resources did you use when preparing for promotion? Looking back, which resources were most helpful? When did resources conflict?
- 2) What was confusing about the process/guidelines/standards?
- 3) Were there elements of your accomplishments that you struggled to put into the CV template?
- 4) What is one thing you understand now that you wish you understood at the start of the process?

Summary of discussion: With so many participants from multiple affiliates there were a lot of different and often opposing points of view. Comments on different topics are presented as a list of pros and cons.

SOM Faculty Affairs resources

Pros:

1. Relevant information was easy to find from the Faculty Affairs website and Faculty development workshops and toolkits also very helpful.
2. The CWRU CV template is easy to follow and can be annotated to include additional information or provide clarification.
3. Smooth process – easier than expected.

Cons:

1. Having to adapt to different requirements during the promotion process is very frustrating. CCLCM and MHMC have an additional 6-month process, so their candidates may be “out-of-sync” with new requirements by the time they send their material to CWRU.
2. The CV template does not capture all activities and accomplishments.

Affiliate-specific resources

Pros:

1. Some participants got great mentoring from department colleagues who had successfully navigated the promotion process, chairs, and DCAPTs.
2. Administrative support staff do an outstanding job and should be rewarded.
3. The recent implementation of DCAPTs at CCLCM is a positive.

Cons:

1. Quality of DCAPT input is highly variable from department to department.
2. Administrative support is uneven across different departments.
3. Most VA-based faculty are evaluated by DCAPTs in departments where they are affiliated at UH, and while some embrace their VA colleagues others do not and may even be hostile.

Promotion standards

Pros:

1. Some professional societies offer workshops on formulating an effective education portfolio.
2. Best advice received: Get started early - Keep a contemporaneous record of all activities, continually update your CV, and start thinking about promotion as early as possible.

Cons:

1. Reputational (regional versus national) standards for clinical track promotions are opaque and anecdotally there appears to be lack of equity in how they are applied.
2. Need more guidance in assembling teaching portfolios and they should be standardized.
3. Teaching evaluations sometimes get lost in the shuffle when methods of collection/evaluation change.
4. One participant anecdotally remarked that the “bar was higher” for faculty based at CCLCM.

SOM Standing Committee on Women and Minority Faculty

APT committee co-chairs and APT committee members Gubitosi-Klug and Kalayjian met with this group on May 10, 2023. We provided the committee charge and roster beforehand, but the meeting agenda was left open.

Summary of discussion: The committee shared several areas of concern with the committee. They provided anecdotal accounts that women may be disproportionately disadvantaged by the strict pre-tenure track timeline. They noted the persistent disparity in the number of women with senior level appointments despite significant remedial efforts at the SOM and university. They suggested that completing the teaching portfolio was challenging. They also noted that there was not a clear path for capturing academic advancement of faculty who are primarily engaged in advocacy (e.g., public health policy, DEI) and suggested that a recent publication from Nationwide Children's Hospital ([Academic Careers in Advocacy: Aligning Institutional Values Through Use of an Advocacy Portfolio | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)) as a model.

SOM Standing Committee on Medical Education

APT committee co-chairs and APT committee members McNamera and Kalayjian met with this group on May 25, 2023. We provided the APT charge and roster beforehand, but the meeting agenda was left open.

Summary of discussion: A committee member from CCLCM noted that their institution had used the position of clinical instructor to motivate clinical fellows to be engaged in medical education. However, this position is no longer available. Although CCLCM did not share any details, we independently learned from SOM Faculty Affairs that the LCME is very clear that residents in training are considered NFI (Non-Faculty Instructors) and cannot hold faculty positions (although chief residents who have completed training can).

There was vigorous discussion regarding how medical educators are currently evaluated. The Vice Dean for Medical Education flatly stated that faculty who are primarily engaged in medical education should be released from an obligation from scholarship to be promoted and that the requirement for a teaching portfolio was "absurd". In addition, current faculty designations as part-time and adjunct feel antiquated and that a clinical faculty designation that is full-time but has different expectations is more apt. Somewhat at odds with this point of view, another member noted that scholarship in medical education qualified for award of tenure at other institutions, and that high-performing NTT faculty primarily engaged in teaching feel undervalued by the institution and are excluded from certain university privileges. For example, NTT faculty do not qualify for award of Distinguished University Professor. Finally, one committee member voiced frustration about the difficulty of getting release time from clinical duties to pursue academic activities.

Hospital Affiliates

We met with the academic leadership at all four CWRU hospital affiliates.

Questions posed:

- 1) Take us through the process up to the point of submitting portfolios to faculty Affairs.
- 2) How do you judge equity in promotion standards/faculty mentoring across different departments?
- 3) For those campuses with TT faculty, how do you align tenure standards with the dean's mandate for sustained salary recovery?
- 4) Do NTT faculty receive mandatory, routine DCAPT review to assess promotion readiness?
- 5) What are areas of the standards that cause confusion and/or consternation?

- 6) Are there activities your faculty routinely engage in that are not captured in the standards?
- 7) Are you receiving timely feedback once CAPT reviews have been completed? Do you find this useful to guide future faculty through promotion/tenure?
- 8) Are there varying interpretations regarding what constitutes an arms-length external reviewer? Regional reputation for NTT faculty?
- 9) How do you use the titles instructor and senior instructor? What do you see as differentiating between instructor, senior instructor?
- 10) What does your department/institution view as an appropriate number of years between promotions or is there no informal advice in this regard?

MHMC – May 9

- Affiliate representatives: Richard Blinkhorn, Trish Gallagher
- Committee member attending: Carlin, Hand, Ghorri, Kalayjian

Summary of discussion: MHMC has a centralized DCAPT committee that reviews candidates, makes recommendations, solicits internal and external letters, and assembles packages for submission to SOM faculty affairs, with excellent administrative support. This structure has recently been supplemented with departmental committees that provide pre-reviews before candidates are evaluated by the central committee. Dr. Blinkhorn started out by noting that MHMC clinical educators have a central role on the SOM mission. Yet they are not university employees and there are significant barriers to timely promotion causing many to feel undervalued by the institution. This also affects their ability to achieve benchmarks necessary for salary increases at MHMC affecting faculty retention. The main barrier to promotion involves standards requiring a regional/national reputation restricting the move from assistant to associate professor. In addition to high demands of clinical service, there has been a general shift away from “working off the clock” towards achieving improved work-life balance. In addition, opportunities for achieving regional/national reputations are highly variable across different clinical disciplines. It was also relayed that some MHMC faculty would like more opportunities to participate in didactic medical school teaching but do not know how to access these opportunities. Concerns were also raised about the timeline for faculty appointments of high-level recruitments who as well as junior level appointments who linger as visiting professors longer than necessary with MHMC arguing these appointments should both be expedited (“rubber-stamped”). These appointments matter because they are required for faculty to interact with medical students. One factor contributing to excessively long timelines involves time required to collect external arm’s length letters. Finally, it was noted that the promotion process has been improved by the recent implementation of departmental pre-reviews supplementing the work of the institutional DCAPT.

VAMC – May 10

- Affiliate representatives: Bob Bonomo, Usha Stiefel
- Committee member attending: Carlin, Hand, Peachey

Summary of discussion: VAMC is unusual in that primary faculty appointments reside at other affiliates (mostly at UHCMC). While some DCAPTs (eg Medicine, Surgery at UHCMC) do a good job fostering career advancement of VAMC colleagues, others are much less invested. This is particularly true for VAMC faculty who have difficulty finding an appropriate DCAPT home (for instance, psychologists). Promotion readiness evaluations by chiefs (who are at the VA) rather than chairs (at UH) seem to help. Because it is part of a national hospital network there are multiple opportunities (many are virtual) for

VAMC faculty to meet the regional/national standard for promotion from assistant-to-associate professor. Nevertheless, some specialties (e.g., general internists) may have fewer societies in which to participate. *Career research Ph.D. scientists at VAMC are generally NTT, funded by intramural as well as external soft money, and are appointed to renewable 5-year contracts under the VA Shield program (Language corrected by Neal Peachey).*

UHCMC – May 12

- Affiliate representatives: Dan Simon, Marjorie Greenfield
- Committee members attending: Carlin, Hand, Gubitosi-Klug

Summary of discussion: In contrast to MHMC and CCLCM, UHCMC does not have an independent faculty affairs office and academic chairs/DCAPTs report directly to the SOM office. However, Dr. Greenfield has recently been appointed Career Development and Advancement Officer to provide oversight at UHCMC. The discussion covered several “pain points”. First, UHCMC leadership asserts that the timeline for new appointments is too long, and that the requirement that senior level appointments assemble a full promotion package feels “ridiculous” and makes the institution look bad. They also suggested that evaluation of senior faculty moving to Case from peer institutions should be streamlined and the requirement for external arms-length letters reduced and even eliminated. Second, non-traditional academic activities outside of publications demonstrating that clinical educators have met regional/national reputational standards for promotion can be difficult to capture in the CWRU CV template. They also felt that the requirement for an educational portfolio creates an unnecessary burden for clinical educators. Third, there is significant variability in DCAPT performance across different departments, and a mechanism is not in place to hold department chairs accountable for faculty success. Fourth, promotion standards for part-time community-based clinical faculty should be clarified. Finally, recent increases in medical school class size and implementation of new allied professional training programs have created a significant burden for clinical educators, who do not receive financial compensation by the SOM.

CCLCM – June 1

- Affiliate representatives: Cynthia Kubu, Bud Isaacson, Chris Moravec, Gene Barnett, James Stoller, Neil Mehta
- Committee members attending: Carlin, Hand, Irefin

Summary of discussion: Faculty seeking promotions meet with Institute Chairs who then forward positive recommendations to an institution wide CAP. Recently these duties have been split into three groups, the original CAP to consider senior levels appointments and promotions, a JCAP considering junior level instructor and assistant professor appointments, and a CCAP for clinical faculty. CCLCM now has one department-based committee and is hoping to establish more, to provide an additional round of reviews. However, these committees do not vote on candidates, and candidates are not required to submit their materials to these department-based committees. One or two members of the institutional CAP committee reviews each candidate, the entire committee then votes, and packets with positive votes are then sent to Faculty Affairs on the main campus along with internal and external letters solicited by CCLCM. CCLCM does not conduct mandatory 6-year reviews for promotion readiness, nor does it have any appetite for doing so, since they have rigorous annual reviews and continued employment does not rely on faculty status. CCLCM appears to have good administrative support for

helping candidates prepare CVs and assemble material for appointments and promotions. Although most fulltime faculty have opportunities to establish regional/national reputations, standards for part-time clinical faculty are opaque. Leadership did express frustration regarding senior level appointments, questioning the need for external arms-length letters for individuals with well-established national/international reputations which can stall these appointments. It is also common for individuals with junior level appointments to return to CCLCM after several years at another institution, and CCLCM finds the requirement to apply for a new faculty appointment to be onerous and unnecessary. CCLCM leadership is also in negotiation with the dean regarding several issues that they would like this committee to examine. For instance, they would like their ability to appoint trainees as instructors to be restored. However as noted in the summary for our meeting with the Committee on Medical education, LCME considers trainees to be students and faculty-ineligible. A second point of concern involves their desire to obtain “joint” CWRU appointments for faculty with academic appointments at other universities who are not actively engaged with medical students (e.g., PhD educators in the Education institute who teach in the master’s in education in Health Professions (MEHPE) Program at CSU). CCLCM representatives on this ad hoc committee (Sam and Jonathan) will be providing more information regarding CCLCM-specific concerns at one of our upcoming committee meetings.

Council of Basic Science Chairs—May 19

APT committee co-chairs and APT committee member Martin met with this group on May 19, 2023. We set an agenda with the same questions as those posed to the hospital affiliates. The discussion was primarily focused on question 3 (For TT faculty, how do you align tenure standards with the dean's mandate for sustained salary recovery?). Because of time constraints we solicited answers to other questions by email.

Summary of discussion: Most chairs stated that obtaining more than one sustainable source of external funding was the gold standard to be competitive for the award of tenure for TT faculty. One chair suggested it was preferable for a candidate to obtain a second grant on an unrelated topic. In contrast, another chair shared that there was a lack of equity regarding grant requirements for the award of tenure across different basic science departments, and that junior faculty are aware of these discrepancies leading to anxiety and resentment. It was also pointed out that excellence in teaching is underemphasized for faculty primarily engaged in research. However, this may be a disadvantage to the SOM mission if circumstances change and faculty assume greater teaching responsibilities later in their career. The group also discussed the role of team science for career advancement, and the critical importance of demonstrating a sustainable record of external funding for faculty engaged in team science. There was general agreement that the SOM could provide clearer guidelines regarding funding requirements for award of tenure and promotion, to counter concerns that tenure and promotion decisions are made arbitrarily. However, any guidelines must be flexible enough to capture department-specific missions rather than a set of hardcore metrics. Although Faculty Affairs offers annual training workshops, some DCAPTs work better than others. Several chairs remarked that DCAPTs should have access to external letters to better inform their decisions and advise candidates. This group was also greatly appreciative of recent implementation of monthly emails from Faculty Affairs advising them on the status of recommendation letter solicitations. The session ended with a discussion of the central importance of collaborative science for long term faculty success.

University and SOM DEI Leadership – July 24

The committee co-chairs met with the following members of the university's DEI leadership team: Robert Solomon, Vice-President Office for Diversity, Equity, and Inclusive Engagement (OIDIO); Heather Burton, Associate Vice-President and Senior Director OIDIO; and Tina Lining, SOM Director of Diversity and Inclusive Excellence. The DEI leadership team made several recommendations. First, they encouraged DCAPT and CAPT committees participate in one or more diversity awareness workshops offered by OIDIO [[Diversity-Training-Consultation-Form.docx \(case.edu\)](#)]. Second, they encouraged DCAPT and CAPT committees to give proper credit to faculty DEI activities that advance the mission of the university and SOM by helping foster diversity, inclusiveness. They also encouraged faculty to highlight these activities in DEI statements and annotated CVs. Finally, they noted that professional development opportunities that can become unspoken expectations are not always equally available to all faculty and a source of inequity in P/T considerations.

Appendix VI: Endorsement emails from committee members regarding the final report



Rosa Hand <rk30@case.edu>

final opportunity to review Dean's committee materials (new deadline)

Abdulla Ghori <aghori@metrohealth.org>
To: Rosa Hand <rk30@case.edu>, Cathleen Carlin <cxc39@case.edu>

Thu, Dec 21, 2023 at 9:57 AM

I reviewed the two attached drafts. Agree with contents.
Thank you for taking up this very important role and responsibility.
Happy Holidays.
AG

**Abdulla Ghori, MD, FAAP****Associate Dean for Graduate Medical Education****Chair, Graduate Medical Education and DIO****Professor of Pediatrics**O 216-778-7552 | F 216-778-4223 | aghori@metrohealth.org

The MetroHealth System | 2500 MetroHealth Drive, Cleveland, OH 44109

From: Rosa Hand <rk30@case.edu>**Sent:** Thursday, December 21, 2023 8:42 AM**To:** Cathleen Carlin <cxc39@case.edu>; to: Maria Hatzoglou <mxh8@case.edu>; Mcnamara, Megan (VHACLE) <megan.mcnamara@va.gov>; Neal Peachey <nsp6@case.edu>; Gubitosi-Klug, Rose <rose.gubitosi-klug@uhhospitals.org>; Witold Surewicz <wks3@cwru.edu>; Smith, Jonathan <smithj4@ccf.org>; Abdulla Ghori <aghori@metrohealth.org>; Irefin, M.D., Samuel A. <IREFINS@ccf.org>; Richard Martin <rxm6@case.edu>; Robert Kalayjian <rkalayjian@metrohealth.org>**Subject:** final opportunity to review Dean's committee materials (new deadline)

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Link**

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Rosa Hand <rk30@case.edu>

final opportunity to review Dean's committee materials (new deadline)

Smith, Jonathan <smithj4@ccf.org>

Thu, Dec 21, 2023 at 10:49 AM

To: Rosa Hand <rk30@case.edu>, Cathleen Carlin <cxc39@case.edu>

Hi Rosa and Cathy,

I think the documents do an excellent job of summarizing the committee work, great job!

I made some suggested edits and corrections, including bold formatting of recommendations in the full report (file attached in track changes mode). The summary report needs to remove the repeat of the header for the 3rd charge at the bottom of the document.

Have a great holiday!

Best,

Jonathan

From: Rosa Hand <rk30@case.edu>**Sent:** Thursday, December 21, 2023 8:43 AM**To:** Cathleen Carlin <cxc39@case.edu>; to: Maria Hatzoglou <mxh8@case.edu>; Mcnamara, Megan (VHACLE) <megan.mcnamara@va.gov>; Neal Peachey <nsp6@case.edu>; Gubitosi-Klug, Rose <rose.gubitosi-klug@uhhospitals.org>; Witold Surewicz <wks3@cwru.edu>; Smith, Jonathan <smithj4@ccf.org>; Abdulla Ghori <aghori@metrohealth.org>; Irefin, M.D., Samuel A. <IREFINS@ccf.org>; Richard Martin <rxm6@case.edu>; Robert Kalayjian MD <rkalayjian@metrohealth.org>**Subject:** [EXT] final opportunity to review Dean's committee materials (new deadline)

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[Quoted text hidden]

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Deans Ad Hoc Committee Report 12.21.23_js.docx

37K



Rosa Hand <rk30@case.edu>

final opportunity to review Dean's committee materials (new deadline)

Witold Surewicz <wks3@case.edu>

Thu, Dec 21, 2023 at 10:10 AM

To: Rosa Hand <rk30@case.edu>, Cathleen Carlin <cxc39@case.edu>, "to: Maria Hatzoglou" <mxh8@case.edu>, "Mcnamara, Megan (VHACLE)" <megan.mcnamara@va.gov>, Neal Peachey <nsp6@case.edu>, "Gubitosi-Klug, Rose" <rose.gubitosi-klug@uhhospitals.org>, Witold Surewicz <wks3@cwru.edu>, "Smith, Jonathan" <smithj4@ccf.org>, Abdulla Ghorri <aghorri@metrohealth.org>, "Irefin, M.D., Samuel A." <IREFINS@ccf.org>, Richard Martin <rxm6@case.edu>, Robert Kalayjian MD <rkalayjian@metrohealth.org>

I think the report captures well all the main points of our discussions. Many thanks to Cathy and Rosa for putting it together.

One minor point: The second item on the first page of the Executive Summary - the parenthesis bracket after the word "faculty" seems to be missing.

Regards,

witold

[Quoted text hidden]

--

Witold K. Surewicz, Ph.D.
Robert F. Bennett MD Professor
Department of Physiology and Biophysics
Case Western Reserve University
Cleveland, OH 44106
Phone: 216-368-0139



Rosa Hand <rk30@case.edu>

final opportunity to review Dean's committee materials (new deadline)

Maria Hatzoglou <mxh8@case.edu>

Thu, Dec 21, 2023 at 3:15 PM

To: Robert Kalayjian <rkayjian@metrohealth.org>

Cc: Abdulla Ghorri <aghorri@metrohealth.org>, Cathleen Carlin <cxc39@case.edu>, "Gubitosi-Klug, Rose" <rose.gubitosi-klug@uhhospitals.org>, "Irefin, M.D., Samuel A." <IREFINS@ccf.org>, "Mcnamara, Megan (VHACLE)" <megan.mcnamara@va.gov>, Neal Peachey <nsp6@case.edu>, Richard Martin <rxm6@case.edu>, Rosa Hand <rk30@case.edu>, "Smith, Jonathan" <smithj4@ccf.org>, Witold Surewicz <wks3@cwru.edu>, Witold Surewicz <wks3@case.edu>

Dear Rosa and cathy

Great job. I have one concern and one comment.

3. The committee observed some dissatisfaction that faculty primarily engaged in innovative medical education are not tenure eligible under current SOM guidelines.

We cannot express dissatisfaction. We can only say that criteria for tenure track of this category need to be considered. We may not have enough offered from the teaching faculty to be considered for tenure track. So we should ask for potential evaluation of criteria for this tenure track consideration

Comment. We can suggest that mentoring committees for non tenure track promotions should be considered.

Happy holidays
Maria Hatzoglou

[Quoted text hidden]



Rosa Hand <rk30@case.edu>

final opportunity to review Dean's committee materials (new deadline)

Gubitosi-Klug, Rose <Rose.Gubitosi-Klug@uhhospitals.org>

Thu, Dec 21, 2023 at 11:08 PM

To: Robert Kalayjian <rkalayjian@metrohealth.org>, Witold Surewicz <wks3@case.edu>, Rosa Hand <rk30@case.edu>, Cathleen Carlin <cxc39@case.edu>, "to: Maria Hatzoglou" <mxh8@case.edu>, "Mcnamara, Megan (VHACLE)" <megan.mcnamara@va.gov>, Neal Peachey <nsp6@case.edu>, Witold Surewicz <wks3@cwru.edu>, "Smith, Jonathan" <smithj4@ccf.org>, Abdulla Ghori <aghori@metrohealth.org>, "Irefin, M.D., Samuel A." <IREFINS@ccf.org>, Richard Martin <rxm6@case.edu>

Thanks, Rosa and Cathy, for your leadership! A few tracked comments for your consideration.

Happy holidays,
Rose

*Rose Gubitosi-Klug, M.D., Ph.D.
Professor and Chief, Pediatric Endocrinology
William T. Dahms Professor of Pediatrics
PI, EDIC Clinical Coordinating Center
Case Western Reserve University
Rainbow Babies and Children's Hospital*

Address:
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Cleveland, OH 44106

Ph [216-844-3661](tel:216-844-3661)
Fax [216-844-8900](tel:216-844-8900)

From: Robert Kalayjian <rkalayjian@metrohealth.org>**Sent:** Thursday, December 21, 2023 10:44:23 AM**To:** Witold Surewicz; Rosa Hand; Cathleen Carlin; to: Maria Hatzoglou; Mcnamara, Megan (VHACLE); Neal Peachey; Gubitosi-Klug, Rose; Witold Surewicz; Smith, Jonathan; Abdulla Ghori; Irefin, M.D., Samuel A.; Richard Martin**Subject:** RE: final opportunity to review Dean's committee materials (new deadline)

[Quoted text hidden]

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 **draft executive summary 12.21.23_rk_rgk.docx**
27K



Rosa Hand <rk30@case.edu>

Fwd: Tenure material for APT report

1 message

Cathleen Carlin <cxc39@case.edu>
To: Rosa Hand <rk30@case.edu>

Thu, Dec 21, 2023 at 5:56 PM

FYI

----- Forwarded message -----

From: **Martin, Richard** <Richard.Martin@uhhospitals.org>
Date: Wed, Dec 20, 2023 at 7:50 PM
Subject: Re: Tenure material for APT report
To: Cathleen Carlin <cxc39@case.edu>

Hi Cathy,

Looks good from my perspective.

Richard.

From: Cathleen Carlin <cxc39@case.edu>
Sent: Wednesday, December 20, 2023 1:03:46 PM
To: Witold Surewicz; Richard Martin
Subject: Tenure material for APT report

Greetings Witold and Richard,

Dean Gerson has just informed us he expects the committee's final report by Dec. 27. I would be so grateful if you could take a quick look at the section on tenure that we've drafted since last week's meeting. Any and all comments would be highly appreciated. I can be reached at 216-832-2185 if you would rather chat than respond by email.

Thanks
Cathy

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Appendix VII: Information from peer/aspirational institutions on titles and rank requirements for faculty primarily engaged in clinical service

Institution and rank	Modified title for faculty primarily engaged in clinical service	Reputational requirement for promotion to modified associate prof	Reputational requirement for promotion to modified prof
(4) Johns Hopkins	Associate Professor of Clinical (Discipline)	Regional/emerging national in 3 areas 360 model of 8-10 evaluations among peers, colleagues, patients; need to show person is in top 25% of field	National in 3 areas 360 model of 8-10 evaluations among peers, colleagues, patients; need to show person is in top 10% of field
(5) UCSF	Associate Professor of Clinical X Health Sciences Associate Clinical Professor	Distinction in teaching and mentoring, professional competence (regional), creative activity with dissemination including teaching or practice adoptions elsewhere, regional reputation for contributions/service to profession	National
(6) Duke	None	NA	NA
(11) Icahn/Mt Sinai	Associate Clinical Professor (voluntary; do not receive financial remuneration from the university but receive recognition via promotion)	Local expertise in one or more of clinical care, teaching of local students, service to institution	Regional reputation in clinical care; role models of local clinicians, service, scholarship preferred but not required
(12) WUSTL	None	NA	NA
(13) Vanderbilt	Associate Professor of Clinical X	clinical excellence and professional contributions in administration, outcomes, patient education/advocacy, service to the field, teaching/academic contributions	Regional or national required
(14) Weill Cornell	Associate Professor of Clinical X	Regional reputation for clinical excellence; documentation of scholarship preferred	National or international reputation in clinical excellence; documentation of scholarship preferred
(15) Mayo	None	NA	NA

(16) Pitt	Clinical Associate Professor (voluntary, no financial remuneration, usually >90% of effort in clinical care) (Can also have Distinguished Clinical... for particularly meritorious individuals)	Usually minimum 5 years as asst although time in rank is not adequate have substantial experience in teaching and the ability for continuing growth as a teacher, scholar, and member of their profession	Usually minimum 5-7 years as clinical associate although time in rank is not adequate attainment of authoritative knowledge and reputation in a recognized field of learning and the achievement of effective teaching skills National reputation may be part of this but not required
(17) Northwestern	None		
(18) Michigan	Clinical Associate Professor (The Clinical Track includes four ranks: instructor, assistant professor, associate professor, and professor. The official title (Clinical Assistant Professor) is used on all appointment, promotional, university human resources correspondence and the curriculum vitae. Routine correspondence (e.g., patient correspondence, scholarly work, etc.) can use shorter working title, e.g. Assistant Professor without identifying track.)	Excellence in teaching and clinical work, regional or national reputation in area of expertise, peer reviewed publications	Continued outstanding teaching, mentoring and clinical service. A national reputation is expected in scholarship, research or teaching.
(20) UCSD	Health Sciences Clinical Assistant Professor (Can use unmodified title on grant applications) There is another track which is Assistant Professor of Clinical X which	For health sciences clinical; scholarly work which is something that helps more than just your patients (QI, algorithm that lots of people in the department use etc). Need university service but this can be tricky because they aren't in the	Not discussed

	has higher reputational and scholarly expectations	senate. Need service that's not just "self serving" but doesn't have to be regional	
(23) Emory	None	NA	NA

BYLAWS

THE FACULTY OF MEDICINE

CASE WESTERN RESERVE

UNIVERSITY

ADOPTED BY THE FACULTY OF MEDICINE, AUGUST 25, 1978
RATIFIED BY THE FACULTY SENATE, DECEMBER 13, 1978

AMENDED BY THE FACULTY OF MEDICINE, MARCH 25, 1998
RATIFIED BY THE FACULTY SENATE, APRIL 23, 1998

AMENDED BY THE FACULTY OF MEDICINE JUNE 25, 1999 AND JUNE 30, 2000
RATIFIED BY THE FACULTY SENATE, NOVEMBER 6, 2000

AMENDED BY THE FACULTY OF MEDICINE, JANUARY 31, 2003
RATIFIED BY THE FACULTY SENATE, APRIL 27, 2003

AMENDED BY THE FACULTY OF MEDICINE, APRIL 22, 2005
RATIFIED BY THE FACULTY SENATE, FEBRUARY 27, 2006

AMENDED BY THE FACULTY OF MEDICINE, JANUARY 11, 2010
RATIFIED BY THE FACULTY SENATE, APRIL 21, 2010

AMENDED BY THE FACULTY OF MEDICINE, AUGUST 26, 2011
RATIFIED BY THE FACULTY SENATE, FEBRUARY 22, 2012

AMENDED BY THE FACULTY OF MEDICINE, MAY 6, 2014
RATIFIED BY THE FACULTY SENATE, JANUARY 22, 2016

AMENDED BY THE FACULTY OF MEDICINE, FEBRUARY 15, 2017, JULY 13, 2017, & NOVEMBER 13, 2017
RATIFIED BY THE FACULTY SENATE, JANUARY 30, 2018

AMENDED BY THE FACULTY OF MEDICINE JANUARY 14, 2020
RATIFIED BY THE FACULTY SENATE, DECEMBER 17, 2020

AMENDED BY THE FACULTY OF MEDICINE JANUARY 25, 2021
RATIFIED BY THE FACULTY SENATE DECEMBER 15, 2021

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APPENDICES

APPENDIX I: Qualifications and Standards for Appointment, Promotion and the Award of Tenure for Faculty Members in the School of Medicine, Case Western Reserve University

ARTICLE 1 - PURPOSE

These Bylaws of the Faculty of Medicine and all amendments adopted as hereinafter shall constitute the rules and regulations governing the conduct and procedures of the Faculty of Medicine in the performance of its duties and in the exercise of its authorized powers, as specified by the constitution of the University Faculty of Case Western Reserve University. They are intended also to facilitate the participation of the clinical and adjunct faculty in organizing and executing the curriculum of the School of Medicine.

ARTICLE 2 - THE FACULTY OF MEDICINE

2.1: Membership of the Faculty of Medicine

The Faculty of Medicine shall consist of (1) regular faculty, defined as all persons who hold full-time appointments in the School of Medicine and who have unmodified titles at the rank of professor, associate professor, assistant professor, senior instructor, instructor, and (2) special faculty, those who hold these ranks modified by the adjective clinical, adjunct, visiting, or emeritus/a. In addition, fifteen students, two elected from and by each of the four University Program medical school classes, two elected at-large from and by Cleveland Clinic Lerner College of Medicine ("CCLCM") students, two elected from and by M.D.-Ph.D. students, and three elected from and by medical school graduate students, shall act as non-voting student representatives. The president of the university, a vice-president of the university responsible for medical school activities, and an administrative officer from and selected by each affiliated hospital shall be members of the faculty *ex officio*. The Dean of the School of Medicine shall furnish annually to the secretary of the University Faculty a list of all full-time members of the faculty. (A full-time faculty member is one who is a member of the University Faculty as defined in the Faculty Handbook of Case Western Reserve University.) The Faculty of Medicine shall create a Faculty Council to which it shall delegate all powers not reserved to itself (described below in Article 3).

2.2: Officers of the Faculty

The president of the university and, in the president's absence or by the president's designation, the dean of the School of Medicine or the dean's representative, shall be chair of the Faculty of Medicine. The chair of the Faculty Council shall serve as vice-chair of the Faculty of Medicine. The Faculty of Medicine shall have a secretary who shall be appointed by the dean. The Secretary shall provide to the Faculty of Medicine due notice of all Faculty and Faculty Council meetings and the agenda thereof and supply the minutes of each meeting in a timely manner. The office of the dean shall be requested to supply appropriate administrative support for these functions.

2.3: Authorities and Powers of the Faculty of Medicine

a. Authorities. Those authorities delegated by the University Faculty to the Faculty of Medicine for the educational, research, and scholarly activities of the School of Medicine shall reside in the Faculty of Medicine.

b. Powers Reserved. The regular faculty members of the Faculty of Medicine shall: (1) make recommendations to the dean for consideration and transmittal to the University Faculty Senate concerning the establishment, discontinuance, or merging of any department, and (2) act upon any matter of import referred to the Faculty of Medicine by the Faculty Council for its recommendation.

The regular faculty members of the Faculty of Medicine shall have the power to recommend approval of amendments to these bylaws and the power and obligation to elect (1) senators to the University Faculty Senate; (2) at-large members of the Faculty Council; and (3) a majority of the voting members of the standing committees listed in section 2.6a. Faculty members shall also have the power and obligation to elect their departmental Faculty Council representative (see Article 3.3).

2.4: Meetings of the Faculty of Medicine

a. Regular Meetings. The Faculty of Medicine shall schedule meetings at least three times each academic year. The dean of the School of Medicine shall be asked to describe the state of the medical school generally at one of the meetings. Another meeting shall have as its main business a program relating to medical education. A third meeting will have an agenda approved by the Faculty Council with at least one-half of the meeting devoted to open forum items. Meeting dates and times will be coordinated to accommodate appropriate schedules. In the event of university closure, a Faculty of Medicine meeting scheduled for that day shall be rescheduled. The Faculty Council may cancel a scheduled meeting of the faculty in the event there is no business to be conducted.

b. Special Meetings. The Faculty of Medicine shall also meet on the call of the president or the dean, or on written petition of at least 10 faculty members presented to the Faculty Council, or at the request of the Faculty Council.

2.5: Voting Privileges

a. A quorum of the faculty for both regular and special meetings shall consist of 100 members who are eligible to vote on the issue before the faculty as defined below (2.5c-2.5e). Proxies are not acceptable for purposes of either establishing a quorum or voting.

b. Special meetings of the faculty shall be conducted according to Robert's Rules of Order, Newly Revised. A majority of those present and voting shall be necessary to effect action. c. Special faculty whose titles are modified by the adjectives adjunct or clinical may vote at meetings only on matters concerning the planning and approval of the curriculum, the execution of the

instructional program, the formulation of policies with regard to student affairs, appointment and promotion of special faculty; the election of members of committees dealing with such issues, and the election of their representatives to the Faculty Council.

d. Emeritus and visiting faculty members shall not be eligible to vote.

e. Prior to each faculty meeting, Faculty Council will determine which faculty members are eligible to vote on each issue scheduled for a vote, guided by 2.5c-2.5d above. If an issue is raised and brought to a vote *ad hoc* at a faculty meeting, the person chairing the meeting will determine who is eligible to vote based on the above criteria.

2.6: Standing Committees of the Faculty of Medicine

a. The following Standing Committees shall be charged with specific responsibilities (as described more completely in each committee's Charge as approved by the Faculty Council):

(1) The Admissions Committee shall participate in both annual decision-making regarding individual student applicants and in the establishment of admissions policy and procedure.

(2) The Bylaws Committee shall consider proposed amendments to the Bylaws of the Faculty of Medicine and make recommendations concerning such proposed amendments to the School of Medicine Faculty Council. It shall also review proposals for new and amended charges of standing committees for the purpose of advising the Faculty Council regarding their compliance with the Bylaws prior to a vote by the Faculty Council. At least once every five years, the Bylaws Committee shall conduct a full review of these Bylaws.

(3) The Committee on Budget, Finance, and Compensation shall serve as the faculty's principal forum for the consideration of matters relating to SOM budgeting and financing. This Committee will consult with and advise the SOM administration on the formation and review of SOM policies and procedures concerning faculty compensation.

(4) The Committee on Appointments, Promotions, and Tenure shall review and make recommendations concerning all appointments or promotions to the ranks of associate professor or professor and the award of tenure, as outlined in Article 5.10.

(5) The Committee on Medical Education serves to evaluate, review, and make recommendations concerning overall goals and policies of the School's medical education program, which includes the University and College programs.

(6) The Committee on Students shall have the responsibility of reviewing the total performance of all students and the authority for decisions on student standing and student promotions. Each year it shall submit the list of candidates for the award of the degree of Doctor of Medicine to Faculty Council (see Article 3.1a).

(7) The Lecture Committee shall serve as a selection committee for speakers where no other regular mechanism is in place.

(8) The Committee on Biomedical Research shall carry out the faculty's role in formulating policies related to the conduct of research in the School of Medicine on matters including but not restricted to the research portfolio, enabling technologies, research infrastructure, and biomedical workforce.

(9) The Committee on Women and Minority Faculty shall be established as a Standing Committee as specified in its charge.

b. The majority of the voting members of each of these Standing Committees shall be elected by the regular members of the Faculty of Medicine. The number of non-voting members shall not exceed the number of voting members. The Dean may appoint members to any standing committee in accordance with the prescribed structure of each such committee as specified in its charge. The number of appointed voting members shall be less than the number of elected voting members. 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.

c. Standing Committees shall be established or discontinued only by amendment of the School of Medicine Bylaws. The two committees that cannot be discontinued are the Standing Committee on Appointments, Promotion and Tenure, and the Standing Committee on Budget, Finance, and Compensation whose existence is mandated by the Faculty Handbook. *Ad hoc* committees shall not be appointed that duplicate or substantially overlap with the missions and charges of the Standing Committees. The role of the Faculty Council in relation to standing committees is described in Article 3.1. The regular members of the Faculty of Medicine shall vote upon the nominees and shall elect the majority of voting committee members. The standing committees shall be reviewed by the Faculty Council at least once every five years. Standing committees may present proposed changes to their own charge for consideration by the Faculty Council. Prior to being voted upon by Faculty Council, the Bylaws Committee shall review these charges to ensure compliance with these Bylaws and the Faculty Handbook. In the event that an elected member of a standing committee of the faculty resigns during the term, the Nomination and Elections Committee of the Faculty Council shall appoint a replacement. The first choice should be the faculty member who received the next highest number of votes in the most recent election for this committee position. Should that individual be unwilling or unable to serve, the Nomination and Elections Committee shall appoint an alternate of its choosing to the committee. In either case, this appointee may stand for election to the committee for the remainder of the term of the resigning member at the next regularly scheduled faculty election.

d. The dean shall be a member of all standing committees *ex officio*. Persons holding the office of assistant, associate, or vice dean may be regular members of any of these committees. Standing committees may include members holding the office of assistant, associate, or vice dean,

as long as their number does not exceed 25% of the membership. The exception to this rule is the Committee on Medical Education, for which the number of members holding the office of assistant, associate, or vice dean, shall not exceed 40% of the membership. Persons holding the office of assistant, associate, or vice dean may not chair a Standing Committee of the Faculty. Membership rosters of all standing committees shall be published on the SOM website and updated annually by July 1 or when a change in the roster occurs.

e. Any action taken in the name of a standing committee shall be made by majority vote. All members of a committee shall be supplied with minutes of the meetings of the committee and with copies of official recommendations of the committee.

f. The meetings of all standing committees shall be open to all members of the faculty except for those of the Admissions Committee, the Committee on Students, and the Committee on Appointments, Promotions and Tenure. Chairs of other committees may declare a meeting or part of a meeting closed to faculty attendance only if confidential personnel matters are to be discussed.

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).

3.2: Membership of the Faculty Council

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

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

3.3: Election of the Members of the Faculty Council

Faculty members have the power and obligation to elect Faculty Council representatives (see Article 2.3). Elections shall be held by democratic process. Complaints concerning the occurrence of undemocratic selections of representatives shall be brought to the attention of the Chair of the Faculty Council.

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

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

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

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

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

nominees shall be elected by the special faculty whose titles are modified by the adjective adjunct or clinical. The remaining nominees will serve as alternates in the order of votes received.

3.4: Terms of Office of Faculty Council Representatives

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

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

3.5: Officers of the Faculty Council

Each year the Faculty Council shall elect a chair-elect from among current members of the Faculty Council. The Nomination and Elections Committee shall strive to nominate at least two candidates for the position of chair-elect. 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. The chair of the Faculty Council (or the vice-chair of the Faculty Council in the absence of the chair) shall preside over the Faculty Council and shall be vice-chair of the Faculty of Medicine. Following completion of this term of office, the immediate past chair of the Faculty Council shall serve one

additional year as a member of the Faculty Council and as a member of its Steering Committee. For procedures to be followed in the election of the officers and committees of the Faculty Council, see article 3:6b. The dean shall be requested to provide administrative support to these officers.

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 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. The Steering Committee shall set the agenda for meetings of the Faculty Council. The Steering Committee shall be empowered to act for the Faculty Council between meetings. Steering Committee meetings may be canceled by proposal of the chair of Faculty Council and majority vote of the Steering Committee members. The Steering Committee shall report all actions and recommendations to the Faculty Council. Steering Committee meetings shall be conducted according to Robert's Rules of Order, Newly Revised. The Steering Committee shall act for the Faculty Council and faculty in reviewing actions of the Committee on Appointments, Promotions and Tenure in order to ensure equity, adherence to published guidelines, and proper procedure. The Steering Committee shall consult with the dean on such matters as the dean brings before it. The Steering Committee shall advise the president concerning the appointment of an interim or acting dean of the School of Medicine.

b. Nomination and Elections Committee. This committee shall consist of eleven members: the dean, the chair of the Faculty Council, the vice-chair of the Faculty Council, three other Faculty Council members, and five full-time faculty members who are not members of the Faculty Council, one each from CWRU Basic Sciences, CCLCM, MHMC, 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 Basic Sciences, CCLCM, MHMC, UHCMC, and VAMC) and shall serve three-year terms. The chair will be elected from the members of the committee annually.

The Nomination and Elections Committee shall nominate (1) candidates for the chair-elect of the Faculty Council from the eligible pool (all current members, see Article 3.5), (2) candidates for the Steering Committee, and (3) Faculty Council candidates for the Nomination and Elections Committee. A list of candidates for the members of the Steering Committee, and the Faculty Council members of the Nomination and Elections Committee shall be distributed to all members of the Faculty Council prior to the May Faculty Council meeting. During the May meeting, additional

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

In addition, the Nomination and Elections Committee shall nominate (1) candidates for the at-large representatives to the Faculty Council, (2) candidates for the representatives of the special faculty whose titles are modified by the adjective adjunct or clinical to the Faculty Council, (3) candidates for standing committees of the Faculty of Medicine, and (4) candidates for the University Faculty Senate. In the case of at-large representatives, senators, or members of the Committee on Appointments, Promotions, and Tenure, the number of candidates shall be at least twice the number of positions to be filled. In recruiting faculty for the ballot, the Nomination and Elections Committee shall strive to produce a diverse slate of nominees, considering gender, race, institutional affiliation and representation of basic and clinical departments. A nominee may not be put on the ballot if in winning the election they would serve on more than two standing committees of the Faculty of Medicine or Faculty Council (ad hoc committees are not included in this count). Exceptions will be made only if no other candidates come forward to fill a committee vacancy. Elections shall be conducted by email or other electronic means, using a preferential voting system. Ballots shall include a clear explanation of the preferential voting system. Ballots listing candidates for Faculty Council, senators, and standing committees of the faculty shall be mailed to all full-time members of the faculty. Ballots listing candidates for the representatives of the special faculty on the Faculty Council shall be distributed to all special faculty whose titles are modified by the adjective adjunct or clinical. Ballots listing candidates for committees dealing with the planning and approval of the curriculum, the execution of the instructional program, and the formulation of policies with regard to student affairs shall be distributed to all members of the faculty. Elections shall be conducted as far in advance of the completion of the terms of sitting members as is practicable. Elections shall be conducted by email or other electronic means. All electronic ballots

shall provide space for write-in candidates. At least two weeks shall be allowed between the distribution of all ballots and the close of the election and determination of election results. Distribution of the ballots and the determination and publication of the election results shall be the responsibility of the Nomination and Elections Committee. After each election, the Committee shall count the votes and publish all the vote totals. Any irregularities or issues in the conduct of the elections shall be investigated and resolved by the Committee. The Nominations and Elections Committee shall report its investigation and resolution to the Faculty Council and the Faculty of the School of Medicine. The dean shall be requested to supply administrative support for the elections.

c. Special Committee to Nominate Candidates for the Search Advisory Committee to the President on the Selection of the Dean of the School of Medicine. This special nominating committee shall be formed when needed and shall consist of the chair of Faculty Council, three other members of the Steering Committee of the Faculty Council, three elected members of the Nomination and Elections Committee, and four academic department chairs (two Basic Science, two Clinical) of the School of Medicine. The chair of the Faculty Council shall serve as chair of this special nominating committee, and the other ten members shall be elected by their respective groups. The majority of the nominees for the Search Advisory Committee selected by this special nominating committee shall be full-time members of the Faculty of Medicine. The president is requested to consider these nominees when appointing members of the Search Advisory Committee.

In the early stages of the search for the dean of the School of Medicine, the chair of the Faculty Council shall solicit recommendations, opinions, and advice regarding selection of the dean from members of the Faculty of Medicine by mail and submit these views directly to the Search Advisory Committee. When a final list of candidates for the position of dean has been assembled, the Search Advisory Committee is requested to solicit the views and advice of the Steering Committee of the Faculty Council on the ranking of the candidates.

d. Other Committees of the Faculty Council. The Faculty Council may create other standing and *ad hoc* committees of the Faculty Council to carry out specific functions and duties assigned to it. These committees may include members who are not Faculty Council members.

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. A faculty Council meeting may be canceled by proposal of the chair of Faculty Council and the majority vote of the Steering Committee members, except when canceling such a meeting would violate the mandate above. 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.

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).

3.8: Annual Report of the Faculty Council

Each year the chair of the Faculty Council shall submit to the faculty a report on the activities of the Faculty Council.

ARTICLE 4 – DEPARTMENTS

4.1: Organization of the Faculty into Departments

a. The Faculty of Medicine shall be organized into departments representing academic disciplines as specified in the Faculty Handbook, Chapter 2 (Organization and Constitution of the University Faculty), Article VII, Sec. B. Departments and Centers in DGMS shall plan and execute programs of research and scholarship and of professional activity and shall train medical students, graduate students, and, in some cases, undergraduate students in its discipline.

b. Each member of the Faculty of Medicine shall have a primary appointment in an academic department or DGMS, which has departmental status (see Article 4.7).

4.2: Function of Departments

a. Each department shall provide a central administration for its academic disciplines. Each department and DGMS shall be responsible for the teaching in its discipline in the School of Medicine, through the core academic program's committee structure and the other units of the undergraduate medical curriculum and in the affiliated hospitals. Each department shall also allocate resources to support its educational, research, and scholarly activities (Faculty Handbook, Chapter 2, Article VII, Section B). These responsibilities shall be exercised by the academic department chairs in conformity with the curricular policies, organization, and components that are specified by the faculty and the dean with the exception of DGMS where the dean serves as chair (see Article 4.7). Each department may assume responsibility for teaching in its discipline in the other schools of the health sciences and in the undergraduate and graduate curricula of the university as determined by need and negotiation. Where appropriate, each department shall plan and implement graduate programs leading to such graduate degrees as are authorized by the university and shall be responsible for the content of the curricula in its discipline in the several programs specified above. Each department shall plan and execute programs of research and of professional activity and shall train medical students, undergraduate students, and graduate students and, in some cases, undergraduate students in its disciplines. Each department shall maintain and staff the facilities which lie within its jurisdiction and shall enlist the cooperation of other departments or of affiliated teaching institutions where this shall be necessary for the execution of its mission. Each department shall elect one representative to the Faculty Council.

b. Each department or, at the request of the hospital affiliate's Associate Dean or Executive Dean and with the consent of the Dean of the School of Medicine, each affiliated hospital, shall establish a Department or Affiliated Hospital Committee on Appointments, Promotions, and Tenure (or Appointments and Promotions only, if appropriate) (all hereinafter "DCAPTs") for the purpose of making recommendations concerning appointments and promotions and if appropriate awards of tenure. The department chair or affiliated hospital associate dean or executive dean shall nominate faculty annually for service on the DCAPT for the SOM Dean's approval. The department chair shall also nominate a faculty member holding a primary appointment in the department (or the affiliated hospital, if appropriate), preferably at the rank of tenured Associate Professor or Professor, to serve as the DCAPT committee chair.

c. DCAPTs may comprise all the faculty members holding full-time primary appointment in the department, except as provided in paragraph 4.2(d), and may also include faculty holding secondary appointments in the department but holding primary appointments outside the department or school in any of the university's constituent faculties. Alternatively, department chairs may nominate at least three faculty members from among the primary full-time faculty (and other faculty) to serve as the committee.

d. Department chairs themselves shall not be members of their respective department's DCAPTs. Instead, they shall serve as the initiator for the appointment, promotion, and tenure of candidates, attending DCAPT meetings for the purpose of presenting candidates for the committee's consideration, entering into discussion with the committee and answering its questions, and otherwise being excused from the room. Department chairs shall not be present for DCAPT voting. If a department chair does not support a faculty member for promotion and/or tenure, the faculty member may self-nominate. Should a faculty member take advantage of the self-nomination process, the DCAPT chair shall invite the department chair as well as an advocate, selected by the candidate from among the CWRU faculty, to the meeting at which the self-nomination for promotion or tenure award is discussed to provide the department chair and advocate with the opportunity to offer his or her perspectives. The advocate and department chair shall present separately and neither shall be present for the vote. If the DCAPT does not recommend in favor of the promotion, a faculty member may self-initiate, as described in the Faculty Handbook (Chapter 3, Article I, Section I, Initiation of Recommendations).

e. The paragraph above, however, shall not restrict department chairs from serving on an affiliated hospital's committee concerned with appointments, promotions, or tenure. Where department chairs serve on such committees, they may serve as the as described above and they may remain present during the discussion and voting, but in no case shall a department chair (or other committee member) cast a vote regarding the appointment, promotion, or tenure of a candidate whom she or he nominated for appointment, promotion, or tenure.

f. Department chairs have wide discretion to nominate faculty for service on the DCAPT, but the following principles should be observed. If at all possible, at least two-thirds of the committee should be composed of tenured faculty in the department at the rank of associate professor or professor. The DCAPT's membership should include both tenured and non-tenured faculty; each committee, with the exception of the Cleveland Clinic Lerner College of Medicine Committee (CCLCM), shall include at least three tenured faculty members, so tenure votes are not determined by only one or two voters. Preference shall be given to tenured faculty holding primary appointment in the department. Tenured faculty holding secondary appointment in the department ("tenured secondary faculty") may be appointed to the committee 1) in addition to all tenured faculty holding primary appointment in the department ("tenured primary faculty") in order to reach the minimum of three or 2) to exceed it, but in this case the number of tenured secondary faculty may not exceed the number of tenured primary faculty on the committee. Women and minority faculty should be represented if at all possible; adjunct and/or clinical faculty may be nominated for committee membership at the chair's discretion to vote on promotion of special faculty.

g. Department or affiliated hospital CAPTs shall review faculty holding or proposed for holding primary appointment in the department/affiliated hospital in order to make

recommendations concerning 1) appointment, promotion, and/or award of tenure; 2) third and sixth year pretenure reviews for tenure track faculty; 3) concerning readiness for promotion for each full-time assistant and associate professor in the non-tenure track no later than six years after appointment or promotion to that rank and at least every six years thereafter; and 4) other actions as appropriate. Copies of reviews under 2) and 3) above shall be provided to the individual faculty member reviewed; copies of all reviews shall be provided to the dean's office.

h. DCAPT recommendations shall be made by the DCAPT chair (unless he or she is the candidate) after a vote by the DCAPT. The DCAPT chair shall convene a meeting for the purpose of voting, for which notification shall be made sufficiently in advance to allow those unable to attend to vote by written absentee vote. All members of the committee may participate in discussion of all recommendations for appointment, promotion, and tenure. On recommendations involving promotion, only faculty of rank equal to or superior to that being considered shall be eligible to vote. On recommendations involving tenure, only faculty with tenure shall vote. Recommendations shall require a majority (more than half) of those eligible to vote. In order for a recommendation to be made, at least three eligible committee members must cast a vote.

i. Affirmative recommendations for faculty appointments and all other recommendations from a DCAPT shall be communicated to the department chair by the DCAPT chair in a letter which records the numerical vote and reflects the deliberations of the DCAPT, pro and con. Before transmission, this letter shall be made available for inspection by the faculty members who participated in the vote. If a faculty member believes the letter to express inadequately the committee's deliberations, he or she may send independently to the DCAPT chair a statement of such opinion, which shall be appended to the committee's letter for higher reviews. The department chair shall forward the DCAPT recommendation letter to the dean and is expected to add his or her recommendation, which may or may not be the same as the DCAPT's recommendation, in a separate letter to the dean.

j. DCAPT meetings shall be conducted in confidence. All votes shall be conducted by written secret ballot and shall be tabulated by the committee secretary. Candidates shall not be present at committee meetings (or portions thereof) at which their candidacy is discussed and/or voted upon. Committee deliberations and votes are confidential and must not be discussed outside the committee with anyone, including the candidates.

k. Recommendations concerning appointment, promotion, and tenure shall be governed by the then-current Qualifications and Standards for Appointment, Promotion, and the Award of Tenure for Faculty Members in The School Of Medicine, Case Western Reserve University (Appendix I of the these Bylaws) and the relevant sections of the Faculty Handbook. Committee discussions shall be confined to matters relevant under the Standards and Qualifications. Specifically prohibited from discussion are such matters as gender, race, minority status, disability status, veterans status, and sexual orientation or marital/partner status.

4.3: Academic Department Chairs

a. Each academic department shall have an academic chair appointed by the president of the university on recommendation of the dean with the exception of DGMS where the dean serves as chair. In order to select candidates, the dean will appoint a search committee in consultation with Faculty Council, which shall normally be multi-departmental in composition, to provide a slate of candidates from which the selection will normally be made. The search committee shall include representation from the full-time faculty of the department in question. The department faculty representation shall consist of at least one full-time faculty member elected by the full-time faculty of that department. The search committee shall identify its membership to the academic department and indicate its ready availability, particularly that of the elected full-time departmental representative member(s) of the search committee, to receive suggestions, views and advice from interested individual department members or from the entire academic department throughout the search process. Verbal and/or written suggestions, views, and advice directed to any member of the search committee should be transmitted promptly to the whole search committee, unless specified otherwise by the departmental member offering such suggestions, views and advice.

All department chairs shall be selected in strict accordance with the university policy governing affirmative action.

The president will appoint acting or interim department chairs after receiving the recommendations of the dean. Before making recommendations, the dean shall seek the advice of a committee consisting of the Steering Committee of the Faculty Council and the Faculty Council representative from the department for which an acting or interim chair is to be appointed. When a member of the Steering Committee or the Faculty Council representative is a candidate for acting or interim department chair, the chair of the Faculty Council shall designate an alternate member from the department to serve on the advisory committee. The advisory committee shall identify expeditiously its membership to the academic department and indicate its ready availability, particularly that of the representative from the department, to receive suggestions, views and advice from interested individual department members or from the entire academic department. Verbal and/or written suggestions, views and advice directed to any member of the advisory committee should be transmitted promptly to the whole advisory committee, unless specified otherwise by the departmental member offering such suggestions, views and advice. This process shall take place as expeditiously as possible before the advisory committee makes its recommendations to the dean.

b. Each department chair or an appropriate designee shall meet annually with each full-time faculty member to review performance and to set future goals. The department chair or the appropriate designee shall then provide a written summary of each evaluation to the faculty member, with a copy provided to the dean. For departments that choose to use the Faculty Activity

Summary Form (FASF), any changes to that form must be approved by Faculty Council prior to their incorporation into the document.

c. The chair of an academic department may reside at the School of Medicine or at any one of its affiliated institutions.

d. Any individual service of an established academic department in an affiliated teaching institution may petition the Faculty of Medicine for independent status as a separate academic department, autonomously representing the academic discipline. The chair of each such independently established academic department shall be selected in accordance with section 4:3a and appointed by the president on recommendation of the dean. The dean is requested to seek the advice of the Steering Committee and elected departmental member(s), as outlined in article 4:3a, before making recommendations to the president.

e. All chairs of academic departments and all directors of individual services of affiliated institutions within a single discipline should meet regularly to coordinate their university-related functions.

f. At least once a year, the Department Chair will call a meeting of their faculty for the purpose of identifying and defining issues pertinent to the mission of the Department.

4.4: Establishment and Discontinuance of Academic Departments

Petitions to establish, discontinue or merge academic departments shall be submitted to the Faculty Council for review. The Faculty Council shall submit all petitions recommended for approval along with their rationale to the Faculty of Medicine for its consideration. Petitions recommended for approval by the Faculty of Medicine shall be forwarded to the Dean for consideration. The Dean will transmit the petition along with his/her recommendation to the University Faculty Senate for consideration (see Article 2:3b).

4.5: Review of Academic Departments

Periodic review of each department by persons external to the department is important for evaluation of the functioning of that department by the faculty and the dean. A committee appointed by the dean shall review each academic department at intervals no greater than 10 years. The review committee shall include at least one outside consultant. The dean shall transmit the review committee's report and recommendations to the chair of the Faculty Council. Departmental faculty shall be provided with an executive summary.

4.6: The Department of Biomedical Engineering

The Department of Biomedical Engineering is currently unique among the departments. Created by action of the Board of Trustees in 1968, it is a single department jointly based in the School of Medicine and the School of Engineering. The department chair will designate each faculty

member, at the time of initial appointment, as being principally based in the School of Medicine or the School of Engineering. The principal designation will determine which School's pretenure period and which School's process and qualifications and standards for appointment, promotion, and award of tenure shall govern the appointment. In other respects, faculty in the department shall enjoy the rights and privileges and duties and responsibilities of faculty in both Schools.

4.7: The Division of General Medical Sciences (DGMS)

DGMS was established in 1986 and granted departmental status by the Board of Trustees. As such, DGMS has a representative to Faculty Council and a DCAPT. Faculty may hold a primary appointment in DGMS. DGMS is composed of specialized centers, each with budgetary autonomy, that allocate resources to support their educational, research and scholarly activities. Each center is headed by a director who recommends candidates for faculty appointment, promotion and tenure and is responsible for conducting annual reviews of full-time faculty members. The Dean of the School of Medicine shall serve as the Chair of DGMS and shall appoint an advisory committee composed of three basic science and three clinical department chairs. DGMS centers may be established or closed by the Dean with the approval of the Advisory Committee; these actions do not require approval of the Faculty Senate or the Board of Trustees. Faculty with primary appointments in DGMS shall retain their primary appointment in DGMS in the event of center closure. In all other regards, DGMS is the equivalent to an academic department.

ARTICLE 5 – FACULTY APPOINTMENTS, PROMOTION, AND GRANTING OF TENURE

5.1: Classification of Appointments

An appointment shall be classified as initial, renewal, or continuing (for appointments with tenure or for appointments past the first year of several year terms) and regular or special (as defined in the Faculty Handbook Chapter 3, Article I). Additionally, appointments shall be classified as full-time or part-time. Eligibility for appointment or reappointment to the full-time faculty is subject to approval by the dean and requires that (1) 50% or more time be devoted to approved academic activities and (2) the academic activities must be conducted at an approved site. ~~Part-time faculty are those who devote less than 50% of time to approved academic activities at an approved site.~~ See also Article 2.1 Membership of the Faculty of Medicine. If 50% or more of compensation is paid through the university, the full-time faculty member is eligible for fringe benefits.

An appointment shall be classified by academic title (instructor, senior instructor, assistant professor, associate professor, professor) and whether the appointment is (a) with tenure, (b) without tenure but leading to tenure consideration (tenure-track), (c) without tenure and not leading to tenure consideration (non-tenure track); or (d) special, which will include the prefix

adjunct, clinical, visiting, or emeritus. If the appointment leads to consideration for tenure, the appointment letter shall specify clearly the academic year in which this consideration will become mandatory. The decision on track is based on the faculty member's obligations to the university.

Per the Faculty Handbook, "Special faculty members are 1) those persons holding part-time academic appointments, or 2) persons holding full-time academic appointments, but who have specific, limited responsibilities for the duration of a specific project, or for a limited duration. Examples of special appointments are faculty members hired for one semester, who teach one course on a repeated basis, who engage in clinical supervision only without other responsibilities to the University, or who are engaged in a specific project conducted outside the University." In the SOM ~~With regard to special faculty appointments, the adjunct prefix is generally used to designate special faculty appointments usually refer to part-time faculty members devoting their time to research and/or teaching in the basic science departments while the.~~ Clinical ~~appointments prefix is used to designate special faculty members usually refer to faculty members~~ devoting their time to patient care and teaching. Visiting faculty appointments are issued for specified terms of one year or less than one year and can be full- or part-time. Special faculty are not eligible for tenure.

In summary, there are four separate and independent classifications for each appointment: 1) initial, renewal, continuing; 2) tenured, tenure-track, non-tenure track, special; 3) full-time, part-time; 4) academic rank (instructor, sr instructor, assistant professor, associate professor, professor). Any combination of the four classifications is allowable under these bylaws and the faculty handbook, with the exception of the ranks instructor and senior instructor which cannot be used on the tenure-track or for tenured faculty, and with the exception that tenured and tenure-track faculty are not eligible for part-time appointments.

The dean of the School of Medicine and the provost of the university must approve available tenured or tenure track slots. The School of Medicine is exempt from the Faculty Handbook ruling that the majority of the members of each constituent faculty must be tenured or on the tenure track (Chapter 2, Article I, Sec. D, p. 15), as approved by the University Faculty Senate and the provost (January, 2004).

If the appointment applies to more than one constituent faculty, or department, or to an administrative office as well as an academic unit, the appointment may be identified either (1) as a primary-secondary appointment or (2) as a joint appointment. For a primary-secondary appointment arrangement, one constituent faculty or department shall be identified as the primary appointment and the other as secondary. Responsibility for the initiation of consideration of re-appointment, promotion, award of tenure, or termination shall rest with the primary unit. Faculty with joint appointments have full rights as a faculty member in both constituent faculties or

departments. The notice of appointment shall be issued jointly by the two constituent faculties or departments. Consideration of appointment, reappointment, promotion, and/or tenure for joint appointment arrangements shall be as described in the Faculty Handbook sections pertaining to such appointments. (Chapter 3, Article I, Section B, 6).

5.2: Terms of Appointment

Appointments with tenure shall be of unlimited duration until retirement, subject only to termination for just cause (see below). Tenure-track appointments shall normally be made for a term of one to five years and may be renewed until the end of the pre-tenure period. Non-tenure track appointments are renewable and shall normally be made for a term of one to five years. Special appointments shall be made for terms of one year or less.

5.3: Academic Freedom

Academic freedom is a right of all members of the Faculty of Medicine, and applies to university activities, including teaching and research. (Faculty Handbook, Chapter 3, Article I, Section D). Specifically, each faculty member may consider in his or her classes any topic relevant to the subject matter of the course as defined by the appropriate educational unit. Each faculty member is entitled to full freedom of scholarly investigation and publication of his or her findings.

5.4: Tenure

The basic purpose of tenure is to provide the assurance of academic freedom throughout the university. Another important purpose of tenure is to attract and retain outstanding faculty through continued commitment of the university to these faculty members. Tenured faculty members are protected explicitly against dismissal or disciplinary action because their views are unpopular or contrary to the views of others. Non-tenure-eligible colleagues shall derive protection by general extension of these principles of academic freedom.

When awarded, academic tenure rests in the School of medicine rather than at the department level. For joint appointments, if tenure is granted across two or more schools, tenure will reside in each school (as per Faculty Handbook, Chapter 3, Article 1, Section E).

The award of academic tenure to a faculty member is a career commitment that grants that faculty member the right to retain his or her appointment without term until retirement. The appointment of a tenured faculty member may be terminated only for just cause. In the event that a tenured faculty member's school, department or other unit of the university in which the faculty member's appointment rests is closed or reduced in size, the university shall make all reasonable attempts to provide a tenured faculty member with an appointment of unlimited duration until retirement (as per Faculty Handbook, Chapter 3, Article I, Section E).

Examples of just cause for the termination of any faculty member (tenured, tenure track, non-tenure eligible, or special) include (a) grave misconduct or serious neglect of academic or professional responsibilities as defined through a fair hearing; (b) educational considerations as determined by a majority vote of the entire constituent faculty of the affected individual which lead to the closing of the department in which the faculty member has a primary appointment, as determined by a majority vote of the entire constituent faculty of the affected individual; and (c) financial exigent circumstances that force the university to reduce the size of a constituent faculty in which the faculty member has a primary appointment. See also Faculty Handbook, Chapter 3, Article IV.

A tenured faculty member may be terminated for financial exigent circumstances only after all faculty members who are not tenured in the School of Medicine have been terminated in the order determined by the dean of the School of Medicine in consultation with the department chairs, the Faculty Council and other faculty members.

5.5: The Pretenure Period

The pretenure period in the School of Medicine is nine years. Each faculty member whose appointment leads to tenure consideration shall be considered for tenure no later than in the ninth year after the date of initial appointment at the rank of assistant professor or higher.

A faculty member in the tenure track may request extensions to the pretenure period. Upon written notification by the care-giving parent or parents within one year after each live birth or after each adoption, an extension of one year of the pretenure period shall be granted by the provost. An extension may be requested: (1) by exceptionally worthy candidates in the event of unusual constraints in the university, or part or parts thereof, which would prevent tenure award at the end of the normal period; or (2) for the purpose of compensating special earlier circumstances disadvantageous to a candidate's tenure consideration (such as serious illness, family emergency, maternity, responsibility as primary care-giver, or extraordinary teaching or administrative assignments). Extensions should be requested in writing as soon after the occurrence of the relevant circumstances as practicable, ordinarily not later than one year prior to the normally scheduled expiration of the pretenure period. Extensions requested these circumstances require request by the faculty member, review and a recommendation by the department's committee on appointments, promotions, and tenure, the department chair, and the dean, and approval by the provost. Pretenure extensions may not be used to defer tenure consideration of a faculty member more than three years beyond the normal pretenure period except for extensions made to primary care-giving parents, as described above. See also Faculty Handbook, Chapter 3, Article I, Section G.

The number, nature, and duration of pretenure period extensions made to an individual faculty member's pretenure period shall not be considered by the CAPT when reviewing that faculty member for award of tenure or promotion.

For faculty members whose tenure consideration has not produced tenure award during the pretenure period, further appointment is normally restricted to one year. In exceptional cases, individuals who failed to receive tenure may be appointed in the non-tenure eligible track on recommendation of the department Committee on Appointments, Promotions, and Tenure, the department chair, the Committee on Appointments, Promotions and Tenure of the School of Medicine, the dean of the School of Medicine, and the approval of the provost. Such appointments are contingent upon full financial support from non-university sources.

5.6: Qualifications for Appointments, Promotions and Granting of Tenure

Qualifications and standards for faculty appointments, reappointments, promotions, and granting of tenure shall be generally as stated in the Faculty Handbook of Case Western Reserve University. Specific qualifications and standards applying to the School of Medicine shall be determined by the Faculty of Medicine and appended to these bylaws. These qualifications and standards shall be reviewed every five years by the Faculty Council. The dean shall make the text of the current qualifications and standards available to all junior and newly appointed faculty members.

5.7: Tenure Salary Guarantee

Award of tenure for faculty of the School of Medicine should be accompanied by a base salary guaranteed by the School of Medicine that will be equal for faculty in the school's basic science and clinical science departments. The amount of the guarantee and its financial support are currently under discussion.

5.8: Rolling Appointments for Non-Tenure Track Professors

Upon nomination by the department chair and with the consent of the dean, faculty members at the rank of professor in the non-tenure track with primary appointments in either a clinical or basic science department will be eligible to receive a rolling appointment contract of up to five years in duration accompanied by a salary guarantee for the period of appointment, equal in amount (but not duration) to that guaranteed to tenured professors. A rolling three-year appointment, for example, is a multiple-year appointment that differs from a multiple-three-year fixed term appointment in that, pending satisfactory performance and financial circumstances as determined by the chair and the dean, the appointment is renewed each year for the following three years. Financial support for rolling contracts is to be provided by the School of Medicine with the understanding that, prior to making the rolling commitment, the school would have the opportunity to enlist support from the appropriate hospital, clinical practice plan, or other appropriate entity to underwrite the guarantee.

5.9: Consideration of Recommendations for Appointments, Promotions and Granting of Tenure

a. Full-Time Faculty

Appointments and promotions to the rank of instructor, senior instructor, or assistant professor are initiated as described in Article 4.2d but are not reviewed by the SOM CAPT.

Appointments and promotions to the ranks of associate professor and professor and the granting of tenure for full-time faculty with primary appointments based in the departments of the School of Medicine (including those faculty in the Department of Biomedical Engineering with appointments principally based in the School of Medicine) are initiated as described in Article 4.2d. The dean shall submit these recommendations to the Committee on Appointments, Promotions, and Tenure of the School of Medicine. This committee shall consider the documented evidence relating to each candidate and, following the qualifications and standards set forth in Appendix I to these Bylaws, shall report its affirmative and negative recommendations to the Steering Committee of the Faculty Council. Each recommendation shall also be reported promptly to the academic chair of the candidate's department. The candidate shall be informed by the academic chair of the committee's recommendation. The academic chair or other nominator may appeal a negative recommendation by notifying the chair of the Committee on Appointments, Promotions, and Tenure of the School of Medicine. Appeals may be made in writing or in person. Written documentation of the appeal and the response of the Committee on Appointments, Promotions, and Tenure must be appended to the candidate's file. In the event that the appeal to the Committee on Appointments, Promotions and Tenure is not successful, the academic chair or other nominator or the affected faculty member may bring to the attention of the Steering Committee of the Faculty Council, through a detailed, written submission, any alleged errors in procedure or non-adherence to the current published guidelines for appointments, promotions and tenure. The Steering Committee of The Faculty Council may investigate the allegations to the extent that it deems appropriate, may review all other candidates' files as it deems necessary, and may request the appearance of persons with knowledge of current and prior procedures and policies of the CAPT. A written report of the results of any investigation by the Steering Committee shall be appended to the candidate's file. All files will be forwarded to the dean after the Committee on Appointments, Promotions and Tenure, and, if applicable, the Steering Committee of the Faculty Council have discharged their responsibilities as specified above. The dean shall transmit the file, with added comments if desired, to the president of the university; for informational purposes, the dean will also provide the Dean of the Case School of Engineering with complete copies of the files of candidates in the Department of Biomedical Engineering with appointments principally based in the School of Medicine.

b. Special Faculty Appointments and Promotions

Special faculty appointments and promotions modified by the prefix adjunct, clinical, or visiting shall be recommended by the department chair and may be granted by the dean. For these

clinical and adjunct appointments and promotions at the ranks of instructor, senior instructor, assistant professor, associate professor, and professor, the dean shall, prior to reaching a decision, also consider the recommendation of the department's committee on appointments, promotions, and tenure. The dean shall also consider letters of reference concerning the appointment and promotion of faculty to the ranks of clinical and adjunct associate professor and clinical and adjunct professor. For all ranks of clinical and adjunct faculty appointments and promotions in , the dean shall, prior to reaching a decision, also consider the recommendation of the Division's committee on appointments, promotions, and tenure. This paragraph will govern special faculty appointments and promotions for faculty in the department of biomedical engineering with appointments principally based in the School of Medicine. The dean shall inform the Dean of Case School of Engineering of any such appointments and promotions.

c. Secondary Appointments and Promotions

Secondary appointments at all ranks shall be recommended by the chair of the secondary department, require the concurrence of the primary department chair, and may be made at the discretion of the dean. Secondary appointment promotions shall be recommended by the secondary department chair and may be made at the discretion of the dean. For secondary appointments and promotions at all ranks, the dean shall, prior to reaching a decision, consider the recommendation of the Department's Committee on Appointments, Promotion, and Tenure. This paragraph will govern secondary appointments in the department of biomedical engineering principally based in the School of Medicine and promotions of faculty holding such secondary appointments. The dean shall inform the Dean of Case School of Engineering of any such appointments and promotions.

5.10: The Committee on Appointments Promotions and Tenure

a. The Committee on Appointments, Promotions and Tenure shall be a standing committee of the faculty and shall consist of twenty-four full-time faculty members. Eighteen members shall be elected by the full-time faculty and six members shall be appointed by the dean. A representative Dean from faculty affairs shall also be a member of this committee, ex officio and without vote. Department chairs are not eligible to serve on this committee. Ten of the committee members shall have the rank of tenured professor; ten shall be professors in the non-tenure track; and four shall be tenured associate professors. The elected committee members shall include nine faculty members with primary appointment in clinical science departments and nine with primary appointment in basic science departments; the appointed members shall include four from clinical science departments and two from basic science departments. In each election all reasonable effort will be taken to have the number of nominees be at least twice the number of positions to be filled. Members will be elected or appointed for three-year terms. These terms shall be staggered for the full-time faculty members. Committee members may serve only two consecutive three-year terms but subsequently may be reelected or reappointed after an absence of one year. The

quorum for conducting the business of the Committee on Appointments, Promotion and Tenure shall be twelve members present for discussion of which eight must have voting privileges. On recommendations for appointment as or promotion to associate professor, all committee members are eligible to vote; on recommendations for appointment as or promotion to professor, faculty committee members who are tenured professors and non-tenure track professors are eligible to vote; on recommendations to award tenure, tenured committee members are eligible to vote. Committee members may be present for discussion but are not eligible to vote regarding candidates for primary appointment, promotion, or award of tenure in the committee member's own department of primary appointment. The committee will be led by two co-chairs, each of whom shall serve a one-year term, appointed by the chair of Faculty Council in consultation with the dean of the School of Medicine. The co-chairs may be selected from either the elected or appointed members of the committee. The chair of Faculty Council, in consultation with the dean of the School of Medicine, each year shall also appoint two co-chairs elect, to serve the following year as the committee's co-chairs. At each committee meeting, at least one of the co-chairs must be in attendance.

b. The standards for appointment, promotion, and granting of tenure determined by the faculty shall be considered by the committee when evaluating candidates under review.

c. The CAPT shall review and make recommendations concerning all appointments, as or promotions to the ranks of, associate professor or professor and the award of tenure.

5.11 Sabbatical and Special Sabbatical Leaves

The purpose of and conditions for sabbatical leaves are discussed in the Faculty Handbook, Chapter 3, II A. The conditions are based on the premise that the faculty member requesting a sabbatical leave is tenured. A sabbatical leave may be requested by a faculty member and, based upon all factors including the specific study proposal and subsequent recommendations by the department chair, the Faculty Council Steering Committee, and the dean, may be granted by the president. In cases of tenure track and non-tenure track or special faculty, special sabbatical leaves may be recommended as well, at the discretion of the dean. However, such leaves may not necessarily incur the obligation of university or School of Medicine financial support. For faculty with tenure track, non-tenure-track and special appointments, the provost shall specify whether the leave period is to be counted as part of the pretenure or pre-promotion period, as the case may be.

ARTICLE 6 - AMENDMENT OF THE BYLAWS

An amendment of the bylaws may be proposed by majority vote of the Faculty Council, by the dean, or by written petition of 20 or more faculty members or by the Bylaws Committee. The

amendment must be accompanied by a rationale for the proposed change. All proposed amendments shall be submitted to the Chair of Faculty Council, the Secretary of the Faculty of Medicine and the Chair of the Bylaws Committee. The Bylaws Committee shall review each proposed amendment and report its recommendation to Faculty Council. All proposed amendments will be considered and voted on by the Faculty Council within the same academic year if submitted prior to March 1 of that year. All proposed amendments, their rationale, and the recommendations of the Faculty Council will then be sent by mail to full-time members of the faculty and may be discussed at a regularly scheduled meeting of the faculty held at least four weeks after notification. During discussion of proposed amendments at a faculty meeting, non-substantive changes in the proposed amendments may be made by majority vote. The organization and justification of proposed amendments on the ballot shall be approved by the Nomination and Elections Committee prior to distribution to the Faculty. The vote on any proposed amendment shall be by electronic ballot of the full-time faculty. Approval shall require an affirmative vote by a majority of those faculty members returning ballots. Ballots shall remain open for three weeks. At least once every five years, the Bylaws Committee shall conduct a full review of these Bylaws and forward its recommendations to the Faculty Council for consideration by the procedures described above.

APPENDIX I

QUALIFICATIONS AND STANDARDS FOR APPOINTMENT, PROMOTION, AND
THE AWARD OF TENURE FOR FACULTY MEMBERS IN THE SCHOOL OF
MEDICINE
CASE WESTERN RESERVE UNIVERSITY

ADOPTED BY THE CASE WESTERN RESERVE UNIVERSITY
FACULTY OF MEDICINE
OCTOBER 20, 1982
LAST REVISED: OCTOBER 4, 2021
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I. Qualifications and Standards for Appointment, Promotion, and the Award of Tenure of faculty

A. Qualifications and Standards for Appointment, Reappointment, Promotion, and the Award of Tenure as Specified by the University (and as outlined in the Faculty Handbook Chapter 3, Article I:F1-6).

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

2. Faculty appointments with tenure and without tenure but leading to consideration for tenure should be based on evidence that the candidate can and will continue to satisfy all of the foregoing qualifications. Faculty appointments on the non-tenure track should be based on evidence that the candidate can and will continue to satisfy item (a) and two of items (b), (c), and (d) of the foregoing qualifications. Special faculty appointments should be based on evidence that the candidate can and will continue to satisfy item (a) and one of items (b), (c), and (d) of the foregoing qualifications.

3. Reappointments and promotions should reflect the candidate's documented fulfillment of these qualifications and the growth of his or her corresponding contributions. It should be recognized that the creative and professional service accomplishments of the faculty may take many different forms. Thus, the evaluation of a candidate's activities should be based on his or her academic competence, teaching effectiveness, and contributions to attainment of the particular academic objectives of his or her department or school and the university as a whole.

4. Tenure is awarded to a faculty member only when the university foresees for him or her continuing fulfillment of the qualifications listed above. The granting of tenure requires affirmative action by the university, following careful review

of the candidate's qualifications. The economic situation of the university and the margin of opportunities for renewal of faculties are also considerations pertinent to the awarding of tenure. Faculty on the tenure track should receive from the dean or the dean's designate candid and timely information when factors other than those related to professional accomplishment may play a part in tenure consideration.

5. Faculty members with joint appointments as university administrative officers shall be considered for promotion and tenure on the basis of performance in both capacities. For such faculty members, as for any others, the maintenance of academic competence and teaching effectiveness shall be vital criteria. The distinctive contributions of such candidates to administrative service, however, shall be considered in combination with their research or equivalent creative activities.

6. It is the policy of the university not to discriminate on the basis of race, religion, age, sex, color, disability, sexual orientation, national or ethnic origin, political affiliation, or status as a disabled veteran or veteran of the Vietnam era or other veteran and to judge faculty members based solely on legitimate intellectual and professional criteria.

B. Qualifications and Standards for Tenure Track Appointment, Promotion, and the Award of Tenure as Applied to Faculty Members in the School of Medicine.

The standards and criteria for promotion and award of tenure apply across all departments and affiliated hospitals.

Academic efforts of the faculty of the School of Medicine sustain and advance the educational scientific goals of the School of Medicine and the university through research, teaching, and professional service. Professional service includes both administrative and clinical service. The evaluation of the accomplishments of faculty in these efforts is described below.

1. Excellence in scholarly research, involving the discovery, organization, interpretation, and transmission of knowledge, is a primary criterion for promotion and the award of tenure. The quality of the research program of an individual shall be evaluated as to the originality, depth, rigor, and thoroughness of the studies. Important discoveries, international and national recognition, and innovations in techniques or methods shall lend weight to the assessment. The research may be laboratory, non-laboratory, or patient-based or a combination thereof. Research contributions to be

evaluated include publications in scholarly or professional journals, book chapters, books, invited papers and lectures, literature reviews, case history reports, abstracts, book reviews, major reports, and other presentations. Success in obtaining external research grants or other supportive funding shall also be considered in the evaluation of research qualifications. Also to be considered are professional honors, awards, and national offices; participation in research review committees of the national, state or local government and of voluntary health organizations; and service on editorial boards of scientific journals or as an examiner on subspecialty boards. The quality of the research efforts of individuals will be assessed through letters of evaluation of the scholarly work obtained from authorities in the field of interest of the candidate at this and other major academic institutions. A list of professional peers who can judge the merit of the research program should be submitted with other biographical material to the dean's office for review. The list should include colleagues who have not been associated with the candidate as well as those who have been associated with the candidate. In addition, the candidate is invited to submit a brief (two pages or less) description of his or her research accomplishments (and other professional accomplishments).

While the evaluation of research accomplishment has traditionally focused on the faculty member's individual achievements, including first and senior authorships and funding as principal investigator, the present and future of science will place increasing emphasis on interdisciplinary research team science. Where relevant, therefore, a faculty member's contributions to interdisciplinary research team science shall also be considered. Such factors as originality, creativity, indispensability, and unique abilities may be considered when making this evaluation. The candidate is invited to submit a brief description of his/her role in the team effort, and statements from the principal investigator, the director of the project, and others with first-hand knowledge as to the role of the candidate.

2. A high level of teaching effectiveness, involving the organization, evaluation, and transmission of knowledge, is a primary criterion for promotion and the award of tenure. All faculty are expected to participate in teaching. The candidate's skill in teaching and continuing dedication in this endeavor shall be assessed. The candidate shall have demonstrated a capacity and a desire to maintain teaching effectiveness and show capacity for continuing growth as a teacher. It is implicit that teaching effectiveness includes serving as a model of professional conduct for students,

colleagues, and patients. Standards relating to teaching include: (a) preparation and presentation of material in a well-organized, current and stimulating fashion as viewed by peers and students; (b) leadership in design, organization and/or presentation of a course, clinical program or subdivision thereof; (c) ability to evaluate and counsel students; and (d) participation in postgraduate educational activities.

Teaching settings are to be broadly defined. They may include medical student teaching in lectures, subject committees, small group conferences, clinical science programs, elective programs, family clinic, core and optional clerkships, and ambulatory medicine, as well as undergraduate and graduate courses in the basic science departments and in other schools of the university; graduate medical and postgraduate medical teaching; serving as a student advisor or counselor, and continuing medical education and community teaching.

Recognition of performance in these educational activities depends on consistent, enthusiastic participation and offering personal assistance to students. Similarly, recognition for clinical teaching requires contact with students over a sustained period, not limited to occasional ward rounds, demonstrations, or presentations. Such contributions, in general, include functions concerned with the planning and implementation of teaching with regard to content, depth, coverage, sequence, evaluation, and coordination. The candidate should exhibit scholarship in teaching as evidenced by careful thought regarding the purpose of teaching, the definition of realistic objectives, identification of important material to be presented, selection of the appropriate methods of presentation, the modification of teaching in light of experience, the evaluation of the teaching goals, and a willingness to engage in critical self-evaluation. Recognition will be given to original, innovative and unique contributions and published reports of such contributions. Teaching may be judged to be of high quality, however, without being innovative or original. In addition, since administration of education efforts is an integral component of the teaching process, service as a subject committee chair, area of concentration chair, core clerkship director, section leader, residency training program director, or equivalent positions, and service on educational committees constitute significant criteria for consideration.

The quality of these educational efforts will be assessed by student and resident reviews and by statements from colleagues at this and other institutions. Candidates are encouraged to submit to the dean a list of students and residents who can best judge teaching efforts, along with other biographical information, for review purposes. All candidates should present a commonly

organized teaching portfolio to enable better evaluation of the quantity and quality of their teaching contributions. Portfolios might include a self-report, detailing for each course or area of teaching (clerkship, training program, residency, etc.), such basic facts as the number of years involved, the primary role of the candidate, the type and number of participants, the number of contact hours per year, and special contributions that the faculty member believes he or she has made. Teaching portfolios should also include materials demonstrating the extent of the candidate's scholarship in teaching (as described in the preceding paragraph) as this may be reflected in the candidate's teaching materials, curricula, syllabi, computer programs, videotapes, teaching awards, and self-reflective statements.

3. Accomplishment in professional service is indispensable for the attainment of the academic goals of the School of Medicine, and the quality of this activity shall be assessed for candidates for promotion and the award of tenure. The professional service accomplishments of faculty members may take different forms as defined by the objectives of the various departments. Professional service consists of both administrative and clinical service, and all candidates should demonstrate a continuing commitment to contributions to administrative and service tasks.

a. Administrative Service. All faculty will be expected to make administrative service contributions. Examples of administrative service include but are not limited to (a) significant administrative contributions; (b) significant contributions to university, hospital, or clinical practice welfare; (c) participation in departmental, hospital, university and/or medical school committees; (d) professional memberships and activities and services related to professional societies; (e) participation in research review committees of the state and federal government and of voluntary health organizations; (f) service on editorial boards of scientific journals or as an examiner on subspecialty boards; (g) participation and/or leadership in educational and professional society committees or committees of national, state and local voluntary health agencies, such as the Academy of Medicine and the Ohio State Medical Association.

b. Clinical Service. For those faculty engaged in it, excellence of clinical service will be recognized and evaluated as part of the combined achievements that qualify for promotion and the award of tenure. Excellence shall be judged by both objective and subjective measures. The determination of the level of clinical excellence achieved by a candidate for appointment, promotion, or tenure may include consideration of materials not limited to the following: (1) specialty and subspecialty board certification and

recertification; (2) outcomes data, if available, including mortality and morbidity data, comparative length of stay data, and surveys of patient satisfaction; (3) documentation of a reputation for excellence in one's clinical specialty as evidenced by membership or fellowship in professional societies, especially in leadership positions, and awards for clinical service or patient satisfaction; (4) documentation of scholarly activities that influence the practice of medicine nationally; (5) recognition as an authority as indicated by consultations, invited lectures and seminars, visiting professorships, and invited writings; and (6) letters from those such as department chairs or division directors who have directly observed the candidate's clinical work. In addition, letters of reference as to the candidate's degree of excellence in clinical service can be provided by students and residents who have been closely associated with the faculty member during their clinical work.

4. Exceptional Qualifications. The balance of accomplishments in teaching, research, and professional service may vary considerably from one candidate to another. While appointment, promotion, and tenure decisions must be based on evidence that candidates can and will continue to satisfy the qualifications described in the Faculty Handbook (Chapter Three, Part One, I. F), exceptional qualifications in one or two areas may partially compensate for less prominent but acceptable accomplishments in another. There will be unusual instances when research accomplishments are of such high caliber that this activity shall compensate for less prominent but acceptable accomplishments in other activities; similarly there will be unusual instances when involvement in teaching is of such excellence in both quality and quantity and the impact of these contributions on the local environment so great that this activity shall compensate for less prominent but acceptable accomplishments in other activities. Professional service activities shall be weighed in the assessment of a candidate for promotion and/or the award of tenure and an outstanding record in these activities may on occasion make up for less prominent accomplishments in either teaching or research. Administrative and clinical service contributions may be judged in the assessment of candidates for promotion or the award of tenure, especially when such contributions are clearly and directly related to teaching and/or research, as in the case of service as a subject committee chair, core clerkship director, section leader, or research training director, or as a member of an educational committee. Although excellent administrative or clinical activities may on occasion make up for less prominent accomplishments in either research or teaching,

administrative or clinical activities alone shall not be an adequate basis for promotion above the rank of assistant professor or for the award of tenure, even though such contributions may be outstanding. Major contributions in administrative areas shall in general be recognized through administrative titles and by salary increases.

The evaluation of academic efforts for promotion and the award of tenure shall be the prerogative and responsibility of the promotions committee of each department and the Faculty Committee on Appointments, Promotions, and Tenure.

C. Tracks and Requirements for Promotion and/or the Award of Tenure.

Faculty will be appointed to either the tenure track or the non-tenure track. These tracks are described below along with the requirements for promotion in each.

1. The Tenure Track. The tenure track usually will be reserved for faculty who engage primarily or substantially in research. Tenure track faculty are also required to be involved in teaching and service activities. Appointment to the tenure track shall usually be made at the time of initial appointment as assistant professor or higher rank and shall require (1) evidence of the candidate's expert knowledge of his or her academic field and a commitment to continuing development of this competence, (2) the potential for achievement of excellence in research and scholarship in one's discipline, usually demonstrated by a record of research publication, (3) a dedication to effective teaching, (4) and a willingness to assume a fair share of administrative and service tasks.

Appointments to the tenure track should include a commitment of adequate research time by the department chair and the availability of sufficient financial resources to support the position.

Promotion in the tenure track and the award of tenure generally shall require (1) a record of high achievement of excellence in research; (2) contributions that indicate a high level of teaching effectiveness; and (3) significant service contributions. All types of professional activities will be considered as contributing to the overall qualifications for the award of tenure.

The award of tenure will recognize both independent investigators and those whose contributions to research team science are judged to be comparably meritorious.

a. Assistant professor. For initial faculty appointment or promotion from instructor or senior instructor to the rank of assistant professor in the tenure track, the candidate should have received a doctoral degree and completed at least several post-doctoral or fellowship years. Standards for appointment at or promotion to assistant professor in the tenure track include a record of scholarly activity and the potential to advance in a field of research. Those promoted to or appointed at assistant professor in the tenure track should have some teaching experience and show a commitment to assuming teaching duties. Faculty in clinical practice nominated for appointment or promotion to this rank should be board-certified or board-eligible or have equivalent training as approved by the department chair and the dean.

b. Associate professor. The candidate's prior achievements in teaching, research and professional service shall be evaluated. For appointment or promotion to the rank of associate professor in the tenure track, the candidate must present evidence of excellent research and recognition of the research program at a national level. Candidates must demonstrate an established reputation, whether as individual investigators or within a research team, for original ideas, innovations, and contributions. A high level of teaching effectiveness and service contributions is also required.

c. Professor. The candidate's prior achievements in teaching, research and professional service shall be evaluated. For appointment or promotion to the rank of professor in the tenure track, the candidate must present evidence of sustained excellence, enhanced recognition for research contributions, and a national or international reputation. Candidates must demonstrate an established reputation, as individual investigators or within a research team, for original ideas, innovations, and contributions. A high level of teaching effectiveness and service contributions is also required.

2. Award of Tenure. The candidate's prior achievements in research, teaching, and professional service shall be evaluated. Tenure may be awarded to productive independent investigators who have engaged in substantial research activity that is recognized nationally or internationally, as evidenced by a substantial list of first or senior-authored, high quality, peer-reviewed publications in high quality, peer-reviewed journals, or to those whose contributions to research team science are judged to be comparably meritorious. Such factors as originality, creativity, indispensability, and unique abilities may be considered when evaluating research team scientists.

Tenure is awarded to a faculty member only when the university foresees for him or her continuing fulfillment of the qualifications listed above. The granting of tenure requires

affirmative action by the university, following careful review of the candidate's qualifications. The economic situation of the university and the margin of opportunity for renewal of faculty appointments are also considerations pertinent to the award of tenure.

3. The Non-Tenure Track and Hospital-Based Appointments (Hospital-based university appointments were awarded in the period from July 1, 1979 to July 1, 1984). An individual's hospital-based university appointment will continue as long as the hospital appointment is held.

Faculty holding an appointment in the non-tenure track (and those holding a hospital-based appointment) shall have the same rights of academic freedom as all other faculty. Exercise of these rights shall not be a factor in the consideration of reappointment or promotion or a cause for non-reappointment or non-promotion. Non-tenure track faculty receive term appointments for terms of from one to five years, which term may be renewed. For rolling appointments of full professors in the non-tenure track, see the School of Medicine Bylaws, Chapter 5.5.

Appointment to the non-tenure track shall require evidence of the candidate's expert knowledge of his or her academic field, and a commitment to continuing development of this competence, and evidence that the candidate can and will satisfy university requirements for two of the three following activities: 1. a dedication to effective teaching; 2. a commitment to a continuing program of research; and 3. a willingness to assume a fair share of service contributions. Service contributions may take the form of administrative and/or clinical service.

The non-tenure track recognizes faculty members for their research, teaching, administrative service, and clinical service contributions that, in combination, are essential to the academic mission of the School of Medicine. All types of professional activities will be considered as contributing to the overall qualifications for non-tenure track appointment and promotion. Research-focused faculty members may be appointed to the non-tenure track.

Promotions must proceed sequentially; the only rank that can be skipped is for a faculty member with a doctoral degree moving from instructor to assistant professor (skipping senior instructor).

a. Instructor. For appointment to the rank of instructor in the non-tenure rack, the candidate should have received a Master's degree or higher, often plus a practice certification (such as physician assistant, genetic counselor, registered dietitian). The candidate should have evidence of at least one of: competence in teaching, practice/professional expertise, or research potential including holding a training grant.

b. Senior instructor. For appointment or promotion to the rank of senior instructor in the non-tenure track, the candidate should have received a Master's degree or higher, often plus a practice certification (such as physician assistant, genetic counselor,

registered dietitian). The candidate should demonstrate evidence of providing teaching, research, or service beyond entry-level.

a-c. Assistant professor. For appointment or promotion to the rank of assistant professor in the non-tenure, the candidate should have received a doctoral degree and completed at least several post-doctoral or fellowship years. It is preferred that those promoted to or appointed at assistant professor in the non-tenure track should have some teaching experience and show a commitment to assuming teaching duties. Faculty in clinical practice nominated for appointment or promotion to this rank should be board-certified or

board-eligible. Standards for faculty in the non-tenure with a research focus include creativity, a record of scholarly activity, and the potential to advance in a field of research.

b-d. Associate professor. The candidate's prior achievements in teaching, research and professional service shall be evaluated. For appointment or promotion to the rank of associate professor in the non-tenure, the candidate must present evidence of excellence in either (1) teaching or clinical service and recognition of this excellence at a regional or national level or (2) research and recognition of the research program at a national level.

All faculty appointed or promoted to associate professor in the non-tenure must, along with an area of excellence, provide evidence of acceptable contributions in one or more of the other categories of faculty activity (i.e., teaching, research, or service).

Research-focused candidates for appointment or promotion in the non-tenure must have achieved a national or international reputation, whether as an individual investigator or within a research team, for original ideas, innovations, and contributions.

e-e. Professor. The candidate's prior achievements in teaching, research and professional service shall be evaluated. For appointment or promotion to the rank of professor in the non-tenure, candidates must present evidence of sustained contributions in their research, teaching, or clinical service that is recognized at the national or international level.

All faculty appointed or promoted to professor in the non-tenure, along with an area of excellence, provide evidence of acceptable contributions in one or more of the other categories of faculty activity (i.e., teaching, research, or service).

Research-focused candidates for appointment or promotion in the non-tenure must have achieved a national or international reputation, whether as an individual investigator or within a research team, for original ideas, innovations, and contributions.

4. Transfer between the Tenure and Non-Tenure Tracks

- a. At any time prior to the beginning of a faculty member's mandatory tenure

year, his or her request to transfer from the tenure track to the non-tenure track shall be honored.

b. Faculty members whose initial appointment at the rank of assistant professor or higher was in the non-tenure track may request a transfer from that track to the tenure track. Such requests require an affirmative vote of the departmental committee on appointments, promotions, and tenure, recommendation of the department chair and of the dean, and the approval of the provost. When making his or her recommendation, the dean will consider the research interests and capabilities of the candidate, departmental programs and goals, the availability of sufficient financial resources to support the research activities of the candidate, and any other factors he or she considers relevant. Faculty service at the rank of assistant professor or higher will count as part of the pretenure period unless special exemption is made. The provost will determine the pretenure period when a transfer is approved. As specified in the Faculty Handbook Ch. 3, Part One, B.5, the provost's approval of such a transfer is based on (i) evidence of demonstrated performance in research, teaching, and service, and (ii) the department chair's and/or dean's assurance that the faculty member will be provided with opportunities to develop the components of faculty activity expected of tenure-track faculty.

III. Qualifications and Standards for Appointment or Promotion of **Special**

(Adjunct/Clinical) Faculty The qualifications to be evaluated for the promotion of special (adjunct/clinical) faculty shall include primarily teaching, research, or clinical service contributions along with administrative service contributions. The process for appointment and promotion of special faculty is outlined in section 5.9 B of the Bylaws. These efforts shall be assessed using the same standards and procedures as those applied to full-time faculty. However, the time commitment and the duration of service at the university shall be emphasized in the evaluation. Scholarly research activity, contributions to Year 1 and 2 teaching, educational administrative efforts, and, if appropriate, participation in community health organizations may lend weight to the evaluation.

- a. Clinical Instructor. For appointment to the rank of clinical instructor, the candidate should have received a Master's degree or higher, often plus a practice certification (such as physician assistant, genetic counselor, registered dietitian). The candidate should have evidence of at least one of: competence in teaching, practice/professional expertise, or research potential including holding a training grant.
- b. Clinical Senior instructor. For appointment or promotion to the rank of clinical senior instructor in the non-tenure track, the candidate should have received a Master's degree or

higher, often plus a practice certification (such as physician assistant, genetic counselor, registered dietitian). The candidate should demonstrate evidence of providing teaching, research, or service beyond entry-level. Appointment to clinical senior instructor is available for chief residents *only* when the chief year is beyond the specialty's training requirement.

c. Clinical Assistant Professor

~~a-~~

~~b-D. For appointment or promotion to Clinical or Adjunct Associate Professor, candidates should demonstrate one of the following: 1) Scholarly research activity recognized/influential at the local level, 2) commitment to and duration of university teaching (Year 1,2,3,4;educational administrative efforts) and a demonstration of a scholarly and reflective approach to teaching, 3) participation in local community health/advocacy organizations; major service that advances the mission of the university and/or hospital affiliate including outstanding local clinical service such as developing a new clinic etcAppointment or promotion to the rank of adjunct/clinical professor requires demonstration of special merit with respect to professional and academic accomplishment and evidence of significant contributions to the academic efforts of the university.~~

For promotion to adjunct/clinical Professor, candidates should demonstrate special merit with respect to professional and academic accomplishment and evidence of significant contributions to the academic efforts of the university via one of three metrics: 1) scholarly research activity recognized at the regional level; 2) teaching contributions recognized at the regional level; 3) participation in regional community health/advocacy organizations; service to regional or national professional organizations; regional reputation for clinical service/skill.

Promotion or appointment to this rank shall be a senior but not a terminal appointment, and it should not be used in place of an honorary degree: Continued effort for the university is expected after such an appointment or promotion. ~~In addition to the academic achievements expected of all adjunct/clinical faculty, the professional excellence of candidates for promotion to the rank of adjunct/clinical professor should be recognized outside the Cleveland area.~~

IV. Qualifications and Standards for Emeritus Appointment

Webster defines emeritus as "retired from active service, usually for age, but retaining one's rank or title: as, professor emeritus." The Latin from which the word is derived means to earn by service. Consistent with the above, the Faculty of Medicine wishes to recognize the contributions of its members at the time of retirement by the granting of the title emeritus to all faculty who meet the criteria stated below as well as those described in the Faculty Handbook.

Eligibility for emeritus appointment shall require that the individual hold appointment at the rank of assistant professor, associate professor, or professor or at these ranks modified by the term clinical or adjunct. Meritorious service in one or more areas of academic activity (research, teaching or professional service) for at least ten years at Case Western Reserve University is required.

Recommendations for appointment to emeritus status shall be based upon recommendation by the department chair with the approval of the department's committee on appointments, promotions, and tenure. Such recommendations shall be forwarded to Faculty Council Steering Committee (acting under authority granted by the bylaws of the Faculty of Medicine), which shall forward its recommendation to the dean, who shall add his or her recommendation to that of the Faculty of Medicine and forward it to the president for subsequent action by the Board of Trustees.

Appendix IX: Suggested revision of the “Abbreviated and unofficial version of the appointment, promotion and tenure standards at the Case School of Medicine posted by CWRU FA/HR dated 1/27/23.”

For the most part, in the non-tenure and special tracks and ranks, a similar list of activities can be used to demonstrate excellence in the three areas. What differentiates the tracks and ranks is the level at which the work is demonstrated/recognized, per the chart below.

To achieve the following Rank	Local (CWRU, affiliates, Cuyahoga and contiguous counties)	Regional (Counties that are not contiguous with Cuyahoga)	National	International
Clinical associate professor	X (1 area of excellence)			
Clinical professor		X (1 area of excellence)		
NTT associate professor		X for teaching or service (1 area of excellence plus adequate in another area)	X if research is area of excellence	
NTT professor			X (1 area of excellence plus adequate in another area)	

Example activities in each area of excellence follow. These are not exhaustive lists. Cases in which only local spread is demonstrated are noted as such, for use specifically by those advancing to clinical associate professor.

1. Excellence in scholarly research, involving the discovery, organization, interpretation, and transmission of knowledge, is the primary criterion for tenure track faculty; non-tenure track faculty may be research focused as well. The quality of the research program of an individual shall be evaluated as to the originality, depth, rigor, and thoroughness of the studies. Important discoveries, international and national recognition, and innovations in techniques or methods shall lend weight to the assessment. The research may be laboratory, non-laboratory, or patient-based or a combination thereof. While the evaluation of research accomplishment has traditionally focused on the faculty member’s individual achievements, the present and future of science will place increasing emphasis on interdisciplinary research team science. Where relevant, therefore, a faculty member’s contributions to interdisciplinary research team science shall also be considered. Such factors as originality, creativity, indispensability, and unique abilities may be considered when making this evaluation.

Clinicians and educators may participate in research through the design, implementation, or recruitment of participants to research studies, presentations of research initiatives, systematic evaluation of educational/programmatic efforts. The level of involvement and dissemination (local, regional, national) must be commensurate with the rank sought.

2. A high level of teaching effectiveness, involving the organization, evaluation, and transmission of knowledge, is a primary criterion as well. The candidate shall have demonstrated a capacity and a desire to maintain teaching effectiveness and show capacity for continuing growth as a teacher. Standards relating to teaching include: (a) preparation and presentation of material in a well-organized, current and stimulating fashion as viewed by peers and students; (b) leadership in design, organization and/or

presentation of a course, clinical program or subdivision thereof; (c) ability to evaluate and counsel students; and (d) participation in postgraduate educational activities. Teaching settings are to be broadly defined. They may include medical student teaching in all venues, undergraduate and graduate courses teaching throughout the university; graduate medical and postgraduate medical teaching; student advising and continuing medical education and community teaching. Contributions, in general, include functions concerned with the planning and implementation of teaching with regard to content, depth, coverage, sequence, evaluation, and coordination. Recognition will be given to original, innovative and unique contributions and published reports of such contributions. Teaching may be judged to be of high quality, however, without being innovative or original. In addition, since administration of education efforts is an integral component of the teaching process, service as a subject committee chair, area of concentration chair, core clerkship director, section leader, residency training program director, or equivalent positions, and service on educational committees constitute significant criteria for consideration.

Quality teaching can be demonstrated through

- a) Student/learner evaluations of didactic presentations or teaching in hospital or outpatient settings, or evaluations of mentoring (local)
- b) Supervisor or peer evaluations from direct observation (local)
- c) Teaching awards and honors
- d) Presentation invitations and evaluations including: Grand Rounds, Clinicopathologic Correlation or Case Conferences, continuing medical education sessions, presentation of educational innovations/initiatives
- e) Publication or citation of educational materials in a peer-reviewed venue or repository
- f) Adoption of educational materials at other institutions
- g) Program outcomes (board exam scores) (local)
- h) Funding for curricular/educational initiatives
- i) Publications with trainees (local)
- j) Trainee subsequent accomplishments (local)
- k) Invitations to review and/or consult with other institutions on education or mentoring
- l) Ability to attract high-quality candidates to educational program, increasing application, recruitment and retention by underrepresented groups (local)
- m) Participation in educational committees or accreditation organizations

3. Accomplishment in professional service shall be assessed for candidates for promotion and the award of tenure. Professional service consists of both administrative and clinical service, and all candidates should demonstrate a continuing commitment to contributions to administrative and service tasks.

a. Administrative Service. All faculty will be expected to make administrative service contributions.

Examples of administrative service include but are not limited to:

- (a) significant administrative contributions;
- (b) significant contributions to university, hospital, or clinical practice welfare;
- (c) participation in departmental, hospital, university and/or medical school committees;
- (d) professional memberships and activities and services related to professional societies;
- (e) participation in research review committees of the state and federal government and of voluntary health organizations;
- (f) service on editorial boards of scientific journals or as an examiner on subspecialty boards;
- (g) participation and/or leadership in educational and professional society committees or committees of national, state and local voluntary health agencies, such as the Academy of Medicine and the Ohio State Medical Association

(h) policy initiatives including testimony and other forms of unpaid advocacy including through local media and in advocacy teaching.

b. Clinical Service. For those faculty engaged in it, excellence of clinical service will be recognized and evaluated as part of the combined achievements that qualify for promotion and the award of tenure. Excellence shall be judged by both objective and subjective measures. The determination of the level of clinical excellence achieved by a candidate for appointment, promotion, or tenure may include consideration of materials not limited to the following:

- (a) specialty and subspecialty board certification and recertification;
- (b) outcomes data, if available, including mortality and morbidity data, comparative length of stay data, and surveys of patient satisfaction;
- (c) documentation of a reputation for excellence in one's clinical specialty as evidenced by membership or fellowship in professional societies, especially in leadership positions, and awards for clinical service or patient satisfaction;
- (d) documentation of scholarly activities that influence the practice of medicine;
- (e) recognition as an authority as indicated by consultations, invited lectures and seminars, visiting professorships, and invited writings;
- (f) letters from those such as department chairs, division directors, residents, or students who have directly observed the candidate's clinical work
- (g) demonstration of initiatives to improve patient safety, work-flow efficiencies or quality of care (local);
- (h) demonstration of initiatives to address disease outbreaks, epidemics, or emerging threats to health and wellbeing.

Appendix X: Information from peer/aspirational institutions on the primary activity of their tenured/tenure-track faculty

Institution	Primary focus/responsibility of tenure track faculty
(4) Johns Hopkins	At Johns Hopkins School of Medicine we offer contract to retirement (slightly different from tenure) at the full Professor level. We have 2 tracks for promotion: Scholarship Track, which includes 4 pathways (researcher, educator, program builder, and clinical scholar) and Clinical Excellence. Both tracks are “tenure” tracks. All faculty at Johns Hopkins at the rank of Assistant Professor, Associate Professor, and Professor are in a tenure track, regardless of the focus of their work. Funding is not a requirement for tenure at Johns Hopkins, but is certainly common for those whose work focuses on research.
(5) UCSF	Very few tenured faculty but those that exist are primarily scientists
(6) Duke	Based on scholarship (defined more broadly than research) and funding (extensive email response and documents if we want more)
Penn	We just recently moved to a trajectory and impact framework for all of our tracks. Demonstrating impact in the tenure track would require sustained federal funding.
Stanford	Research
(9) University of Washington	Most of our tenured faculty are in our biomedical research departments and all are investigators.
(12) WUSTL	Investigator track—science or education focused research
(13) Vanderbilt	Research focused
(14) Weill Cornell	Tenure rare, research focused
(17) Northwestern	Research focused
(18) Michigan	Not restricted to a particular track but evaluated primarily based on research activity (body of work, articles, extramural funding) (see table)
(19) UCLA	excellence in research (peer review funding as a PI, publications, other factors), education, intramural and extramural service and community engagement
(20) UCSD	Very few, primary researchers
(23) Emory	All faculty are tenure eligible, provided they meet the criteria within 11 years of their appointment as assistant professor. Tenure can be awarded on the basis of national leadership in scholarship, teaching or service, but the requirements for service and teaching are quite high. I would say that 99% of awards of tenure are on the basis of scholarship (sustained external funding, outstanding publication record). Faculty must be at least 0.5 FTE to hold tenure.

Academic Careers in Advocacy: Aligning Institutional Values Through Use of an Advocacy Portfolio

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Academic children's hospitals must embrace advocacy as a central component of their missions to discover new knowledge and improve the health of the communities and patients they serve. To do so, they must ensure faculty have both the tools and the opportunities to develop and articulate the work of advocacy as an academic endeavor. This can be accomplished by integrating the work of advocacy at the community and policy-change levels into the traditional value systems of academic medicine, especially the promotions process, to establish its legitimacy. Academic pediatric institutions can support this transformation through robust training and professional development programs and establishing opportunities, resources, and leadership positions in advocacy. The adoption of an advocacy portfolio can be used to align these activities and accomplishments to institutional values and promotion. This alignment is crucial to supporting the advocacy work of pediatricians at a time in which community engagement and systems and policy change must be added to professional activities to ensure optimal outcomes for all children.

abstract



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ACADEMIC CHILDREN'S HOSPITAL'S ROLE IN ADVOCACY

The authoring group of this article consists of directors of community health and advocacy curricula, pediatric department chairs at 7 pediatric academic medical centers, and leadership from the American Academy of Pediatrics (AAP) Community Pediatrics Training Initiative (CPTI). The group proposes a call to action for academic children's hospitals to support advocacy explicitly as an academic endeavor, including incorporation into the traditional promotion framework to establish its legitimacy. Institutions should embrace advocacy as a central component of their missions to discover new knowledge and improve the health of the communities and patients they serve. To do so, faculty need the tools to develop and articulate the work of advocacy as an academic endeavor. Academic medical centers and children's hospitals can play a central role in the development, support, and promotion of faculty who are experts in community health and advocacy, which will assist in the transformation of more effective pediatric health care delivery and improved outcomes. In the same way that educator portfolios allow faculty to illustrate their educational career trajectory, an advocacy portfolio can be used to chart and illustrate the development and achievement of an academic career in advocacy.

HISTORY OF ADVOCACY IN PEDIATRICS

Physician advocacy has been defined as: "Action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise."¹ Community-

based approaches to population health and advocacy have been central to pediatrics, dating back to the inception of our field. Dr Abraham Jacobi, the "father of pediatrics," worked tirelessly as an advocate for the health of children and youth at the community level, effecting true systems change.^{1,2} Such transformative work requires child health providers to work both outside of the traditional clinical venues, and upstream, in terms of prevention. Examples include the pioneering injury prevention work of Barbara Barlow and her colleagues in Harlem³ and Mona Hanna Attisha's courageous identification of the Flint Water Crisis.⁴ The presence of these pediatricians and many more of their colleagues who practice community pediatrics/advocacy have a large impact on many aspects of child health, including improved access to health services, enriched early childhood environments, decreased high-risk behaviors, food and housing support, and more.

The AAP has embraced the concept of "community health" as a crucial component of pediatric advocacy, beyond the provision of health care in a community-based setting. The AAP defines community pediatrics as "the practice of promoting and integrating the positive social, cultural, and environmental influences on children's health as well as addressing potential negative effects that deter optimal child health and development within a community. Community pediatrics includes the following:

- A perspective that expands the pediatrician's focus from one child to the well-being of all children in the community
- A recognition that family, educational, social, cultural, spiritual, economic, environmental, and

political forces affect the health and functioning of children

- A synthesis of clinical practice and public health principles to promote the health of all children within the context of the family, school, and community
- A commitment to collaborate with community partners to advocate for and provide quality services equitably for all children.⁵

THE ESSENTIAL ROLE OF ADVOCACY WORK NOW

Sadly, the need for advocacy is greater now than at any time in modern history; the COVID-19 pandemic, systemic racism, poverty and income disparities, mental health challenges, climate change, competing interests of an aging population, and immigration challenges are many of the ongoing crises facing children and families today. Children require pediatricians' expertise for their "voice" to be heard.

Young families with children are often underresourced, and remain among the poorest, and most diverse, segments of the United States population. Both institutionalized racism and the devastating effects of the pandemic have shined a spotlight on inequities that lead to the persistent disparities in this country.⁶ The COVID-19 pandemic has also clearly demonstrated the need to strengthen advocacy efforts around the perception of science and vaccines. Although pediatricians can, and must, engage families in traditional clinical roles, that alone remains insufficient to effectively address systemic issues. Success requires community-based and population health approaches.^{7,8} Similarly, the systemic racism that profoundly affects the health of children, adolescents, young adults, and their families requires sweeping

change at both community and policy levels to achieve equitable health outcomes for all. To maintain this promise, and relevance to, the health and wellbeing of patients, academic departments of pediatrics need to act outside and upstream of our traditional clinical care roles to develop innovative policy initiatives and cross-sector partnerships, which are the core skills of effective child advocates. Examples of these core advocate skills include community engagement, coalition building, and system-based health care improvements through both partnerships and policy. Advocacy skills are needed to affect population and system change, translating across all the risk factors for poor child health outcomes. These skills will continue to be relevant and central to the field of pediatrics to reduce disparities. Faculty practicing community health and advocacy are the transformational agents to address the systemic crises we are facing in child health today.

The awareness of the criticality of training medical professionals in these core skills to address social determinants of health has influenced training requirements across medical education.

Most United States medical schools now offer training in advocacy, and the Accreditation Council for Graduate Medical Education requires all pediatric residency programs to include some degree of advocacy training.^{9,10} There is a clear interest from trainees, at all levels, to develop the skills needed to implement community health and advocacy strategies. A 2021 survey of medical students showed significant interest in collective advocacy, community participation, and political engagement.¹¹ A growing community of trainees and academic pediatricians fervently

believes this skillset is a crucial part of their professional identity.

HOW CAN ACADEMICS SUPPORT FACULTY ADVOCACY?

The unique aspects of the scholarship of advocacy, outside of peer-reviewed medical literature, have been neglected. Acknowledging that this work does align with the mission of academic institutions, it can be an important mechanism for institutions to improve the health of their communities and it must be recognized as maintaining relevance for future generations.

How can academic institutions support the work of their faculty in advocacy? Key first steps include (1) ensuring professional development with trainees and early-career faculty to develop and practice core skills in community health and advocacy and (2) providing opportunities and resources to allow faculty to pursue their passions using those skills to effect change in communities and systems. Many academic centers have similar support structures for their research and education missions. For example, educator portfolios have allowed academic institutions to assess the value and develop metrics relating to a faculty member's contributions to education. As academic pediatricians build careers in advocacy, similar approaches can be used. For example, the AAP CPTI advocacy portfolio can be used with faculty development and mentorship programs to strengthen advocacy as a valued career endeavor. CPTI is an AAP initiative that focuses on training pediatricians, both residents and faculty, to be effective leaders and advocates through development of authentic community partnerships to impact systems and policy change for children. CPTI provides faculty development opportunities and resources,

advocacy training and curricula, and collaboratives across institutions to accelerate advocacy on behalf of children. The CPTI advocacy portfolio builds on existing foundational work^{12,13} and is a tool that will allow faculty to organize and catalog its work in engagement with communities and community-based organizations, media, leadership and health systems, and legislative/policy advocacy. This advocacy portfolio can be used as both a formative and a summative tool, helping create a roadmap for faculty to document the success and impact of their work in the community health and advocacy realm. Faculty can use an advocacy portfolio to both guide their work and to tell their story. The template, although initially drafted by CPTI leadership, has gone through an extensive review process, with feedback and editing from faculty and faculty leaders across the country. The resulting CPTI advocacy portfolio can be found at aap.org/cpti and the domains are outlined in Table 1.

Academic institutions can further their advocacy missions and support their faculty by aligning traditional academic values with the work of advocacy. This should include offering robust training opportunities for both faculty and residents, establishing advocacy leadership positions (e.g., vice chairs) within divisions and departments, and providing mechanisms to support this work through funding by time or compensation. Tying advocacy endeavors to institutional community benefit work and positioning academic health systems as anchor institutions within their communities can further facilitate ongoing focus and support. With the focus of Centers for Medicare and Medicaid Services on both social and health outcomes, along with accountable care models, expert advocacy faculty

TABLE 1 American Academy of Pediatric Community Pediatrics Training Initiative Advocacy Portfolio Domains

1. Primary area(s) of concentration	<ul style="list-style-type: none"> • Description of what unites your advocacy work
2. Personal statement	<ul style="list-style-type: none"> • Include advocacy philosophy and create a narrative that explains your work over scholarly approach
3. Advocacy engagement/knowledge dissemination	<ul style="list-style-type: none"> • Advocacy awards • Policy testimony • Engagement with media: written • Engagement with media: audio/video • Invited presentations/visiting professorships
4. Community engagement/outreach	<ul style="list-style-type: none"> • Engagement with communities, community based organizations, coalitions, collective impact organizations, and serving on boards
5. Advocacy teaching and mentoring	<ul style="list-style-type: none"> • Curriculum development and delivery • Mentoring others in community health and advocacy
6. Advocacy leadership and administration	<ul style="list-style-type: none"> • Advocacy leadership • Health care systems advocacy
7. Products of advocacy scholarship	<ul style="list-style-type: none"> • Include key scholarly works
8. Advanced training in advocacy skills	<ul style="list-style-type: none"> • Include policy fellowships, advocacy fellowships, AAP advocacy conference, specialty advocacy training, media training workshops, etc.

can support academic institutions on both the community benefit reporting and investment by a hospital system to ensure new initiatives and innovative care models have a lasting positive impact in the community.

To ensure an ongoing pipeline of expert advocacy pediatricians, faculty development sessions for both emerging and established faculty can support early-career trajectories and recognize ongoing advocacy work while fostering valuable collegiality. Such purposeful mentorship is another key strategy for increasing faculty interest, ensuring that advocacy efforts are supported. This support may also include modest institutional grant funding for advocacy projects by early-career physicians. Institutions can be called on to identify and support their faculty advocacy leaders who can serve to mentor trainees at all levels, including junior faculty, fellows, residents, and medical students.

The work of advocacy aligns both with the professional identity of health care professionals in general and child health professionals specifically. In this vein, engaging in such meaningful work may prove to be an antidote to the pervasive issues of burnout and

dissatisfaction¹⁴ among health care providers. Should this be true, the impact on professional well-being, productivity, recruitment, and retention may be a powerful driver for institutional recognition of this important work.

INCORPORATING ADVOCACY INTO THE TRADITIONAL PROMOTION FRAMEWORK

As faculty engage in advocacy as part of a longitudinal academic career, there is a growing need to translate the work into existing academic promotion pathways. Traditionally, these pathways compartmentalize faculty work into 3 domains: scholarship, education, and service. Community health and advocacy work can be easily incorporated into these domains and the advocacy portfolio can be used to do so. Faculty should be recognized for teaching advocacy as a core pediatric competency (education, curriculum development), for disseminating and studying the impact of advocacy efforts (scholarship, research, or quality improvement leading to publications and policy statements), and for the service they provide to the community. Recognition of faculty excellence and expertise at the local, regional, national, and international levels is also a common driver of academic

promotion, and work associated with community health and advocacy would be no exception. Ultimately, the question remains as to whether advocacy should stand alone as a core component to the promotion pathway, achieving status as a fourth leg among the traditional 3-legged stool that includes the 3 domains noted previously. Successful community health and advocacy work requires translating new knowledge into action and applying advocacy and community engagement skills to successfully engage with community-based organizations, government, health systems, and others to effect impactful, lasting change to improve the health and well-being of children and families. Critical to this process in academic medicine is the recognition and attribution of rigor to the work (Glassick Criteria).¹⁵ This requires outcomes and measurements for policy advocacy changes, metrics of impact with community engagement, and community leadership roles that include outcomes of the organization. Examples might include translating the primary literature regarding contraception with a school board to make family planning options accessible in a high school or working on a state governor's task force to create a statewide immunization registry. Developing a framework that can speak to the level of engagement/

leadership role for each of these activities alongside the impact and outcomes for the community is the key task for academic institutions as they work to support efforts and foster growth in advocacy among their faculty.

STRATEGIES TO INCLUDE ADVOCACY IN PROMOTION

What steps are necessary to help our current academic promotion systems evolve to acknowledge and incorporate advocacy as a core component? Many well-respected academic institutions have already taken first steps.

At Nationwide Children's Hospital, a free-standing children's hospital academically affiliated with The Ohio State University, advocacy is called out in the Department of Pediatrics' mission statement. A new Clinical Excellence Pathway for promotion allows clinicians to advance toward promotion using metrics differing from traditional scholarship requirements. Clinical Excellence Pathway faculty may be promoted based on a portfolio of academic pursuits including the scholarship of practice, integration, community engagement, advocacy and education, and discovery of new knowledge. Development, facilitation, or oversight of policies, advocacy initiatives, diversity programs, antiracism initiatives, programs, or procedures that result in improvements in patient outcomes, health equity, more efficient or value-based care, or more effective means of delivering care may support promotion.

At Oregon Health and Science University, pediatric faculty worked with the institutional promotion committee chair to introduce specific language into the promotion criteria that recognize service to the community as equivalent to service to the institution and profession of

medicine. The school of medicine procedures and general guidelines for promotion and tenure specifically states: "Service includes professional and administrative activity within the institution, to the candidate's profession, and to the public. Service on medical school or university committees, on committees of scientific societies, to granting agencies and scholarly journals, public relations activities on behalf of the University, and other administrative assignments can be used to demonstrate commitments to service.

Professional service to the community at local, state, regional, national or international levels shall also be recognized."¹⁶ This also included adding several new, unique fields to the required institutional curriculum vitae template specifically cataloging Health Policy and Advocacy Service, Service to the Community, and Honors and Awards for Service. The Department of Pediatrics established a vice chair for Community Health and Advocacy in 2018.

In Rochester, New York, the Hoekelman Center for Health Beyond Medicine is dedicated to community outreach and advocacy efforts. Through the Hoekelman Center, pediatric residents have the option of entering the Community Health & Advocacy Resident Education track, a 2 year longitudinal training experience focused on advocacy and community outreach. In addition, pediatric trainees may join the Frederick Douglass and Susan B. Anthony Scholars program, which provides training in health care equity. A formal junior faculty mentoring program supports early faculty career development and helps faculty prepare for promotion. The Department of Pediatrics recognizes excellence in community service and outreach annually through the Ruth

A Lawrence Academic Faculty Service Award, and there is a vice chair of Community and Government Affairs, as well as a vice chair for Behavioral and Population Health. Both the vice chair of Community and Government Affairs and the director of the Hoekelman Center are standing members of the departmental promotions and tenure committee. When being considered for promotion, an advocacy portfolio may be submitted in lieu of an educator's portfolio.

The Duke University School of Medicine (SoM) Appointment, Promotion and Tenure (APT) Committee recently expanded its definition of scholarship to endorse both traditional and alternative/nontraditional forms of scholarship. Faculty worked with the SoM APT chair to develop a structure for defining advocacy scholarship within the academic framework of the SoM APT process, using the advocacy portfolio as a tool for documentation of impact and academic value of clinician advocacy. Through this framework, scholarly output of advocacy work can include, but is not limited to, the following: nonpeer-reviewed content; institutional reports and presentations; social media (blogs, Web sites, and other digital platforms); visiting professorships; participation in local, regional, and national taskforces; participation in local, regional, and national legislative efforts; invited presentations at national meetings; public health intervention that becomes a standard of care; establishment of community partnerships; national recognition from press (print, media, online); coauthorship of clinical policy statements, legislative briefs, consensus statements, or practice guidelines; columns in professional trade journals or nontechnical

medicine-related academic books; and invention disclosures, patent applications, and/or awarding of patents reflecting clinical innovation.

The Department of Pediatrics at the Geisel School of Medicine at Dartmouth College has had an endowed clinical chair of Community Pediatrics at its Children's Hospital at Dartmouth-Hitchcock since 1997. The current holder of this chair serves as the department's de facto vice chair for Advocacy and provides faculty development updates alongside the vice chairs for Education and Research at monthly department meetings. The Appointments, Promotions and Titles Committee at Dartmouth Geisel identifies 4 areas of academic endeavor that merit appointment and promotion: teaching, research, advancement of clinical care and promotion of (population) wellness, and engagement. Furthermore, the Geisel Appointments, Promotions and Titles Committee notes, "many areas of engagement fall under the rubric of Advocacy ... faculty members may have substantive impacts at the regional and national levels through advocacy."¹⁷ It therefore recognizes the value of the CPTI Advocacy Portfolio, which has been used successfully as a foundational element for promoting pediatric faculty. Specifically, recognition of legislative advocacy, curriculum development and teaching advocacy methodology, and mentorship of specific community-based advocacy projects as scholarly activities has been established.

Although these examples represent important first steps at a few academic medical institutions, they are just the beginning of a needed evolution toward incorporating advocacy explicitly into the promotions process. Currently, 2 of the faculty authors of this article have used this updated promotion

language and the advocacy portfolio to support their applications with success at both Dartmouth and Nationwide Children's Hospital, but more widespread adoption, integration, and faculty development is needed to expand the effect.

Call to Action

The factors that affect child health and well-being have changed over the past century. Palfrey and Richmond described the "Millennial Morbidities" in 2005,⁸ including child poverty, social determinants of health, health disparities including racism, overweight and obesity, and escalating mental health concerns. These morbidities, and other social determinants of health, have been exacerbated by the COVID-19 pandemic and cannot be adequately addressed by the traditional medical model of clinical care alone. Advocacy, at the individual, community, and systems/policy change levels must be a central component of the work we do as pediatricians to truly improve the health of our patients, their families, and our communities. This shift in focus from the delivery of health care in clinic and hospital rooms to include work done outside the traditional clinical paradigms to improve health and well-being requires a concomitant shift in how the work is valued. Academic institutions play an essential role in supporting this work through the acknowledgment and support of advocacy as an academic endeavor at all levels. This should include formal integration of advocacy into existing academic promotion processes as service, education, and scholarship. Use of an advocacy portfolio can help drive that integration.

ABBREVIATIONS

AAP: American Academy of Pediatrics
APT: Appointment, Promotion and Tenure

CPTI: Community Pediatrics Training Initiative
SoM: School of Medicine

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Appendix XI Advocacy Portfolio

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Appendix XII: Information from peer/aspirational institutions on letter requirements for new senior level appointments

Institution and ranking	Senior level appointments
(4) Johns Hopkins	<ul style="list-style-type: none"> • Associate Professor level (does not include tenure) we solicit ~8 “arms-length” references. • Professor level (includes contact to retirement [our tenure equivalent]) we solicit ~15 “arms-length” references.
(5) UCSF	<ul style="list-style-type: none"> • External letters, number not specified in reply
(6) Duke	<ul style="list-style-type: none"> • Associate Professor (without tenure), both new appointments and promotions – 6 letters required; 3 can be internal • Associate Professor with tenure & Professor +/- tenure, both new appointments and promotions – 6 letters required, all must be external
(6) Penn	<ul style="list-style-type: none"> • Senior appointments have the same requirements for extramural consultants. The requirements are set by the university. We have to get a min of 6 letters to move a case forward.
(8) Stanford	<ul style="list-style-type: none"> • The number of letters that are required are the same for either promotion or for a new appointment. • In the UTL, we require 8 to 12 external referee letters with only 1 or 2 from a collaborator. Eight is the minimum requirement. • We also ask the referees to compare the candidate (both for promotion and appointment) to 5 peers who we select who are at the same rank at leading institutions and viewed as leaders in the field. • In addition, we need letters from 5 to 10 current and former trainees. We ask for teaching evaluations, and if clinically active for resident evaluations and clinical evaluations from the home institution.
(9) University of Washington	<ul style="list-style-type: none"> • We currently require 3 letters for appointment but we no longer require that they are at arms-length. The three letters is university requirement. • We had previously required 4 to 5 letters and included 3 at arms-length. We now allow all three to be internal for appointment (though not for promotion).
(12) WUSTL	<ul style="list-style-type: none"> • 7 letters (at least 5 external) for Investigator Track

	<ul style="list-style-type: none"> • 5 letters (internal or external) for Clinician or Research Track
(13) Vanderbilt	Yes letters; number not specified
(14) Weill Cornell	<ul style="list-style-type: none"> • Associate Professor 3 impartial +2 additional • Professor 3 impartial+ 3 additional
(17) Northwestern	6 letters
(18) Michigan	Associate and Full professor require 5 arms length letters
(19) UCLA	<p>Six letters, three of which are from arms length Some leeway if multiple attempts are made with no response (full review at Dean's office and university)</p>
(20) UCSD	<ul style="list-style-type: none"> • Associate: 5 • Full: 3
(23) Emory	<ul style="list-style-type: none"> • Associate professor NTT: 4 referees (appointment or promotion); 3 of which are external arms length and 1 of which is internal or external and can be non-arms length • Professor NTT: 6 referees (appointment or promotion); 4 of which are external arms length and 2 of which is internal or external and can be non-arms length

Case Comprehensive Cancer Center Update

March 18, 2024

Gary Schwartz, MD
Director



CASE WESTERN RESERVE
UNIVERSITY
Case Comprehensive
Cancer Center



A Cancer Center Designated by the
National Cancer Institute



University Hospitals



Cleveland Clinic

A Unique Three Partner Consortium NCI Designated Center

2024 Update



6 Research Programs
12 Shared Resources
277 Full Members – **439** Total
\$55M Peer Reviewed Funding (direct)
\$29M NCI Funding (direct)
7,762 new registry patients
1980 Treatment Accruals (2023)
555 Trainees Mentored
27% (1,174) High IF >10 publications



Center Director

Gary Schwartz, MD, FASCO

- Previous Deputy Director & Chief, Hem/Onc at Columbia
- Early phase targeted agents for cancer therapy – CTEP, IITs
- Sarcoma and Melanoma focus
- NCI funded investigator, ETCTN
- National trial leadership



Taking the Lead Against Cancer

Welcoming **Gary Schwartz, MD** as the new director of our **Case Comprehensive Cancer Center***

*A collaboration among CWRU and its partners, University Hospitals and Cleveland Clinic

CASE WESTERN RESERVE UNIVERSITY

WELCOME TO CLEVELAND



2023-2028 Strategic Planning - SWOT

Strengths

- Experienced faculty and leadership
- Consortium
- Large clinical enterprise with unique population
- Breadth of research – high impact science
- Cancer training programs

Weaknesses

- Identity as Case CCC
- Bidirectional engagement with community
- Diversity of faculty and leadership
- Reduced overall funding and accrual
- Limited resources



Core Principles

Facilitate
Collaboration
through the
Consortium

Drive Clinical
Excellence
based on a
Foundation of
Compelling
Science

Educate and
Train the Next
Generation of
Cancer
Focused
Scientists and
Health Care
Professionals

Promote an
Inclusive
Cancer
Center
Community
that Reflects
Diversity and
Equity

Build Trust
within the
Community to
Eliminate
Cancer Health
Disparities
and Improve
Outcomes

Strategic Pillars



Promote Paradigm Shifting Discovery

Increase cancer focused research and funding; including philanthropy

Invest in a continuum in training from high school to faculty; with focus on URiM

Increase cancer focused recruitment to promote diversity

Invest in retention of diverse faculty, exceptional science and collaboration

Implement Discoveries to Prevent, Detect and Cure Cancer

Establish a welcoming environment for patient care

Monitor & communicate the cancer burden of the community

Improve access to clinical research, while reducing time to clinical trial activation

Promote bidirectional partnership & engagement to enhance community responsive research

Usher Discoveries through Novel Therapies

Increase the number of Investigator Initiated Trials

Promote and invest in team science; facilitate impactful research to reflect cancer needs of the community

Rapidly implement transformative research

Increase the number of collaborative grants across the consortium

Enable Data Science to Integrate Research, Clinical Practice and Community

Use AI/Big Data to understand community specific cancer problems

Integrate technology into clinical practice

Invest in new technologies to promote cancer discovery

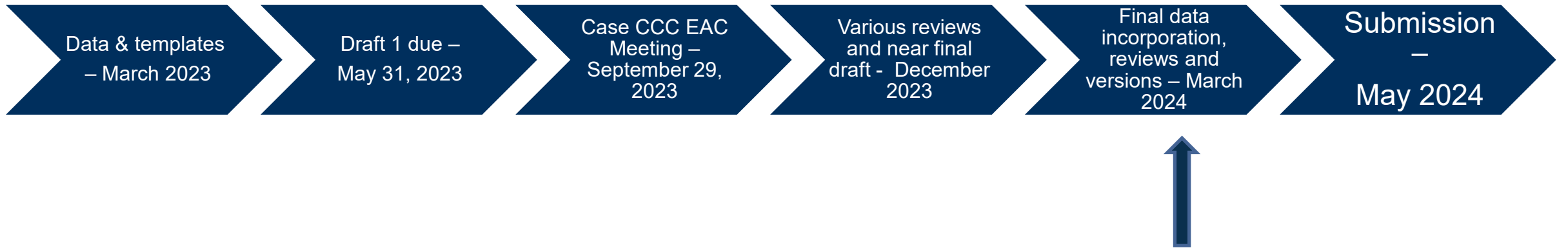
Increase capabilities to promote data sharing across the consortium



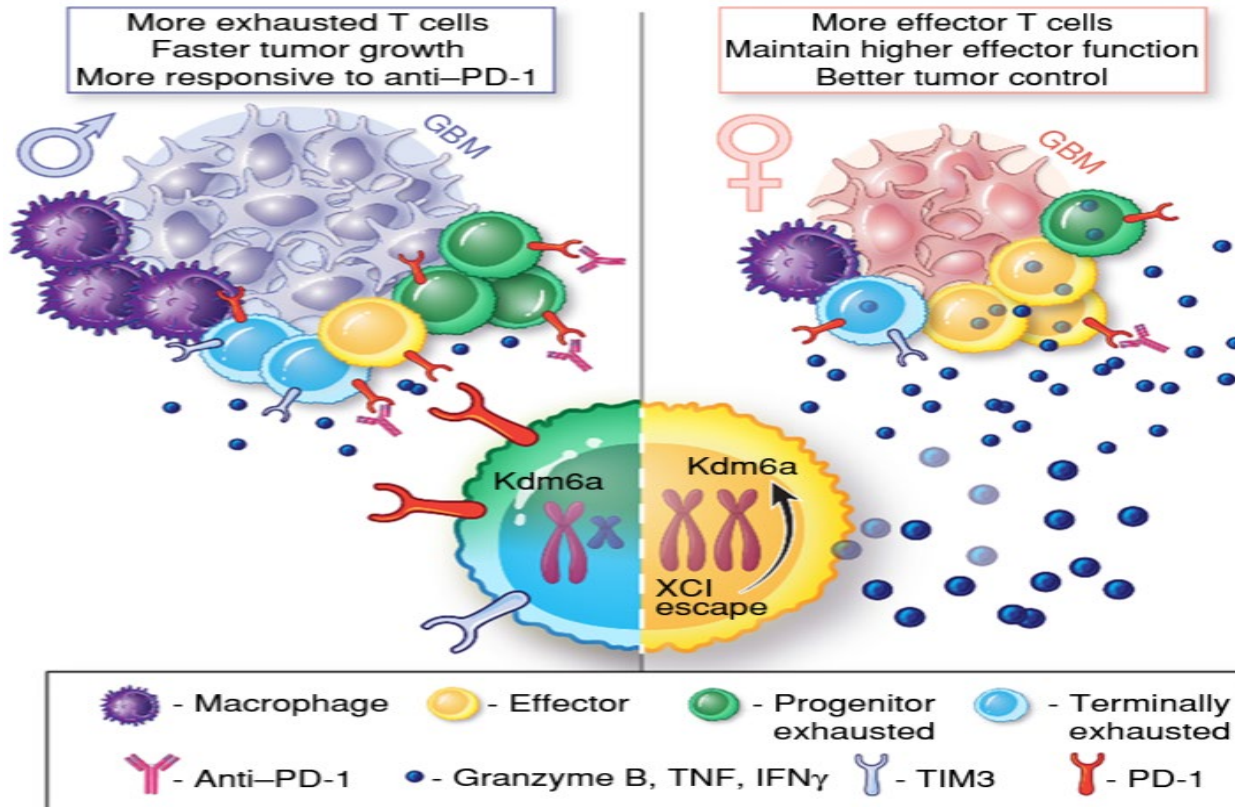
2023-2028 Strategic Planning



Timeline to Renewal



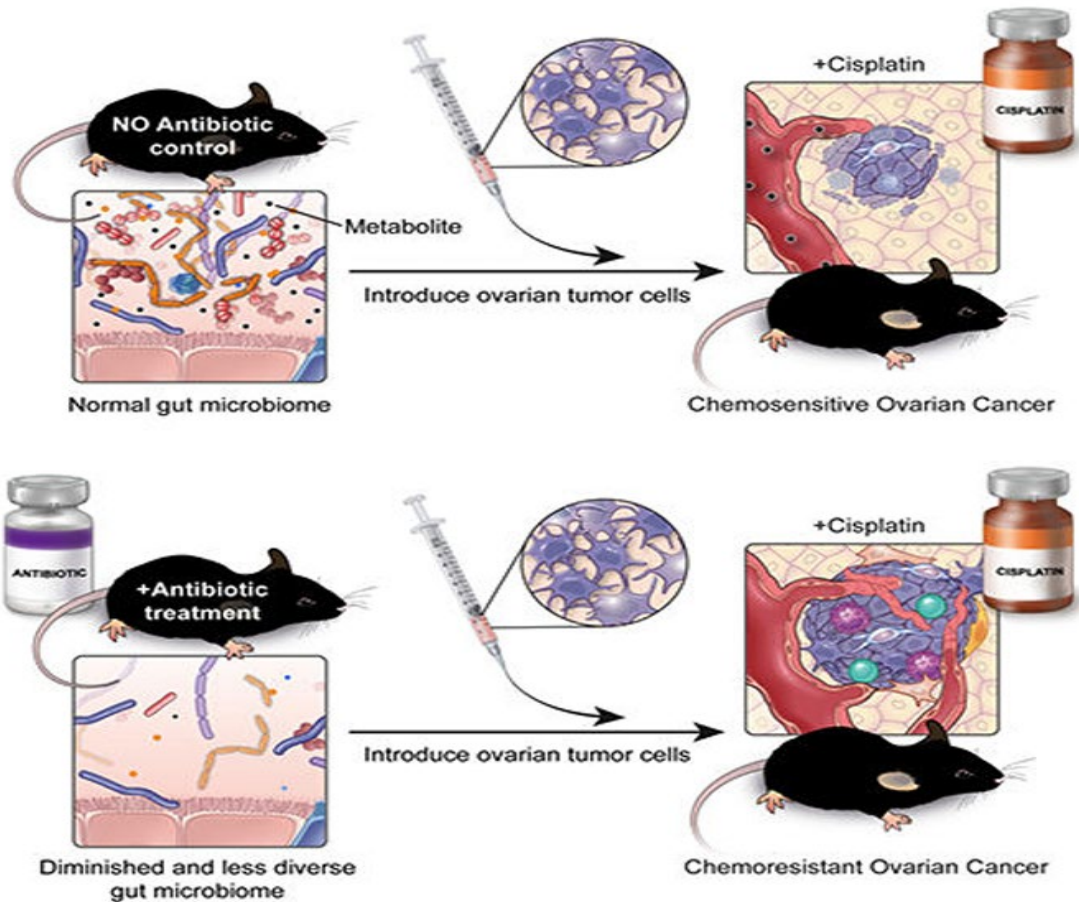
Sex-Biased T-cell Exhaustion Drives Differential Immune Responses in Glioblastoma



IMPACT: Demonstrates sex-biased T-cell behaviors are intrinsically regulated, suggesting sex-specific approaches can be leveraged to improve the therapeutic efficacy of immunotherapy in GBM.

Cancer Discovery 2023 SEP 1 PMID 37378557

Disruption of the Gut Microbiota Confers Cisplatin Resistance in Epithelial Ovarian Cancer

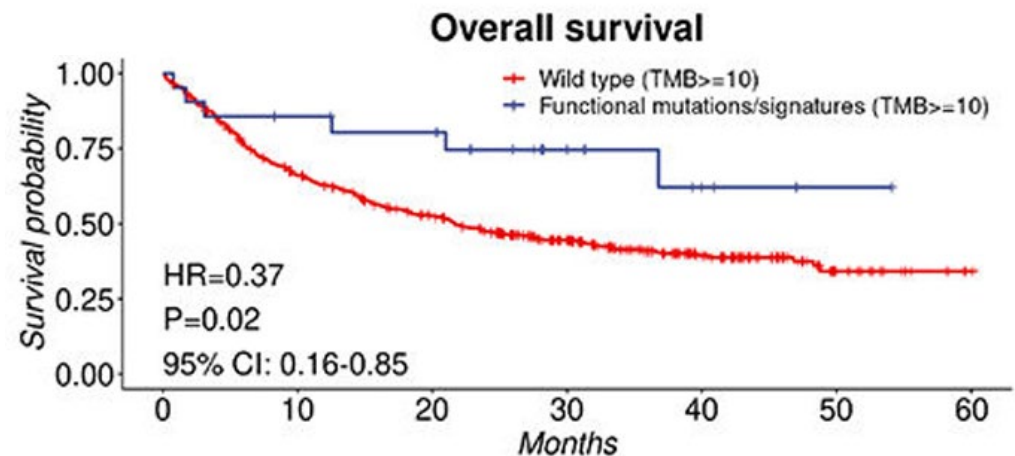
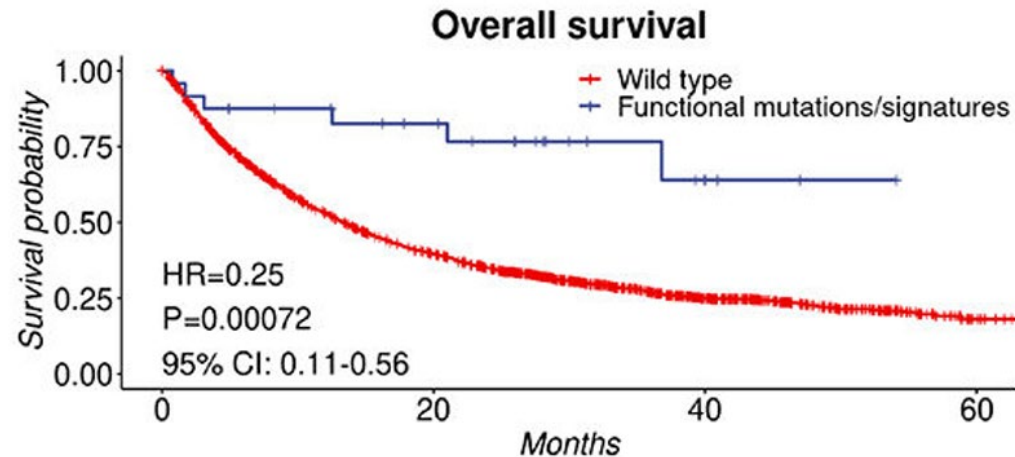


IMPACT: Intact microbiome functions as a tumor suppressor in epithelial ovarian cancer with antibiotic perturbation promoting tumor growth and platinum resistance. Restoration of gut microbiome may help overcome platinum resistance in some EOC patients.

Cancer Research 2022 Dec 16 PMID 36206317



Functional Landscapes of *POLE* and *POLD1* Mutations in Checkpoint Blockade-Dependent Anti-Tumor Immunity



IMPACT: Identified functional mutations in *POLE/D1* which induce anti-tumor immunity. Mutational signature predicts patient response to immune checkpoint blockade with high accuracy in a pan cancer fashion.

Nature Genetics 2022 Jul 11 PMID 35817971

Health Futures Research Study: A Time Sensitive Response to the East Palestine Derailment



- Community Research Partner Board (5 Resident Leaders)
- Structured Community Engagement Forums – agenda, recruitment, outreach
- Cross-sectional study of individual exposure-related SMRs



Case CCC Community Navigator on site in East Palestine

IMPACT: Community driven effort to determine long term cancer risk of East Palestine train derailment.



Case CCC in the Barbershops

IMPACT: Prostate cancer screening in the AA community to detect early stage prostate cancer



Provost Scholars Program and Health and Wellness Symposium: "A Research Approach to Defeating Cancers"

IMPACT: Community engagement and education



Meeting at Case to Cure Rare Cancers



jedi rare cancer foundation



Thank you and Comments



PROGRAM RATIONALE:

Program Description:

Here, we describe building a two-year Post-Baccalaureate Program fully funded by the American Cancer Society-Diversity in Cancer Research (ACS-DICR) program at the Case Comprehensive Cancer Center (Case CCC), referred to here as the ACS Post-Bacc. The purpose of the ACS Post-Bacc is to recruit and nurture highly motivated, underrepresented (UR) students in STEM (underrepresented racial and ethnic groups, individuals with disabilities, or those from socio-economically disadvantaged backgrounds, as defined by the NIH) that have earned a Bachelor's degree in any STEM discipline or health profession who intend to pursue a doctoral degree (MD/PhD or PhD) in biomedical science, data science, population health, public health, or a health profession. The program will support 4 ACS Post-Bacc Scholars (fully funded by the ACS), engaging them in the world-class translational cancer research conducted by members of the Case CCC. It will also leverage the strengths of our top 25 ranked Case Western Reserve University School of Medicine (CWRU SOM) to provide coursework, career development activities, and peer mentoring to prepare them for entering doctoral training programs in cancer STEM. The 4 ACS Post-Bacc Scholars will be full-time employees of CWRU (Research Technician I) conducting cancer research in their selected laboratories. As employees they will receive CWRU tuition waivers that cover 6 credit hours of tuition each semester for the Fall and Spring semesters and 3 credit hours for the Summer session. ACS will provide \$660,000 over 3 years to the Case SOM (see notice of award) to support the following budget:

- 1.) 8% salary and fringe per year for the Program Director, Dr. Ruth Keri.
- 2.) 45% salary and fringe per year for a Program Administrator.
- 3.) 10% indirect costs.
- 4.) \$35,000 per year salary + 34% fringe for each of the 4 Scholars.
- 5.) \$1,500 for each of the 4 Scholars to purchase a laptop.
- 6.) \$2,500 per year for each of the 4 Scholars to purchase laboratory supplies.
- 7.) \$1,500 per year for each of the 4 Scholars to travel to conferences.
- 8.) \$3,000 for relocation or childcare costs for each of the 4 Scholars.

The Case CCC will provide additional funds for the Scholars to participate in examination preparation courses (see letter of Support from Dr. Gary Schwartz). Therefore, all program costs are supported, with no additional costs to CWRU SOM.

The ACS Post-Bacc will build core competencies needed for success in cancer-intensive PhD or MD/PhD training programs, including foundational cell, molecular, and cancer biology; written and oral communication; clinical experiences; networking; and cancer disparities. We will leverage strengths of the Case CCC and CWRU SOM in providing exceptional training programs for ACS Post-Bacc Scholars. This includes the CanSUR and ACS DICR summer undergraduate programs as well as the interdisciplinary PhD umbrella program, Biomedical Sciences Training Program (BSTP), and the MD/PhD dual degree Medical Scientist Training Program (MSTP). We will also work closely with the Postbaccalaureate Research Education Program (PREP), a program supported by the NIH since 2007 that provides one year of generalized training to prepare UR students for graduate school. 87% of PREP scholars entered a PhD or MD/PhD program after completion and 28% of those entering a PhD program matriculated to CWRU SOM. **Each year PREP must decline highly qualified applicants since it cannot support students that would benefit from two years of additional training before seeking graduate admission.** This is particularly true for individuals interested in MD/PhD programs that require standardized tests and applications that are off-cycle from PhD programs. Thus, the Case CCC ACS Post-Bacc program is an ideal complement to CWRU PREP as it will provide support for qualified UR Scholars for two years of training with the key benefit of having a cancer research focus that is fostered by the Case CCC. The ACS Post-Bacc is distinct from PREP, in that it will provide a certificate recorded on the students' transcript after a two-year training program. However, the two programs will benefit from sharing best practices and resources.

The ACS Post-Bacc program is led by a **Program Director**, Ruth Keri, PhD: Professor, CWRU SOM: Associate Director, Basic Research Case CCC. Dr. Keri is supported by a **Program Advisory Board** consisting of 1) Marvin Nieman, PhD: Professor & Vice Dean, Graduate Education CWRU SOM; 2) Mark Jackson, PhD: Professor CWRU SOM; Associate Director, Training and Education Case CCC; 3) Cynthia Owusu, MD: Associate Professor CWRU SOM; Associate Director, Diversity Equity and Inclusion Case CCC;

4) Dana Crawford, PhD: Professor CWRU SOM; Co-Director, CWRU PREP; Director, Population and Diversity Research, Cleveland Institute for Computational Biology; and 5) Damian Junk, PhD: Assistant Director, Training and Education Case CCC. Dr. Keri also engages a **Program Partner**, Angel Reyes-Rodriguez, PhD: Director, McNair Scholars Program at Cleveland State University. The **Program Administrator**, Gena Richmann, Education Program Manager Case CCC; will oversee day to day activities. **Prospective Mentors** include, but are not limited to: 1) Ruth Keri; 2) Justin Lathia, PhD: Professor CWRU SOM; Co-Leader Molecular Oncology Program Case CCC; 3) Agata Exner, PhD: Professor CWRU SOM; Co-Leader Cancer Imaging Program Case CCC; 4) Marvin Nieman; 5) Mark Jackson; and 6) Monica Montano, PhD: Professor & Director, Heart Lung and Blood Summer Research Program CWRU SOM. Additional mentors may be added depending on Scholar interest. The ACS Post-Bacc **Steering Committee** consists of Drs. Keri, Nieman, Owusu, Jackson, Crawford, Lathia, Exner, Montano, and Junk. The Steering Committee will review ACS Post-bacc applications, make recommendations for appointment, and evaluate Scholar and Program progress and success.

Eligible applicants to the ACS Post-bacc program must self-identify as belonging to one or more of the following underrepresented populations in science as defined by the NIH:

- A. Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis (see data at <http://www.nsf.gov/statistics/showpub.cfm?TopID=2&SubID=27>) and the report [Women, Minorities, and Persons with Disabilities in Science and Engineering](#)). The following racial and ethnic groups have been shown to be underrepresented in biomedical research: Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders. In addition, it is recognized that underrepresentation can vary from setting to setting; individuals from racial or ethnic groups that can be demonstrated convincingly to be underrepresented by the grantee institution should be encouraged to participate in NIH programs to enhance diversity. For more information on racial and ethnic categories and definitions, see the OMB Revisions to the Standards for Classification of Federal Data on Race and Ethnicity (<https://www.govinfo.gov/content/pkg/FR-1997-10-30/html/97-28653.htm>).
- B. Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](#). See NSF data at, <https://www.nsf.gov/statistics/2017/nsf17310/static/data/tab7-5.pdf>.
- C. Individuals from disadvantaged backgrounds, defined as those who meet **two or more** of the following criteria:
 1. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: <https://nche.ed.gov/mckinney-vento/>);
 2. Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: <https://www.acf.hhs.gov/cb/focus-areas/foster-care>);
 3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>);
 4. Have/had no parents or legal guardians who completed a bachelor's degree (see <https://nces.ed.gov/pubs2018/2018009.pdf>);
 5. Were or currently are eligible for Federal Pell grants (Definition: <https://www2.ed.gov/programs/fpg/eligibility.html>);
 6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>).
 7. Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (<https://data.hrsa.gov/tools/rural-health>), *or* b) a [Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas](#) (qualifying zipcodes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

Students from low socioeconomic (SES) status backgrounds have been shown to obtain bachelor's and advanced degrees at significantly lower rates than students from middle and high SES groups

(see https://nces.ed.gov/programs/coe/indicator_tva.asp), and are subsequently less likely to be represented in biomedical research. For background see Department of Education data at, <https://nces.ed.gov/>; https://nces.ed.gov/programs/coe/indicator_tva.asp; <https://www2.ed.gov/rschstat/research/pubs/advancing-diversity-inclusion.pdf>.

- D. Literature shows that women from the above backgrounds (categories A, B, and C) face particular challenges at the graduate level and beyond in scientific fields. (See, e.g., From the NIH: A Systems Approach to Increasing the Diversity of Biomedical Research Workforce <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5008902/>).

In addition, eligible applicants must have obtained a Bachelor's degree in any STEM discipline or health profession prior to and within 2 years of starting the program. Applicants must also agree to participate in the program full-time and cannot be simultaneously enrolled in a full-time graduate degree program. US citizenship is **not** required for participation in the program. We will follow the CWRU policies regarding student employment and matriculation regarding citizenship.

Specific elements of the application include the submission of an official transcript; demographic data; a personal statement outlining career goals and commitment to a 2-year program, interests in cancer research and how this ACS Post-Bacc program will help them achieve their goals, and a description of any prior research experience(s); and two letters of support from professors of STEM courses or research mentors. The Steering Committee will review all applications and finalists will undergo a 30-minute structured interview with a quorum of at least 3 steering committee members before final decisions of acceptance will be made. Student applications will be rated based on a number of criteria including: academic status and classes taken; aptitude and interest/passion for cancer research; likelihood to pursue a career in cancer research; letters of recommendation; and UR background. A representative from the local American Cancer Society, Angela Kaloush, MPH, will participate in the selection process as an observer. Ms. Kaloush is the Cancer Support Strategic Partnerships Manager for the ACS North Central Division and also serves as an observing member of the Case CCC Institutional Research Grant pilot grant selection committee. A waitlist will also be generated to ensure rapid acceptance of additional candidates should any of the initial group decline admission.

The Case CCC Office of Cancer Training, Education and Research (OCTER) supports a dedicated education program manager (Gena Richman, program administrator for the ACS Post-Bacc program) who develops and distributes training program advertising for the Center. She will assist with program advertising, facilitate application reviews, and support recruiting activities for the ACS Post-Bacc program. Case CCC will also host a webpage displaying ACS Post-Bacc program information, activities, and highlights in the training and education section of its web domain (www.case.edu/cancer) that outlines OCTER-supported opportunities that range from middle school through early career faculty training. We will use four approaches for alerting and recruiting applicants. These include 1) informing students that already participated in our ACS-funded diversity in cancer research (ACS-DICR) summer undergraduate training program about the ACS Post-Bacc program, 2) engaging the leadership of the McNair Scholarship program at Cleveland State University and faculty mentors at the University of Puerto Rico to inform their students about the program, 3) outreach to undergraduates at CWRU directly and through the SOURCE (Support of Undergraduate Research and Creative Endeavors) Office, and 4) a campaign alerting our direct contacts at national universities. Ms. Richmann has established direct contacts at over **550 universities nationwide**. These include the top 25 nationally-ranked HBCU's, among them: Fisk, Spelman, Morehouse, Howard, Tuskegee, Hampton, Florida A&M, Claflin, Clark Atlanta, Bethune Cookman, Maryland Eastern Shore, and others. In addition, we will complement our national outreach with more targeted interactions with nearby institutions to include Central State and Wilberforce Universities, two additional HBCUs. We will leverage these relationships to advertise the ACS Post-Bacc program. We will send each contact a "virtual flyer" highlighting the ACS Post-Bacc program, informing them that we are accepting applications, and encouraging their students to apply. We will include links to the program description on the Case CCC webpage. We will follow-up halfway through the application cycle with deadline reminders. We will run targeted social media ads on Facebook, Instagram, and Twitter to reach students, parents, and advisors at Universities, Colleges, and HBCU's across the country. Lastly, representatives from OCTER and the SOM Graduate Education Office, including members of the ACS Post-Bacc steering committee, attend ABRCMS each year with information about all of the programing available at the CWRU SOM and Case CCC and we will ensure that the ACS Post-Bacc is highlighted in these materials.

We anticipate that this recruiting strategy will likely lead to the appointment of 3 Scholars that identify with UR racial/ethnic groups and 1 with a disability or from a disadvantaged group.

The ACS-Postbacc certificate program consists of several components (detailed below) that will ensure the career development of UR Scholars to increase the diversity of trainees within the CWRU SOM and the future cancer-focused biomedical and healthcare workforce.

Justification:

The US population is becoming increasingly diverse, yet individuals pursuing STEM careers lags behind, resulting in lost perspectives and opportunities for discovery and innovation. Underrepresented (UR) minorities represent only 8% of NCI R01 grant applications and make up only 7% of awardees. In addition, only 6% of ACS grant applicants identify with UR groups. To increase plurality in cancer research, individuals who are underrepresented in scientific and clinical training environments must be engaged in specialized programs for cancer-focused training, education, and career development.

The purpose of the ACS Post-Bacc is to recruit and nurture highly motivated, UR students (underrepresented racial and ethnic groups, first generation college graduates, persons with disabilities, or those from socio-economically disadvantaged backgrounds as defined by the NIH above) that have earned a Bachelor's degree in any STEM discipline or health profession who intend to pursue a doctoral degree (MD/PhD or PhD) in biomedical science, data science, population health, public health, or a health profession.

The coursework completed during the ACS Post-Bacc fully overlap with required courses for the CWRU SOM Biomedical Sciences Training Program (BSTP) or Medical Scientist Training Program (MSTP). Therefore, ACS Post-Bacc Scholars that eventually matriculate to the CWRU SOM BSTP or MSTP will reduce their course loads allowing for additional time in laboratories or a reduced time to degree(s). This makes matriculation to CWRU SOM programs desirable for continuing their education and will increase the diversity of the CWRU SOM graduate programs.

While the Post-baccalaureate Research Education Program (PREP) has a long history at the CWRU SOM, it is a one-year program that serves to prepare students for a future PhD track graduate education. PREP has realized some students require a second year of training, and that many students desire to apply for a dual degree graduate education. Therefore, the ACS Post-Bacc will fill the void at CWRU SOM for students that require 2 years of additional training or are prioritizing a future MD/PhD dual degree education to complement PREP.

PROGRAM REQUIREMENTS:

Program Requirements:

The Case Comprehensive Cancer Center's ACS graduate certificate program consists of 15 credits of required and elective courses over two academic years, as well as a number of longitudinal training activities. Requirements to earn the Certificate in Cancer Studies include: 1) a final cumulative GPA of 3.0 or better for Coursework; 2) completion and revision of the Scholar IDP; 3) completion of Rotations and Mentored Research (as measured by at least 30 hr/week research activity in the mentor's laboratory); 4) 75% or better attendance at required longitudinal activities (monthly meetings, seminars, Case CCC retreats); 5) participation at least once as a reviewer in the Trainee Dream Experiment Award Competition; 6) travel to at least one national conference; 7) a written report of their project summarizing their laboratory notebooks; and 8) a final presentation of their research at the endofprogram symposium. The Program Administrator will track student progress and successful completion of requirements will be reviewed by the Steering Committee prior to conferring the Certificate. The Program Administrator will review program progress of each Scholar monthly and alert the Steering Committee to any concerns, so they may work with the students to ensure successful completion of requirements prior to the end of the program. Details of the requirements are below:

Coursework. 15 credits of coursework over two years requires cumulative GPA of 3.0 or better.

Required Courses:

IBMS 453, Cell Biology I (3 credits)

IBMS 455, Molecular Biology I (3 credits)

IBMS 500, Responsible Conduct of Research (1 credit)

PHRM 520, Cellular and Molecular Hallmarks of Cancer (3 credits)

PHRM 526, Grant Writing Tutorial (1 credit)

IBMS 450, Biostatistics to Enhance Rigor and Reproducibility (1 credit)

Elective (3 Credits)

Total Credits = 15

Potential Elective Courses:

BIOC 434, Structural and Computational Biology (3 credits)

BIOC 445, Metabolic Dysregulation and Human Disease (3 credits)

BIOC 453, Biochemical Pathways in Cancer Therapeutics (3 credits)

BIOC 460, Advanced Technologies for Cancer Research (3 credits)

PHRM 409, Principles of Pharmacology (3 credits)

PQHS 411, Introduction to Health Behavior (3 credits)

PQHS 416, Computing in Biomedical Health Informatics (3 credits)

PQHS 440, Introduction to Population Health (3 credits)

PQHS 451, A Data-Driven Introduction to Genomics and Human Health (3 credits)

Individual Development Plans. The ACS Post-Bacc Steering Committee will work with each enrolled Scholar to develop an initial Individual Development Plan (IDP). The formation, implementation, and revision of the IDP requires a series of iterative and interactive steps to be conducted by the Scholar and the Steering Committee. The IDP is prepared by the Scholar, highlighting research goals and needs and will be discussed with the Steering Committee to establish anticipated outcomes, monitoring plans, and evaluation. The initial IDP will be revisited and revised as necessary with the Scholar's research mentor and with the Steering Committee every 6 months.

Laboratory Training, Rotations, and Mentored Research. During their first week (prior to the start of the fall semester), Scholars will attend technology-specific lectures and tour the 13 Case CCC Shared Resources. They will also complete in-person safety training with CWRU Environmental Health and Safety prior to entering a lab and receive on-going lab-specific safety training. Annual retraining is required. To decide which cancer focus and environment is most beneficial to their career development, Scholars will rotate in two of the program mentors' labs for two-weeks each. A third rotation is possible, if needed. Once Scholars choose a primary mentor, they will revise their IDPs with the help of the mentor. From this point onward, Scholars will conduct intensive mentored cancer research with their primary mentor. Scholars will be integral to the development of their projects, working with their mentors to provide input, where possible, rather than simply being assigned a set of experiments. Having a voice in project development is critical to developing a deep understanding of the project. Scholars will meet with their primary mentor at least weekly, attend lab functions (meetings, journal clubs), maintain a lab notebook, and function as a graduate student, including attending seminars and other student functions.

Longitudinal training. Scholars will receive extensive career development training from their mentors, labs, and the Steering Committee. In addition, Scholars will participate in a monthly program meeting with Steering Committee members. Scholars will report on their progress, present journal articles, practice local and national presentations, and have opportunities to engage in discussions with UR faculty from the Case CCC and its partners Cleveland Clinic and University Hospitals of Cleveland where they will share their own career development stories. Scholars will also attend weekly Department or Case CCC Seminars to learn from nationally renowned invited experts. For Case CCC seminars, Scholars will be invited to attend trainee lunch sessions with national speakers to learn about career development and build their professional network. In addition, Scholars will attend three annual cancer-specific forums offered by the Case CCC: Disparities Conference in March, the Bench to Bedside Retreat in June, and Annual Scientific Retreat in July. Trainees at all levels are active participants in the retreats, which expose them to the workings of a large Comprehensive

Cancer Center and stimulates interactions with colleagues in diverse areas of cancer research. Trainees present short-talks and posters and attend a lunch session with retreat keynote speakers to discuss career trajectories. They also attend career enrichment seminars with varied topics such as the preparation of fellowship applications. In addition, Scholars will shadow physician-scientists to expose them to the clinical care of cancer patients.

Communication and Application Coaching. Scholars will build communication skills through lab journal clubs, seminar presentations, and the grant writing course mentioned above. In addition, Scholars will serve as reviewers for the Trainee Dream Experiment Award Competition, in which the Case CCC convenes an NIH-style study section consisting of experienced faculty and trainees to review applications. This is a valuable experience for trainees to learn about the review process while functioning as a reviewer and this helps them improve their own grant applications. Our expectation is that Scholars will develop a keen sense of how to present ideas in the context of a formal grant and have a skillset for earning a funded fellowship soon after matriculating into a PhD or MD/PhD program. Scholars will also receive coaching for applying to graduate school and/or MD/PhD training programs. Mentors and the Steering Committee will provide assistance and feedback for personal statements and will conduct mock interviews. The Case CCC will provide funding for each Scholar to take the Kaplan preparatory courses, and we will conduct practice tests, assessments, and feedback. Directors of the CWRU BSTP and MSTP will also meet with Scholars to discuss successful application strategies.

Career Development Networking. Each year, Scholars will attend and present their research at a national conference such as the Annual Biomedical Research Conference for Minoritized Scientists or the American Association for Cancer Research, providing opportunities for networking and practicing presentation skills. All Scholars will be invited to join the CWRU SOM Minority Graduate Student Organization and Biomedical Graduate Student Organization, providing a voice in training at CWRU SOM and peer leadership opportunities.

Final Report and Presentation. Prior to the end of the second year of training, Scholars will be required to generate a 3-5 page summary of their research project and laboratory notebooks. The report will include a background and rationale for the project, significance and innovation of the project, the overall hypothesis that was tested, an explanation of methods used, a summary of the results obtained, and a conclusion. This laboratory notebook and project summary will be reviewed by the Scholar’s Mentor and the Steering Committee. A final symposium/celebration will be conducted at the end of the program. Scholars will be required to provide a 20 minute presentation of their projects and future plans to their peers, program leadership and mentors, and members of the Case CCC. Scholars will also answer questions from the audience about their projects, training, and future plans.

Sample Plan of Study:

Activity	TIMELINE OF ACTIVITIES																					
	YR1 SEM1			YR1 SEM2			YR1 Summer			YR2 SEM1			YR2 SEM2			YR2 Summer						
Orientation	[Required during this time]																					
IDP	[Required during this time]																					
Lab Rotations	[Required during this time]																					
Mentored Research	[Required during this time]																					
Coursework	IBMS453 (3)			IBMS500 (1)			PHRM 526 (1)			IBMS455 (3)			PHRM520 (3)			IBMS450 (1)						
Elective Course (3)	[May occur within this time]																					
Monthly Program Meeting	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Case CCC/Dept. Seminars	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Case CCC Retreats	[Required during this time]																					
Physician Shadowing	[Required during this time]																					
Fellowship Writing	[Required during this time]																					
Grad School Application	[Required during this time]																					
National Conferences	[Required during this time]																					

Year 1 (AY 2024-2025)

Week 1 (prior to start of Fall classes)

Week one Case CCC Bootcamp (tour of Shared Resources)
EHS safety training
Develop IDP with Steering Committee

Fall 2024

Laboratory Rotations (2-3 two-week rotations to select mentor)
Mentored Research in Laboratory
IBMS 453, Cell Biology I (3 credits)
IBMS 455, Molecular Biology I (3 credits)
Monthly Program Meetings
Seminar Series, Department or Case CCC
Begin Fellowship Writing
(6 credit hours of coursework covered by tuition waiver)

Spring 2025

Mentored Research in Laboratory
IBMS 500, Responsible Conduct of Research (1 credit)
PHRM 520, Cellular and Molecular Hallmarks of Cancer (3 credits)
Monthly Program Meetings
Seminar Series, Department or Case CCC
Annual Disparities Conference
Fellowship writing
Kaplan preparatory course
(4 credit hours of coursework covered by tuition waiver)

Summer Between Years 1 and 2

Mentored Research in Laboratory
Monthly Program Meetings
Case CCC Bench to Bedside Retreat
Case CCC Annual Scientific Research Retreat
Physician Shadowing
Grad School Application Preparation

Year 2 (AY 2025-2026)

Fall 2025

Mentored Research in Laboratory
PHRM 526, Grant Writing Tutorial (1 credit)
IBMS 450, Biostatistics to Enhance Rigor and Reproducibility (1 credit)
Elective* (3 Credits) (not required if taken Spring 2026)
Monthly Program Meetings
Seminar Series, Department or Case CCC
Finish Fellowship Writing
Grad School Application
(Up to 5 credit hours of coursework if elective is taken this semester, covered by tuition waiver)

Spring 2026

Mentored Research in Laboratory
Elective* (3 Credits) (not required if taken Fall 2025)
Monthly Program Meetings
Seminar Series, Department or Case CCC
Annual Disparities Conference
Grad School Interview Preparation
Finish Grad School Application

Final Report (notebook summary)

Final Presentation at End of Program Symposium

*** Elective can be taken Fall 2025 or Spring 2026 depending on course availability.**

(Up to 3 credit hours of coursework if elective is taken this semester, covered by tuition waiver)

Summer after Year 2

Fellows that remain on campus may continue to participate in:

Mentored Research in Laboratory

Monthly Program Meetings

Case CCC Bench to Bedside Retreat

Case CCC Annual Scientific Research Retreat

Physician Shadowing

PROGRAM LEARNING OUTCOMES:

- 1.) Students will learn to self-evaluate their strengths and weaknesses, receive and use constructive evaluations from others, set professional goals, and seek training to achieve those goals through development and re-evaluation of Individual Development Plans with the steering committee and mentors.
- 2.) Students will learn to responsibly develop, implement, lead, and evaluate cancer-focused research projects that are rigorous and reproducible. Students will actively participate in project design, time management, project management, and data analysis while developing a research program with their laboratory mentors.
- 3.) Students will learn the foundations of cell and molecular biology and their application to cancer biology through completed coursework that is required of CWRU graduate students.
- 4.) Students will learn how to access and review current literature to facilitate project development and data interpretation.
- 5.) Students will learn preparation techniques to aid in the success of standardized testing and interviewing through preparatory courses and coaching.
- 6.) Students will learn the breadth and depth of cancer biology and research through participating in the Case CCC seminar series, and annual retreats.
- 7.) Students will learn the concepts and application of clear and simple communication through coursework, coaching, and opportunities for written and oral communication.
- 8.) Students will learn how to build their professional network and take ownership of their career development through attendance and participation in national and international conferences as well as Case CCC seminar series and annual retreats.

Postbaccalaureate Certificate Program in Cancer Studies

Ruth Keri, PhD



CASE WESTERN RESERVE
UNIVERSITY
Case Comprehensive
Cancer Center



A Cancer Center Designated by the
National Cancer Institute



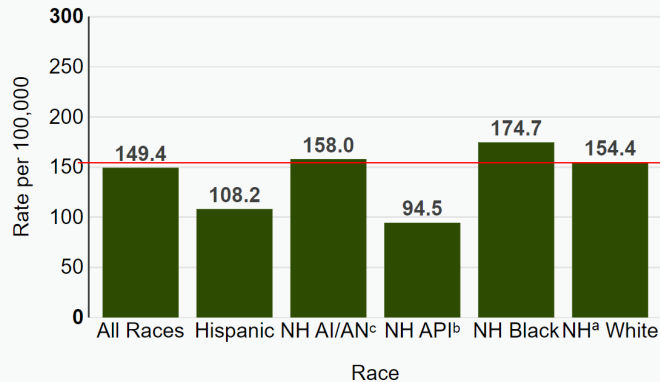
University Hospitals



Cleveland Clinic

Rationale for Post-Bacc Program in Cancer

Cancer Death Rates in US 2016-20



Interrelationships between Enhancing Diversity in Training and the Workforce and Reducing Cancer Health Disparities

Increasing diversity so that the training pipeline and the biomedical workforce are more representative both of our increasingly diverse nation and the populations enduring the unequal burden of cancer will, in turn, ensure that progress in cancer research will reach all populations.

There remains a **disparity in death rates due to cancer** for Non-Hispanic Black and Native American Populations.



Cancer Health Disparities can be reduced by enhancing Diversity in the Workforce, which is achieved by enhancing Diversity in Training.

NCI Cancer Stat Facts



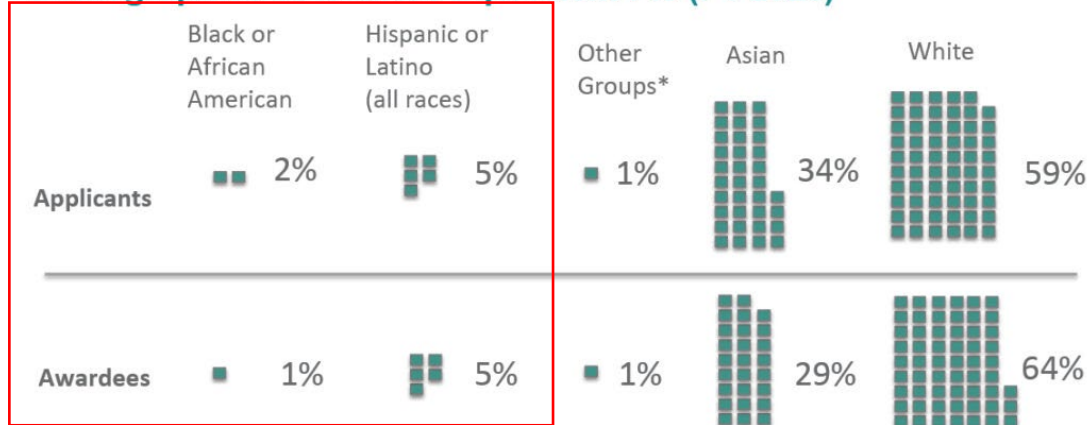
CASE WESTERN RESERVE UNIVERSITY
Case Comprehensive Cancer Center

American Association for Cancer Research (AACR)
Cancer Disparities Progress Report 2020

case.edu/cancer

Rationale for Post-Bacc Program in Cancer

Demographics of NCI R01 Equivalent PIs (FY 2020)



Only 2% of applicants for R01 grants are Black, 5% are Hispanic/Latino.

Only 1% of R01 Awardees are Black.

The Cancer Letter, 2021



Data Source: Data from NIH OER with analysis by NCI Center for Research Strategy. Method: Percents rounded to nearest 1%. Percentages are calculated using the number of PIs that have self-reported their race or ethnicity (92% of all PIs). Hispanic may be any race; race categories exclude Hispanic origin.

Only 6% of ACS applicants are from UR groups.



**American
Cancer
Society®**

Diversity in Cancer Research (DICR) Training: Partnership with the Case CCC

- 3 Programs for building diversity, equity, and inclusion in cancer research:
 - Summer Healthcare Experience (SHE) in oncology for high school females (**20 participants/year**)
 - Diversity in Cancer Research (DICR) Summer Internship for undergraduates (**8 interns/year**)
 - Post-Baccalaureate program for graduates planning to earn a **doctoral degree (4 Scholars)**



Purpose of ACS Post-Bacc Program

- Recruit and nurture highly motivated, students from UR groups
- Provide didactic and experiential training in cancer research
- Build a highly skilled, competitive cohort of **cancer-focused** UR applicants for MD/PhD or PhD training programs
- Emphasis on MD/PhD-oriented individuals for maximal impact of a 2-year post-bacc program



Recommendations for a Strong and Diverse Trainee Pipeline

Build connections and encourage formal partnerships across training programs and workforce entities.



This will allow trainees to recognize and learn to navigate connected pathways between their current positions and positions they wish to attain in the future.

Increase access to training for all trainees.



Using technology to explore alternative training methods may make training more accessible. Developing and widely disseminating research education tools can also enhance training.

Emphasize early interventions for research training.



Education outcome differences begin at a very early stage. It is important to improve K-12 education efforts to minimize disparities for underrepresented racial and ethnic minority individuals later in their education and in their careers.

Provide consistent professional and wellness support.



To maximize the positive impact of a training experience, it is important to institute consistent, holistic professional support for the trainee and nurture the trainee's physical and mental wellness. This is the foundation of a trainee's advancement in their research education and career.

Encourage approaches that are tailored to specific populations.



One size does not fit all in research education and training. Students and scientists from different backgrounds have different needs, and training programs that endeavor to address specific needs will improve recruitment and retention outcomes.

Require the tracking of trainees and evaluation of training programs.



To assess the impact of training efforts and to share best practices, tracking and evaluation standards need to be established and widely accepted. Importantly, evaluation needs to be integrated into program planning from the initial stages through implementation and completion.

Emphasize training in focused areas to address current gaps and anticipate future needs.



These may include cancer health disparities research that engages students in service-learning activities at the graduate and undergraduate levels and, for advanced trainees, special fellowships or additional training opportunities to support a concentration in health disparities and health equity. Additionally, training may emphasize the quantitative science disciplines, including but not limited to big data, -omics, imaging, mathematical modeling, bioinformatics, systems biology, and epidemiology. Strengthening training in these areas will increase the probability of a more diverse workforce in these areas of high potential.

Strengthen the mentoring infrastructure and grow a systematic network of mentors and mentor advocates.



Mentorship is a cornerstone of research training. Mentors offer support and encouragement and model and teach success. It is a priority to develop and broadly distribute evidence-based, culturally inclusive mentorship advocacy training. Mentor training should be part of all training programs so that good mentoring becomes part of the academic and research culture. Team mentoring should be encouraged to better provide diverse perspectives and expertise.

Recommendations from the American Association for Cancer Research (AACR) for Pipeline Improvement



 =ACS-Postbacc Program alignment.

Benefit to CWRU

- ACS Post-Bacc Scholars will bring diverse perspectives and enrich the learning environment for all CWRU trainees.
- ACS Post-Bacc Scholars will have a familiarity with CWRU programs and may be more likely to matriculate into our MD/PhD and PhD training programs.
- Courses are the same as many required for BSTP or MSTP at CWRU. ACS Post-Bacc Scholars who matriculate into CWRU graduate programs will be fast-tracked with coursework, permitting greater focus on research and accelerating degree completion.



Why Develop a Certificate-Granting Program?

- Provides 2 years of additional training often necessary for those prioritizing a future MD/PhD dual degree.
- A Certificate in Cancer Studies formally recognizes the Scholar's accomplishment.
- A Transcriptable Certificate will increase the competitiveness of trainees for MD/PhD or PhD programs.
- A certificate program is required for ACS funding.
- The program will engage Case CCC members across the City of Cleveland.
- *Complements and enhances the CASE PREP program that is only one year of additional training, not cancer-specific, and not a certificate program.*



ACS-Postbacc Program and Certificate Requirements

- Identify an experienced mentor in **cancer research** (2, 2-week rotations)
 - basic science, clinical/translational, or population/data sciences research
- Two years of employment as Research Assistant I at CWRU (\$35,000/year, + tuition and health benefits)
- Creation and revision of an IDP
- Shadowing of cancer physicians
- Program specific meetings, seminars, and retreats
- Standardized test and graduate school application preparation (PhD or MD/PhD)
- Participation at national meetings
- Graduate-level coursework (15 credits, cumulative GPA of 3.0 or better)
- Final written report and presentation

Training Timeline

TIMELINE OF ACTIVITIES		required during this time												may occur within this time															
Activity		YR1 SEM1				YR1 SEM2				YR1 Summer				YR2 SEM1				YR2 SEM2				YR2 Summer							
Orientation																													
IDP																													
Lab Rotations																													
Mentored Research																													
Coursework		IBMS453 (3)				IBMS500 (1)								PHRM 526 (1)															
		IBMS455 (3)				PHRM520 (3)								IBMS450 (1)															
Elective Course (3)																													
Monthly Program Meeting		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Case CCC/Dept. Seminars		4	4	4	4	4	4	4	4					4	4	4	4	4	4	4	4								
Case CCC Retreats																													
Physician Shadowing																													
Fellowship Writing																													
Grad School Application																													
National Conferences																													

Recruitment

- Outreach to over 550 undergraduate program contacts of the Case CCC, including:
 - Top 25 HBCUs.
 - CWRU undergraduate programs and North Star.
- Notice e-mails sent to current Case CCC Mentors
- Partnership with the Cleveland State McNair's Scholar Program.
- Outreach to UPR branches
- ABRCMS and SACNAS
- Advertising to Slate contact lists:
 - MCAT
 - GRE



Application

- Eligibility:
 - Bachelor's degree in a STEM field within 2 years
 - Member of UR group as defined by NIH NOT-OD-20-031
 - Agrees to participate full time in the program
 - US Citizenship is **not** required
- Demographic Data and Official Transcript (Slate application)
- Personal Statement Outlining:
 - Training goals (MD,PhD or PhD)
 - Interest in cancer research
 - Description of any prior research experience
 - Commitment to 2-year program
- 2 Letters of Support
- 30-minute structured interview with members of the Advisory Committee



Program Leadership

- Program Director: Ruth Keri
- Program Advisory Committee: Marvin Nieman, Mark Jackson, Damian Junk, Cynthia Owusu, Dana Crawford.
- Prospective Mentors: Ruth Keri, Justin Lathia, Agata Exner, Marvin Nieman, Mark Jackson, Monica Montano.
- Program Administrator: Gena Richmann/TBN
- Partner: Cleveland State—Angel Reyes-Rodriguez (Director, McNair Scholars Program)
- Best Practices: ACS Monthly Meetings of Programs/National Annual Meeting



Budget

- **All costs provided by ACS (\$660K/3 years)**
 - \$35,000 salary (+34% fringe)
 - Tuition waiver as a benefit of CWRU employment
 - \$1,500 travel
 - \$1,500 laptop
 - \$2,500 lab supplies
 - \$3,000 relocation costs per trainee each year.
 - 45% salary and fringe for Program Administrator
 - 8% salary and fringe for Program Director
 - 10% indirect costs



Thank you!



**CASE WESTERN RESERVE
UNIVERSITY**
Case Comprehensive
Cancer Center

DCRP



Case Western Reserve University
Case Comprehensive Cancer Center

Diversity in Cancer Research Postbaccalaureate Program

Looking to gain paid research experience and build the skills you need to bolster your application for a PhD or MD/PhD program? Designed to support and prepare diverse recent college graduates, the Diversity in Cancer Research Postbaccalaureate Program can get you there.

Why Case Western Reserve University?



Case Western Reserve is a top research university located in Cleveland, Ohio, just 5 miles east of downtown. We're situated in the heart of University Circle, one of the city's most energetic and culturally robust communities—not to mention a hub of world-class healthcare institutions, including Cleveland Clinic, University Hospitals, MetroHealth System and Louis Stokes VA Medical Center. Ranked as one of the country's most livable cities, Cleveland has plenty to offer—come see for yourself!



Program Overview

The Diversity in Cancer Research Postbaccalaureate Program is offered jointly by Case Western Reserve University's Case Comprehensive Cancer Center (Case CCC) and the American Cancer Society. The Program aims to increase the diversity of the scientific workforce as defined by the NIH's Interest in Diversity (NOT-OD-20-031). The Case CCC is a partnership organization that propels cancer research forward at CWRU, Cleveland Clinic, and University Hospitals.

Through this partnership, you'll benefit from access to Case Western Reserve University School of Medicine and its allied hospitals—home to faculty, staff and dynamic laboratory settings that can provide you with well-rounded training in cancer biology. **Other program features include:**

- Two-year employment in research
- Graduate-level coursework
- Shadowing/mentoring by cancer physicians
- Weekly program meetings
- One-on-one mentoring sessions
- Formal preparation for standardized tests and applications to doctoral programs
- A potential to fast track your education in CWRU's PhD or MD/PhD programs

Additionally, you'll be supported through:

- A competitive stipend and moving allowance
- Free tuition
- Access to health insurance and student facilities
- Trips to national meetings

Application Checklist

Applicants to ACS postbaccalaureate research program must meet the following requirements:

- Be a U.S. citizen or permanent resident
- Is a member of a group defined by the NIH's Notice of Interest in Diversity (NOT-OD-20-031)
- Have a strong desire and commitment to pursue a PhD or MD/PhD program
- Be a senior about to graduate with a baccalaureate degree in biology, chemistry or a related field, or have attained such a degree 24 months prior to the date of submission of application
- Have some, but perhaps limited, research experience

#1 medical school
in Ohio

#25 medical school
for research

#20 in R&D
federal spending

U.S. News & World Report

UMC_5041-08-2023



Ready to learn more?
Reach out to us at
cancer-training@case.edu or scan
the QR code to visit our website.



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