

**Faculty Council Meeting
Meeting Minutes
April 15, 2024**

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:03-4:09PM	Welcome and Chair Announcements plus Faculty Senate Report	Matthias Buck	<p>The Chair called the meeting to order at 4:02PM. Dr. Buck noted that the nomination deadline for the Faculty Council Standing Committees has been extended to Saturday, April 20. The Dean’s Third Meeting of Faculty will be held on April 30, from 2:30-4:00PM, as a hybrid meeting via Livestream and in Wolstein Auditorium.</p> <p>The Chair presented the outcome of the votes for the last meeting and stated that the three questions selected for the Dean to address at the April 30 meeting are: 1) Appointment, Promotion and Tenure Reform at SOM; 2) Philosophy and Policies on Compensation; and 3) Impact of Artificial Intelligence on Teaching and Research.</p> <p>The Medical Education Retreat will be held on May 9 from 12:00 - 6:00 pm, at the HEC. Dean Gerson will give the welcome; Lia Logio will provide an update on the liaison committee on medical education accreditation process. A series of five skills development workshops will take place during the afternoon. All are encouraged to attend.</p> <p>Agenda items for the May 20 Faculty Council Meeting must be submitted to Matthias Buck or Nicole Deming by April 26. The Chair then gave a brief overview of the agenda items that would be addressed in today’s meeting.</p>	
4:09-4:10PM	Approval of March Faculty Council Minutes	Matthias Buck	When polled, there were no edits or corrections suggested to the March 18 Faculty Council Meeting minutes.	The March 18 Faculty Council Meeting Minutes were approved by general consensus.

4:10-4:14PM	Report from Faculty Council Steering Committee Meeting	Alan Levine	<p>The Faculty Council Steering Committee met on Monday, April 1. Dr. Levine reminded everyone that the Faculty Council Steering Committee sets the agenda for Faculty Council and reviews presentations that will be presented. Two of those, Dr. Erzurum and Dr. Augustine's topics in research at CCF and changing committee names, respectively, will be presented today. For the latter, there are also changes to the bylaws and a change in the number of faculty members required to petition Faculty Council to call for a special meeting of faculty was suggested, which is currently 10. When that number was decided the total number of faculty was much smaller than the 3,000+ faculty members we have today. It was felt by FCSC that 20 was a more appropriate number and will be discussed today.</p> <p>The association between tenure and salary, what is and is not guaranteed, was discussed, as were secondary appointments in basic science departments for tenured faculty. The majority of the meeting was spent reviewing the Dean's proposed APT reforms, which will be discussed at today's Faculty Council Meeting.</p>	
4:14-4:16PM	Dean's Announcements	Stan Gerson	<p>The Dean stated that he is looking forward to the April 30 Third Meeting of Faculty and today's conversation on the APT reforms. He noted that the search for the Chair of Neurosciences is ongoing.</p>	
4:16-4:51PM	Discussion and Tweaks to APT Reform	Stan Gerson and Matthias Buck	<p>The Dean presented the APT Reform document for review and discussion. It was suggested that it could be beneficial to explain the rationale behind the changes. To simplify, a one-page summary of issues could show the existing system and the proposed changes, and why this was generated to begin with. There was concern that with the length of the document many may not be reading it through.</p> <p>To that point, Dean Gerson stated initially there had been a preamble, which he could resurrect, and bring to the Office of Faculty and the ExCom, which reviewed it previously. The Dean's document, with the potential changes, was sent to all Faculty Council representatives for review prior to the meeting to pass on to their departments or faculties. A large part of the Third Meeting of Faculty on April 30 will be devoted to this</p>	

Discussion and Tweaks to APT Reform (continued)

topic. The Dean suggested that as a draft it could be posted to the SOM website, if people are reasonably comfortable with it being posted as a draft. An attachment in an email to all faculty was also an option. While it was sent out to departmental reps who should have passed it on, it would still be appropriate for us to re-send. {The document was sent to all FT-faculty via email and feedback will be collected via an email account, with emails being forwarded to the FC chair}.

As discussion moved to the Second Section, Classification of Appointments and Tracks, concern was voiced as to whether or not specific instructions will be coming from either Bylaws or the Dean as to how to evaluate each of the different tracks. Dean Gerson responded that the Appointment, Promotion and Tenure Committee has studied this and they are in the process of undertaking this task. It will take real time to evaluate and assess. The simplest way is to think of it as principles of scholarship, authorship and impact. While there are many different ways to ascribe those, the principles behind them have good standing and grace.

To accommodate the spectrum of faculty scholarship that contributes to the fabric of the SOM, there are three tracks: Academic Tenure Track, Academic Track, and Clinical Academic Track. Faculty will elect, with affirmation by their department chair, one track to pursue and be reviewed by their DCAPT. The clinical track might be perceived as a 2-tiered system, not having the same merits for the same rank achieved by a different track. There were concerns that it might exacerbate division in the school/faculty.

It was noted that while it is difficult for a family physician working full time to be recognized regionally or nationally, they can be recognized for full time service in their community. Being recognized as serving one population is a good way to get promoted; good outcomes and good quality of care to their patients. Is there evidence of authorship documents within the community, presented to schools, churches and community centers. Have they trained community health workers to assist them?

	<p>Discussion and Tweaks to APT Reform (continued)</p>		<p>There are many ways of infiltrating and having impact with having authorship that is not conventional as described in classical research settings.</p> <p>Under the SOM definition for metrics for the clinical academic track, it states that there should be excellence in clinical practice with evidence of regional, national or international recognition. The question was posed as to how does being a physician add to your academic standing unless it is directly tied to publishing or new methods. Dean Gerson stated that there are hundreds of physicians in our community who are recognized for their expertise, with extensive referral patterns from many states, if not the entire country. A referral pattern of that nature is a reputation that counts whether published or not.</p> <p>When asked if there must be some sort of publications, Dean Gerson explained that they are authors from their societies but they are not peer reviewed. They are authors because they had brought to their own institutions improvement in care standards (internal documents) so impact and approach is an expansion of what we've traditionally been thinking as an incredible impact on the field.</p> <p>Dr. Sherrie Williams, Chief of Medicine at the VA, noted that with respect to the community providers as mentioned earlier, there are many who are in the primary care clinics that contribute significantly to the educational experience of our residents and our med students so when we talk about educational input, many of them are doing the lion's share of the ambulatory teaching. When thinking in terms of impact, there are plentiful of examples across multiple campuses where family medicine or primary care, general internal medicine, pediatrician, come up with innovative strategies dealing with issues of health disparities and health vaccinations. Clinics have a major impact in not only the health care of the community, but also in terms of our trainees or learners. There have been novel ideas born here that are now replicated in other institutions. There are plenty of examples of that have which have been done right here, on one of our five campuses, amongst which clinical community-</p>	
--	--------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>Discussion and Tweaks to APT Reform (continued)</p>		<p>based faculty can be pointed to as having an impact at other institutions through journals and publications, there are numerous faculties that have podcasts with hundreds of thousands of followers. Adding to getting our information on impact not only concerns learners here but at other medical schools, residency programs, and patients across states at other institutions. In terms of impact, we want to move away from solely thinking it has to be published to be impactful. There are plenty of people who are well known in the social media sphere.</p> <p>Dean Gerson reminded everyone that the promotion at a senior level associate professor or professor in the tenure track happens only on July 1; NTT promotions are effective January 1 or July 1. The time to start the process is typically 18 months prior. Faculty will be considered by the SOM APT for promotion approval no earlier than their 5th year of first faculty appointment at rank at CWRU or elsewhere. There was concern about exceptional candidates who have a quantity of grants and publications who cannot go up for promotion no earlier than their 5th year; it does not leave room for latitude. Dean Gerson suggested that faculty should collect this data for the past 24 months and provide it back to Council to have more assurance of data rather than as a speculative approach so we can move forward.</p> <p>Dr. Bafus suggested that to clarify, are we then to set a minimum training standard 8-year residency, finish residency and go to associate professor within the year. The Dean stated that it works as written. You are looking at approximately five years of experience. They are not just checking the box; maturity goes with that. If it goes the other way, minimum training standards after post doc the education clock starts ticking for promotions. This could be summarized as a bullet point sheet. Dr. Buck stated that discussion of this document will continue at the next Faculty Council Meeting. We will also entertain some tweaks that might be sent on to Bylaws. This topic will also be discussed at the Dean's April 30 Third Meeting of Faculty. Any additional comments can be sent to Matthias Buck, Dean Gerson, or Nicole Deming, for review by the Faculty Council Steering Committee and brought forward in some manner.</p>	
--	--------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

4:51-5:02PM	Name Change of the Committee on Medical Students to the Committee on Medical Student Promotion and Advancement	Sarah Augustine	<p>After a visit by LCME consultants, the Committee on Medical Students was concerned that the name of their committee was too vague and that students needed to better understand the tasks and responsibilities of the committee. Dr. Augustine is seeking approval for the Committee on Medical Students to change their name to the Committee on Medical Student Promotion and Advancement. There was some discussion as to whether the new title accurately described the purview of the committee.</p> <p>Dr. Augustine stated that professionalism is considered and one of the competencies all students must meet, as well as eight competencies, when looking to promote them to the next academic year. If the student hasn't met the professionalism competency, the committee will make a recommendation to remediation and can promote to next year.</p> <p>There being no further discussion, the chair called for a vote.</p>	<p>A motion was made by a Faculty Council member and seconded by a Faculty Council member to approve the Committee on Medical Students name change to the Committee on Medical Student Promotion and Advancement</p> <p>Vote: 35 were in favor, 3 were against, and 3 abstained.</p> <p>The motion is approved.</p>
5:02-5:18PM	Resolution to ask CBFC (Committee on Budget, Finance and Compensation), CBSC (Council on Basic Science Chairs) and the Dean to work on an updated compensation plan document	Bill Merrick	<p>Dr. Merrick stated that there is apparently no real statement about salary in the bylaws. Additional to section 5.2 of the bylaws to terms and conditions of appointment, the phrase that is suggested as being incorporated - "The initial starting salary... " should go into the general statement of faculty salaries. We are voting whether to send this matter to the Bylaws Committee to work with the Council of Basic Science Chairs, who have been working on this document with the Dean. After Bylaws finishes, it can come back to Faculty Council. Dr. Merrick called for discussion.</p> <p>Hearing no objections, the discussion was closed and a vote taken.</p>	<p>A motion was made by a Faculty Council member and seconded by a Faculty Council member to approve the resolution "to ask the Committee on Budget, Finance and Compensation, the Council on Basic Science Chairs, and the Dean to work on an updated compensation plan document"</p> <p>Vote: 33 were in favor, 1 were against, and 5 abstained.</p> <p>The motion is approved</p>
5:18-5:27PM	Bylaws Change Proposals to Section 2.3 and 2.6	Piet de Boer	<p>Dr. de Boer presented the Bylaws Committee approved proposed changes to bylaws sections 2.3-2.6 and the rationale behind them, for Faculty Council consideration. A line 4) was added to the last paragraph of 2.3b regarding Faculty Council's ability to elect a majority of the voting members of the standing committees listed in section 2.6a.</p>	

	Bylaws Change Proposals to Section 2.3 and 2.6 (continued)		<p>Dr. de Boer explained the changes suggested to 2.4 stating that the Faculty of Medicine shall schedule at least three meetings each academic year, the Dean of the School of Medicine shall chair these meetings, and one of these three meetings shall have medical education as its main business.</p> <p>2.4b concerned the requesting of special meetings on a written petition, presented to Faculty Council, and of a specific number of faculty members required to do so. The original number of 10 (chosen when the faculty population was much less) was felt to no longer be representative of the 3,000+ faculty members we have today. While 30 was the original number on the proposal, after some discussion, and the Faculty Council Steering Committee's proposed that 20 was a better number and this met with no opposing views.</p> <p>2.5c addresses special faculty whose titles are modified by the adjectives adjunct or clinical concerning the planning, approval, or execution of educational programs, the election of Members of committees dealing with such issues, and the election of their two representatives to the Faculty Council. In 2.6 Standing Committees of the Faculty of Medicine, the description of responsibilities was expanded and several changes made to the committee descriptions.</p> <p>The proposal regarding privileges allotted to special faculty and that it is up to the schools to decide what privileges they should have, is not part of today's proposal.</p> <p>After requesting if any points required discussion, the Chair closed the discussion and proceeded to a vote.</p>	<p>A motion was made by a Faculty Council member and seconded by a Faculty Council member to approve the proposed changes for the SOM Bylaws by Piet de Boer to Section 2.3 to Section 2.6.</p> <p>Vote: 50 were in favor, 5 were against, and 4 abstained.</p> <p>The motion is approved</p>
5:27-5:28PM	Research at CCF	Serpil Erzurum	Due to the time constraints, Dr. Erzurum agreed to postpone her presentation, possibly to the June Faculty Council Meeting, and will be placed at the beginning of the agenda for that meeting. {She does not have time in June and will be invited next year}	
5:28-5:29PM	New Business		When polled, there were no new business items to address.	
5:30PM	Adjourn		There being no further agenda items, the chair adjourned the meeting at 5:30PM.	

Present

Moises Auron
Blaine (Todd) Bafus
Abigail Basson
Elvera L. Baron
Neil Bruce
Matthias Buck
Dan Cai
Adrienne Callahan
Aleece Caron
Mohamad Chaaban
Patrick Collier
Marta Couce

Darin Croft
Margot Damaser
Piet de Boer
David DiLorenzo
Jonathan Emery
Jessica Fesler
Stephen Fink
Stan Gerson
Ramy Ghayda
Matthew Grabowski
Jessie Jean-Claude
Hung-Ying Kao

Sadashiva Karnik
Gaby Khoury
Vijaya Kosaraju
Erin Lamb
Stephen Leb
Alan Levine
Jennifer Li
Shawn Li
Lia Logio
David Ludlow
Janice Lyons
Tani Malhotra

James Martin
Christopher McFarland
William Merrick
David Mihal
Dean Nakamoto
Rebecca Obeng
Cyrus Rabbani
Deven Reddy
Anastasia Rowland-Seymour
Hemalatha Senthilkumar
Paul Shaniuk
Bryan Singelyn

Courtney Smalley
Phoebe Stewart
Usha Stiefel
Ben Strowbridge
Patricia Taylor
Geroge Videtic
Johannes von Lintig
Ari Wachsmann
Mark Walker
Robert Wetzel
Wei Xiong
Raed Zuhour

Absent

Joshua Arbesman
Elvera Baron
Corinne Bazella
Maura Berkelhamer
Melissa Bonner
Elaine Borawski
Francis Caputo
Andrew Crofton

Francis Caputo
Andrew Crofton
Meelie DebRoy
Mackenzie Deighen
Corinna Falck-Ytter
Lisa Gelles
Bahar Bassiri Gharb
Rachael Gowen

Alia Hdeib
Amy Hise
Jason Ho
Peter K. Kaiser
Eric W. Kaler
Sangeeta Krishna
Christina Krudy
Dan Ma

Mariel Manlapaz
Raman Marwaha
Gillian Michaelson
Rocio Moran
Attila Nemeth
Neal Peachey
Tamer Said

Matthew Sikora
Jacek Skowronski
James (Jim) Strainic
Joseph Tagliaferro
Nami Tajima
Scott Williams
Samina Yunus

Others Present

Sarah Augustine
Pam Davis
Nicole Deming

Serpil Erzurum
Jeremiah Escajeda
Adrienne Fletcher

Joyce Helton
Cynthia Kubu
Ganapati Mahabaleshwar

Danny Manor
Sarah Ondrejka
Lila Robinson

Sherrie Williams
YI Zhang

**Faculty Council Meeting
Draft 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>	
--	--------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<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>	
--	--------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

Dean's Proposed Changes to Guidelines for Faculty Appointments, Promotion and Granting of Tenure for the CWRU School of Medicine

MARCH 2024 Draft

DEAN'S OFFICE MARCH 28 2024



**CASE WESTERN RESERVE
UNIVERSITY**
School of Medicine

Thank you to all who Contributed to the New Dean's Guidance for APT

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

Members of Committee

Cathleen Carlin, Ph.D. (co-chair)
Rosa Hand, Ph.D. (co-chair)
Abdulla Ghori, MBBS
Rose Gubitosi-Klug, M.D., Ph.D.
Maria Hatzoglou, Ph.D.
Sam Irefin, M.D.
Robert Kalayjian, M.D.
Richard Martin, MBBS
Meghan McNamara, M.D.
Neal Peachey, Ph.D.
Witold Surewicz, Ph.D.
Jonathan Smith, Ph.D.
Nicole Deming, Assistant Dean for Faculty Affairs

Office of Faculty

Cynthia Kubu, MD Vice Dean, Office of Faculty
Nicole Deming, JD, Assistant Dean

Provost Office

Don Feke, Vice Provost for Academics & Faculty Affairs

Dean's Leadership Team

Lia Logio, MD, Vice Dean of Medical Education
Marvin Nieman, PHD, Vice Dean Graduate Education
William Schiemann, PHD, Vice Dean Research
Grace McComsey, MD, Vice Dean Clinical Translation Research
Gary Schwartz, MD, Vice Dean Oncology
Paul Bristol, MBA Vice Dean Finance
Elizabeth Fehsenfeld, Chief of Staff

Senior Associate Deans of Faculty

Robert Bonomo, MD, VA
John Chae, MD, PHD, Metro Health System
Dan Simon, MD, University Hospital Health System
Jamie Stoller, MD, MS, Cleveland Clinic Health System

Chairs of the SOM APT Committee

Mamta Singh MD
Siran Koroukian, PhD

Senior faculty involved in APT at hospitals

Marjorie Greenfield, MD
Gene Barnett, MD
Michael Dell, MD

Definition of faculty of the SOM:

The faculty consist of educators, researchers, scholars, and clinicians working across 4 major academic medical center campuses, the Health Education Campus, in addition to those working at the main campus of CWRU. Bilateral affiliation agreements with CWRU specify faculty appointments and scholarship linked to the SOM for University Hospitals Health System (UHHS), MetroHealth System (MHS), Louis Stokes Cleveland Department of Veterans Affairs Medical Center (VA), and Cleveland Clinic Health System (CCHS). Faculty with primary appointments in the basic science departments and the centers of the SOM are recruited and employed directly by CWRU and are appointed and promoted by CWRU upon recommendation of their academic chair, the SOM CAPT, and the dean. All faculty of the SOM advance and impact the discipline of medicine through excellence in education, research, and/or community benefit to collectively improve health.

This document serves as a guideline to better define the characteristics for faculty appointment and promotion of medical center-based faculty located throughout our 4 hospital extensive health systems (HS) (CCHS, MHS, UHHS, VA) including their clinical networks. The purpose of this document is to update the expectations of faculty appointment, promotion, and tenure across the entire faculty of the SOM, compliant with norms of CWRU. By doing so, the SOM will advance scholarship across the field of medicine.

The medical center-based faculty of the School of Medicine (full and part-time) are recruited through medical center academic departments. The number of medical center-based faculty has expanded over the past decade and now are the majority of faculty of the SOM. When applying for faculty status or for promotion, the medical center-based faculty are asked to document and demonstrate their academic scholarship by our university and the SOM in terms of classic academic parameters listed in SOM guidelines that focus on research, service and education in terms used for university appointments.

Unfortunately, the classic academic parameters do not highlight the practice and teaching of medicine as a dominant part of the performance assessment of clinical faculty who spend their efforts in these endeavors.

For instance, in 2004, when the Cleveland Clinic Lerner College of Medicine was established “as a distinct entity for research and education of CWRU within the School of Medicine,” the specification established that within the School of Medicine of CWRU there is a distinct category of medical center-based faculty who focus on education and research composed primarily of physician practitioners who will have faculty appointments thus reflecting their expertise in clinical medicine.

Part time “special” faculty, as defined in the CWRU Faculty Handbook, includes the appointment of individuals who participate in the mission of the SOM through their activities and contributions to education, research, service, and or excellence in clinical scholarship

that contributes to and impacts the SOM. These individuals may have another full-time appointment at another institution, be employed by an affiliated health system outside of the Cleveland health care ecosystem or make special research collaborations with our faculty. They may be educators, collaborators, or independent researchers linked by collaboration and project or program to an academic department or center (basic science or hospital-based) of the SOM.

The SOM bases appointment and promotion on the unifying overarching concepts of scholarship, authorship, and impact. Cumulatively these combine to reflect a faculty member's accomplishments. The term **scholarship** reflects, in its broadest terms, activities that advance the field of a medical or scientific discipline, the practice of a medical specialty, or an area of prevention and implementation of new methodologies. Scholarship may encompass research, education, or translational advancement in clinical medicine across the full spectrum of medicine. Authorship reflects the many ways in which information is reviewed, authenticated, and distributed to advance the field, and extends beyond peer reviewed publications. Impact is of high quality when it is paradigm shifting, practice changing, or policy informing. Throughout these activities, educational efforts and mentoring are essential synergies that advance the specialty, have impact, and create recognition.

The SOM additionally incorporates **service**, a term included in CWRU promotion standards, focused, in the context of clinical medicine, as service activities that support the advancement of clinical practice, for instance, service on hospital-based committees, tumor boards, and review panels, participation in community outreach and education programs. Other service activities are represented by leadership positions that support education, research, and clinical programs including coordination of care programs within health care systems. Such activities are often under-represented in published peer-reviewed documents yet may result in alternative documents authored by the faculty member, such as policies, procedures, guidelines, care maps, educational materials (including CME), electronic media, and presentations that promote high quality clinical care, share practice standards, teach others, and review the evidence-based standards for best practice. In clinical medicine, this definition of service is valued as academic work or as clinical scholarship that promotes institutional values and advancements in the field of medicine. Service, however, is not a term that physicians use as they advance their clinical specialty through innovation patient care or education.

Each hospital has advancement and performance review evaluations that focus on medical center-based priorities and employment models; these internal evaluations also include consideration of academic work, clinical productivity, and scholarship. It is acknowledged that academic tenure track appointments do not exist for physicians and scientists at Cleveland Clinic, where appointments are 1-year renewable contracts and reappointment is tied to a rigorous and time-honored Annual Professional Review process. Each affiliate hospital has similar staff physician and practitioner review processes that include

expectations for education, scholarship and service conducted by the academic chair. At UH, MH and VA, academic tenure track appointments are considered by the SOM.

Since physicians and hospitals express hospital-based activity using terms such as clinician, master clinician, educator, investigator, leader, and physician-scientist that are helpful for hospital-based career advancement but are not uniform across health systems of the SOM, they will not be explicitly used on CAPT assessment. To make uniform the review approach taken by the SOM CAPT across hospital systems, activities focused on discovery that span the full spectrum of medicine, including public health, prevention, patient-centered outcomes, program evaluation, payer models, reimbursement, community health, and health policy will be noted.

Classification of Appointments

An appointment shall be classified as initial, renewal, or continuing (nontenure appointments are renewed annually).

An appointment shall be classified as full-time or part time and is aligned with the Faculty Handbook.

A. Full time Faculty Appointments

Faculty appointment and promotion tracks are designed to align with the interests, scholarship and goals of each individual faculty member and are not viewed as hierarchical tiers but reflect various ways in which faculty contribute to the fabric of the school and support its strategic plan and mission, while contributing scholarship to the field of medicine. Significant long-standing and high impact contributions are pursued across the entirety of the faculty of medicine.

To accommodate the spectrum of faculty scholarship that contributes to the fabric of the SOM, there are three tracks:

1. Academic Tenure Track
2. Academic Track
3. Clinical Academic Track

Faculty will elect, with affirmation by their departmental chair, one track to pursue and be reviewed by their Committee on Appointments, Promotions, and Tenure (CAPT). Request for change in track will not alter review period guidelines after appointment at the rank of Assistant Professor or above.

Academic tracks

The Academic Tracks include Tenure Track Appointments and Non-Tenure Track Appointments.

- Metrics in both academic tracks include peer-reviewed publications, external grant support, regional and national reputation for expertise, innovations, and public dissemination of work. Faculty who are committed to scholarship in education with evidence of expertise and contributions to education innovation in the field may qualify for the academic track.
- Academic Track titles include:
 - Professor
 - Associate Professor
 - Assistant Professor
 - Instructor and Senior Instructor

1. **Academic Tenure and Tenured track**

Academic Tenure and Tenured track is currently described and available to faculty who engage in sustained and cumulative discovery, innovation, and/or translational research-focused activities that impact the field of medicine with peer reviewed publications, external grant support, recognition for expertise in research or education in areas of the biomedical disciplines, guided by the career status at the time of appointment or promotion such as:

- Discovery research into basic mechanisms of biology, physiology, the basis of disease, diagnosis and treatment, and population health.
 - Sustained efforts in clinical investigation including for example externally supported investigator-initiated, national, or industry supported clinical trials; that may include therapeutic, diagnostic, and [interventional methods](#).
 - Population-oriented implementation science and evaluation of health-related topics in populations.
 - Scholarship contributions of educators who advance methods and content of teaching and education programs through the continuum of medical careers.
 - Mentoring activities, especially in the context of career advancement.
- PhDs, and MDs and related terminal degree holders in basic and clinical departments may be appointed into this track upon the recommendation of their department chair and review by the SOM Appointment Promotion and Tenure (APT) committee. All tenure track PhD appointments are required to be recruited in a manner compliant with CWRU SOM basic science recruitment policies. All tenure track PhD appointments recruited into a clinical department are expected to secure a secondary appointment in a SOM basic science department approved in writing by the chair as a co-signatory of the offer letter. MD and MD, PhD faculty are formally exempt from this requirement at appointment because medical center-based clinical activity is not replicated in the basic science departments. [However, any transfer from a clinical department to a basic science department would require an individual consideration by which they would continue a tenure](#)

appointment. At the time of appointment, candidates are encouraged to review the School of Medicine's [Strategic Plan](#) and point out how they contribute to that Plan. The SOM established guidelines for team science (noted below) is a consideration of promotion and tenure and these will be considered when specified by the applicant.

- Service in the form of participation and leadership in institutional and regional and national committees, review bodies, invited and elected positions, other activities in the appropriate specialty area, study section, boards, and editorial activities contribute to the academic impact of faculty performance and contributions.
- The appointment into the tenure track should normally occur at the time of appointment at the level of assistant professor or above and the date of appointment closest to July 1 of the year signifies the start of the “tenure clock”. If transfer to the tenure track takes place later, the initial faculty appointment date becomes the default start of the tenure clock, and requests for extension must be made to the Dean for consideration and must be approved by the Provost.
- Expectations for the award of tenure are noted below.
- Tenured faculty appointments, although affirmed by the dean and faculty member annually, are of indefinite duration until retirement.

2. Academic track

Academically oriented investigators in the academic track pursue the same level of scholarship focused activities with peer reviewed publications, external grant support, and a sustained effort to promote innovation in their field, including performance as exemplary teachers and educators and leaders to advance local and global health. Evidence of substantial teaching can be recognized through authorship and development of educational materials, electronic media, lectures, simulations, and preclinical and bedside teaching, with evidence of excellence and impact in training through trainee reviews, teaching awards, excellence in clinical practice with evidence of regional and national recognition.

- Service in the form of participation in institutional, regional, and national committees, review bodies, invited and elected positions, other activities in the appropriate specialty area, study section, boards, and editorial activities contribute to the academic impact of faculty performance and contributions.
- When clinical scholarship contributes to an individual's accomplishments in the academic track, it should be noted.

- While this track is non-tenure, there is no need to identify it as such since the term tenure is not included.

3. Clinical Academic Track

The Clinical Academic Track is, by definition, a non-tenure track appointment, but the term nontenure will not be used at the level of the individual. The design of the Clinical Academic Track intentionally supports the career advancement of physicians (or PhDs, and similar positions with “terminal” advanced degrees in other disciplines who focus on clinical and educational activities such as Psychologists, Medical Physicists, Physician Assistants, Nurses (DNP), and with appointments in a SOM department, etc.) who focus predominantly on excellence in clinical medicine, contribute to scholarship through participation in clinical innovation and clinical research, education programs of medical students, residents, fellows, and colleagues and are recognized for clinical excellence in their field of practice.

Distinctions between “Academic” and “Clinical” Tracks should be guided by the individual alignment towards the appropriate track in terms of the SOM defined metrics, areas of emphasis, expectations for each component regarding the tracks defined above, and aspirations of the faculty member to achieve the goals of the track. While the arbiter for review is the SOM’s committee for APT, most individuals will be successfully assigned by the academic chair well before APT committee review. Transition between tracks is allowed [with justification](#).

SOM Defined Metrics for Clinical Academic Track.

The descriptions below provide examples of activities contributing to excellence in the Clinical Academic Track, guided by the career status at the time of appointment or promotion and a candidate may provide their own contributions as well:

- impact through medical center-based appointment on, leadership of and supervision of, committees, tumor boards, review panels, and education programs,
- authorship contributions to policies, procedures, clinical guidelines, care maps or plans, or podcasts,
- teaching that includes authorship and development of educational materials, electronic media, lectures, simulations, and preclinical and bedside teaching, leadership of SOM “Blocks,”
- excellence in training through trainee reviews, teaching awards,
- excellence in clinical practice with evidence of regional and national or international referral base,
- service in the form of participation in and leadership of institutional and regional and national committees, review bodies, invited and elected positions, other activities in the appropriate specialty area, study section,

- boards, and editorial activities contribute to the academic impact of faculty performance and contributions,
- involvement and leadership in developing innovations in care, participation in national efforts to develop innovation in care through participation, leadership and decision making, including FDA testimony, industry medical advisory boards, national specialty treatment guidance boards within one's specialty, participation in and PI status of clinical trials (commercially supported, nationally driven and investigator initiated); and
 - evidence-based presentations that promote quality, share clinical practice standards, introduce novel approaches, teach others, and provide reviews of the evidence behind best practices.
 - mentoring activities, especially in the context of career advancement.

 - Clinical Academic Track titles include:
 - Professor
 - Associate Professor
 - Assistant Professor
 - Instructor and Senior Instructor
- These faculty have responsibilities as physicians in the practice of medicine and 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 in developing improvements of the practice in their specialty.
 - Physicians in this track may include hospital nomenclature such as clinical investigators, administrators, educators, and clinical experts.

Selection of track

The chair and the faculty member should together select the appropriate track. While these three tracks overlap in attainment of scholarship and impact, and there will be some degree of a “judgement” call in the assigned track, the level of focus for the faculty member on achieving a level of scholarship and impact should be the driving force. The Clinical Academic Track is the more likely option for those more heavily involved in the practice of medicine (including administration and education) and the academic track is the likely option for those more involved in research, education, scholarship, leadership, and peer reviewed discovery. At the time of formal appointment and promotion, the track and rank will be indicated, however, the SOM does not require that track (or tenure status) be included in faculty correspondence or public-facing information to accompany professorial rank.

B. Part-time “Special” Faculty Appointments

Physicians and researchers seeking faculty appointment who work at affiliate-hospitals and institutions who align with CWRU-recognized clinical or research academic departments but who are located outside Cleveland’s medical ecosystem (and thus not primarily involved in activities that benefit the SOM in education and research) may have faculty appointments as part-time faculty for their contributions in collaborative clinical, education or research programs with other SOM faculty.

The term “part time” is a CWRU designation of participation in the activities of the university the SOM but is not linked to university employment status. The part-time designation is used to recognize faculty who contribute to the mission of the school through specific research, leadership, or educational efforts in their locale. The efforts of these individuals impact the school directly and through their affiliate hospitals with contributions to scholarship in a limited capacity such as a specific training or collaborative research activity.

All individuals proposed for appointment will make a request outlining their contributions to the SOM upon recommendation of their academic department chair.

Part-time “Special” titles include:

- Adjunct Clinical Professor
- Adjunct Clinical Associate Professor
- Adjunct Clinical Assistant Professor
- Adjunct Clinical Instructor

Temporary “Visiting” faculty appointments are issued for specified renewable one-year periods and may be full- or part-time.

Special situations

Within the confines of CWRU, faculty appointment that applies to more than one constituent faculty (School or College of CWRU), or to more than one department, or to an administrative office as well as an academic unit, the appointment may be identified either (1) as a primary-secondary constituent faculty 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 and 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.

C. Appointment terms

All faculty of the SOM will receive, review, and accept an annual reappointment letter. Appointments with tenure shall be of unlimited duration until retirement, subject only to termination for just cause (defined below). Non tenured full-time faculty members who receive a non-reappointment letter maintain an appointment for the period as specific in the Faculty Handbook. Part time faculty appointments are reviewed by the chair and appointed annually.

D. Academic Freedom

Academic freedom is a right of all members of the Faculty of Medicine, and applies to university activities, including teaching and research. 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. Faculty members are entitled to full freedom of scholarly investigation and publication of their findings.

The Pre-tenure Period

The pre-tenure 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 pre-tenure period. The extensions may be (1) requested 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) requested for the purpose of compensating special earlier circumstances disadvantageous to a candidate's tenure consideration (such as serious illness family emergency, maternity, or extraordinary teaching or administrative assignments, or national events such as COVID); or (3) upon written request by the faculty member within one year after each live birth or after each adoption, an extension of up to one year shall be granted by the provost to any faculty member who will be the primary care giving parent.

Extensions should be requested as soon after the occurrence of the relevant circumstances as practicable [practical], ordinarily not later than one year prior to the normally scheduled expiration of the pre-tenure period. Extensions requested under (1) or (2) above 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. Pre-tenure extensions may not be used to defer tenure consideration of a faculty member more than three years beyond the normal pre-tenure period except for extensions made under (3) above.

For faculty members whose tenure consideration has not produced a tenure award during the pre-tenure period, further appointment is normally restricted to one year. In exceptional cases, individuals who failed to receive tenure may be converted to 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 will specify financial support for the position.

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

E. Qualifications for Appointments and Promotions in all tracks

Full time and part time faculty appointments are reviewed and approved by the department APT committees and full time senior faculty appointments require review by the SOM APT committee and otherwise abide by the SOM approved guidance for appointments, promotion, and tenure; and are reappointed by the dean and CWRU annually. Department or Hospital APT committees are required to review and make recommendations on all faculty promotions. If the promotion is to a full time senior rank (Associate Professor or Professor), the SOM APT committee must also review the application.

Documentation for consideration of advancement

Request for appointment and promotion

The faculty member would request consideration of promotion to their chair and should specify continuity of or change to the Academic Tenure, Academic or Clinical Academic Track, and consideration as a team scientist, as appropriate for their situation. If the chair does not support the application, the faculty member may pursue an application directly through the SOM Office of Faculty with justification in their letter request for promotion. Promotion considerations include how the faculty member has made substantial contributions in the form of scholarship, authorship, and impact.

CV:

The SOM CV categories include all elements of scholarship, authorship and impact and will be used as the primary evidence, substantiated by documentation of education quantity and quality, leadership positions, lists of presentations and reviews, contributions to policies and educational materials. For the Clinical Academic Track, contributions to the area of clinical specialty and education within that specialty should be highlighted. Authorship of all clinical trials should be included, noting principal investigator role and whether the trial is investigator initiated as appropriate. Educators will complete the Educators Portfolio to accompany the CV. Honors, awards, and recognitions should be included.

A preferred CV style sheet with categories and order is provided to each applicant and available on the Office of Faculty Web site. Educators will complete the Educators Portfolio to accompany the CV.

- [Sample Education Portfolio](#)
- [Curriculum Vitae \(CV\) Template](#)

For the Academic Track, special accomplishments not otherwise listed as positions, grants, publications of all forms, intellectual property, disclosures, patent applications, commercialization licenses and affiliations, should be separately listed in the CV and noted in the personal statement.

For the Clinical Academic Track, emphasis on scholarship in their clinical field and advancement of the field as noted above, should be readily documented in the CV.

Personal Statement:

In 2-3 pages, the candidate should identify their key area of expertise, their accomplishments in scholarship, authorship, and impact (citing publications, internal hospital documents, web sites and the like) and their view of how the contributions they have made impact in their area of expertise. They should also comment in a forward-looking manner their strategic trajectory and priorities for academic/clinical and scholarship performance that extends their area of expertise more broadly over time and expanding from local to regional, and when applicable national, and perhaps international recognition and impact. When appropriate, ~~and~~ for team science consideration indicate instances of collaborators who are key to expectations and goals. Faculty should note the value of such specific contributions (select up to 5 high-impact contributions – authorship, guidelines, peer reviewed publications, inventions, commercialization efforts, and when achieved, paradigm shifting discoveries, practice changing observations and policy impacting findings). For the Academic Track, faculty should include an up-to-date citation index and H factor which will be assessed by the committee within the considerations of rank, discipline of record and roles in teaching and service.

For the Clinical Academic Track, faculty should indicate their contributions to the field in their discipline, contribution to care systems improvement, their trajectory to maintain this impact and their contribution to the advancement of the discipline's practice and education.

Additional Statements

Faculty may choose to submit up to three additional 2-page statements; a teaching statement (linked to the Education Portfolio), a COVID impact statement and/or a statement on diversity, equity and inclusion indicating their involvement in, being influenced by and focused on diversity, equity and inclusive scholarship in their background, training, or scholarship.

Process

All appointment and promotion assessments begin with a request made by the faculty candidate to the department chair. The packet is reviewed and voted on with tally and comment by the departmental or medical center-based APT committee. With an affirmative vote, this committee and Office of Faculty (with assistance in identifying appropriate external reviewers from the candidate screened by the department chair) will solicit letters from institutional colleagues, secondary department chairs, trainees and other independent external evaluation letters from arm's length senior faculty or experts who can comment on candidate trajectory and as well as reflect on research, academic and or clinical impact. If there is external activity in service or education, these roles can be reviewed, Otherwise, local service and educational activities will be reviewed by the DCAPT and CAPT. Details on the scope of external reviews are noted below "under external letters of evaluation." External reviewers may be solicited by the departmental chair, dean and from the SOM APT, but letters, for which confidentiality will be maintained, should be addressed to, and seen only by the SOM APT and the dean.

Professionalism

All faculty are expected to be exemplary citizens of our academic community and to participate actively and appropriately in peer and staff interactions, training, mentorship, interactions across institutions, and with our CWRU community. At the time of appointment and promotion, each candidate should identify their contributions to professionalism and their chair will be asked to comment on any outstanding or resolved concerns related to professional performance. The expectations of professionalism of faculty are found:

<https://case.edu/medicine/faculty-and-staff/office-faculty/professionalism>

Time frame for seeking promotion of rank

Faculty pursuing promotion begin with their DCAPT in the academic year prior to CWRU Board of Trustees approval. Faculty will be considered by the SOM APT for promotion approval no earlier than their 5th year of first faculty appointment at rank at CWRU or elsewhere, and usually between their 5-7th year and will undergo 3rd and 6th year pre-promotion review by the DCAPT (department or institutional). For instance, to be advanced to associate professor in the 5th year, an assistant professor would request that the DCAPT review begin in year 4 of appointment.

Faculty will normally be promoted to professor no earlier than their 5th year since appointment as associate professor.

When appropriate, the dean will consider petition for earlier consideration of advancement based on merit.

For faculty in the Academic Tenure Track, the final year of eligibility for SOM tenure is in the 8th year of appointment so that a decision by the SOM CAPT can be rendered and if tenure is not awarded, a final year of appointment letter can be transmitted by June 30. Should a faculty member request tenure review in their ninth year, and not receive tenure recommendation, their faculty appointment terminates on June 30 of that year.

Metrics of scholarship for evaluation of promotion

Scholarship, authorship, and impact attributes of the school of medicine faculty include written and verbal original contributions such as those focused on:

- Understanding of a broad range of investigative strategies of biological pathways that contribute to health, disease, development, and aging.
- Population-based, EMR-data base, policy-focused, or environmental-focused assessment of processes that contribute to social determinants of health, their biological effectors and or environmental impact on health and disease, development, and aging.
- Paradigm-shifting, clinical practice changing and public policy-influencing academic contributions.
- Efforts that promote commercial development of recent discoveries, particularly those originating from the work of the faculty member with IP, patents, and licenses, or including roles on expert advisory panels and positions that are intended to disseminate discoveries that aim to benefit human health.
- Educational and training efforts, in the broadest scope, in the life sciences that advance career efforts in medicine-related disciplines, train pipeline students along the continuum, provide community education programs that advance human health, mentor career advancement in medicine, and evaluate medical and biomedical research education and training programs. Authorship of training guidelines, standards, presentations of fundamental aspects of specialty training and state of the art advancements; chairing and participation in practice review and patient review boards are examples of contributions to the education efforts in the physicians' area of expertise.
- Efforts to train and support future workforce development through mentoring of students (BS, MS, PhD, MD), residents or junior colleagues, encouraging professional development of peers and through development of novel programs that inspire future health care professionals to pursue a career in academic medicine.
- Service activities, as they relate to academic and education scholarship would include health care leadership both within academia, government, or for-profit entities; roles on internal and external academic, clinical (including hospital-based) and or commercial advisory boards; study sections; editorial boards; public and discipline-specific policy boards.
- Awards for performance and accomplishment from internal (school, hospital, university) and external entities. Organizations that provide such awards from outside of the institution could be a source of external letters of accomplishment and

perspective. Award categories should include those related to the area of expertise of the candidate, as well as discoveries, education, community service, leadership, and may be recognize any aspect of faculty activity.

For promotion of rank, accomplishments should be clear in the candidate's CV and personal statement. As a general rule, the level of accomplishment will be taken into consideration by the APT committees and expected to be the basis upon which external letters provide guidance, as to the applicability of appointment or promotion.

F. Considerations of nontenure promotion of physicians in clinical departments

Academic track

Associate professors are expected to have 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 using the components of evidence outlined above.

Professors would fulfill the expectations of associate professor level appointments or promotion and have evidence of more mature and durable, local, regional, national and even international impact in their area of expertise, both by written documentation in their CV (including positions, presentations, publications and external support), as well as arm's length external letters and support letters from prior trainees.

Clinical Academic Track

Promotion to Associate Professor, Clinical Academic Track 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. Commonly, such evidence of contributions to the field includes regional or broader recognition which may be noted in multiple ways. The APT committee will consider local and regional recognition as reflected in leadership roles, high impact clinical programs, regional referral pattern, 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.

Promotion to Professors in the Clinical Academic Track should include a record of continued interval excellence in their field with ongoing interval contributions to excellence in education and/or clinical practice service in their area of expertise with examples of impact on their field in domains such as:

- Internal reviews of educational accomplishments and or leadership roles
- External letters indicating support for clinical expertise
- Clinical practice referral breadth
- Contributions, local, regional and national to advances in clinical medicine in their discipline
- Other examples of significant clinical impact.

Evidence of contributions to the field and recognition by experts in the field may be noted in many different ways. The APT committee welcomes evidence of national and even international recognition and will consider regional recognition as reflected in leadership roles, high impact programs including educational programs, and or advancement of their field. This should be reflected in statements by the candidate and their chair and corroborated by external reviewers.

G. Letters to be submitted to Committee on Appointments Promotion and Tenure

All requests are expected to have support from the academic department chair who has reviewed the applicant's CV and accomplishments and provided guidance as to the rationale for the appointment or promotion, including the quality of clinical excellence, teaching, scholarship, and service.

To evaluate educational activities, letters from prior trainees, and a summation report as of the quality of education (including learner evaluations) from institutional education leaders who have reviewed trainee feedback is required.

External letters

External letters should comment on the candidate's performance, accomplishments in scholarship, authorship and impact and trajectory in research, education, clinical practice, and other service. However, review of local education and training activities will not be requested unless the faculty member indicates a significant role in regional and national education programs.

When requested, external letters are requested from arm's length senior faculty or experts who will comment on the faculty member's accomplishments and trajectory in their field. These reviews will be viewed in the context of the faculty's track, rank, area of expertise and impact on research, and as appropriate, clinical specialty. External reviewers may be solicited by the departmental chair, dean and from the SOM APT, but letters, for which confidentiality will be maintained and addressed to the SOM APT.

- Changes: External reviewers will not be asked to comment on: comparison of promotion at local institution, local training and mentoring, local educational activities

Letter requests:

Request at the time of DCAPT review to reduce delay period

Format to include brief description in bullet or paragraph responses:

- state own status in the field as a reviewer
- state knowledge of candidate and prior association
- review of scholarship, authorship and impact and the expected trajectory
- request 1 page review
- for out of country candidates at least one letter from a US reviewer

For Academic track appointments

Assistant: 3 letters from mentors and advisors

Associate: 6 letters

Professor: 6 letters (9 requested)

For Clinical Academic Track at rank

Assistant: 3 letters from mentors and advisors

Associate: 6 letters

Professor: 6 letters

For Adjunct clinical professors at rank

Assistant: 3 letters from mentors and advisors

Associate and Professor: 3 letters

1 letter from a colleague currently at a different institution

1 letter from an independent arm's length expert in the field

1 letter from a US based clinician in the field

H. Tenure

The award of tenure is proposed by the department chair and reviewed by the department or hospital APT committee, SOM APT committee and forwarded for approval by the dean, and then to the provost, president, and Board of Trustees of CWRU. The consideration of the award of tenure is made on separate review by the CAPT based on the expectations of ongoing significant and sustained contributions to scholarship, and discovery in the School of Medicine. Tenure considerations are based on the outlook for sustained accomplishment trajectory, expectation of ongoing excellence in their field with substantive, long term and ongoing impact on the field and contribution to the School and University through externally supported research for a research-based investigator or in recognized innovation in education for outstanding educators. Clinical investigators, clinical scientists, and physician scientists would be expected to have a significant number of publications, evidence of external grant support, and impact on the field.

The responsibility of tenure resides in the SOM and is maintained by CWRU. Most medical center-based faculty will not pursue a tenure appointment as part of their condition for employment. 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 individuals. Tenured faculty members are protected explicitly against dismissal or disciplinary action because their views are unpopular or contrary to the views of others within the guidelines of academic professionalism of CWRU, and compliance with federal regulations. Non-tenure-eligible colleagues shall derive protection by general extension of these principles of academic freedom. When awarded, academic tenure rests at the constituent faculty level (SOM).

CAP review of tenure track appointments, promotion and award of tenure of hospital based department faculty who are PhDs require written review and recommendation from the chair or director of the basic science SOM based department or type A center in which the candidate is required to have a secondary appointment, since the SOM is responsible for the interminable nature of the award of tenure.

The award of academic tenure to a faculty member is a career commitment which grants that faculty member the right to retain their 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.

Examples of just cause for the termination of any faculty member (tenured, tenure track, non-tenure, 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 academic unit of the university or a part thereof in which the faculty member has a primary appointment; 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.

A tenured faculty member may be terminated for financial exigent circumstances only after all faculty members who are not tenured in that constituent faculty 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.

Tenure Guarantee

When awarded, academic tenure rests at the constituent faculty level rather than at the departmental level. The award of academic tenure to a faculty member is a career commitment which grants that faculty member the right to retain their appointment without term until retirement. This commitment includes a salary guarantee to which the 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. 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 primary 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. Award of tenure for faculty based in the School of Medicine who have 100% salary sourced by the SOM will have three components to their salary: base, merit, and incentive. These components will be adjusted by annual performance review, but the base salary will not be reduced.

Special considerations

Transfer of senior rank faculty and appointment assessment

For candidates recruited at the level of associate professor or professor from another academic institution in the United States at rank, a formal appointment process described below, will be undertaken, but expedited with the following considerations:

- Current information from the candidate, including CV, personal statement and letter from the incoming chair as noted above.
- request for updated letters from the same individuals who provided independent external review for promotion at the prior institution. Additional letters will benefit and expedite review.
- letters from prior trainees
- summary information regarding quality (with reviews) and quantity of educational performance activities at the prior institution

For individuals transferring with the award of tenure at the prior institution, the review of the award of tenure will be undertaken by the CAPT using the standards of the school of medicine, and cannot be assured at the time of offer, but can be reviewed prior to the start of the appointment.

Individuals returning to SOM, having held a prior appointment at rank from another institution within 2 years will be afforded expedited review by the SOM APT, upon request from the individual, documented with CV, and personal statement, letter from their incoming chair that includes position and support for faculty members scholarship activities, and a statement from the outgoing institution chair or dean that they depart in good standing and are not currently being investigated for misconduct.

Promotion of part time faculty

Part time appointments at rank

The School of Medicine values the contributions to clinical excellence, clinical training, contributions to the advancement of medicine and improvements in health and prevention for humankind locally, regionally, and across the world. Placing such activities in the context of an academic school of medicine, and its surrounding academic medical centers in Cleveland, creates the dichotomy of expectations that is best managed through a part-time appointment for those outside of the immediate medical centers in Cleveland. The majority of individuals will have a clinical appointment **outside** one of the four affiliated hospitals of the School of Medicine of CWRU (CC, UH, MH, VA) yet may be part of the health systems of these hospitals and are welcomed members of the faculty for their contributions in clinical excellence and clinical training (including MD, MS, MSA, PA and similar tracks). In some instances, expertise will extend to impact on policy, national standards for medical care, medical and healthcare leadership, and health outcomes, training, and practice. Other individuals may participate in specific research projects or programs. Some may have part-time appointments with the SOM to fulfill specific activities in service or education. Often, individuals will have a primary full-time appointment at another institution.

The SOM AP committee will defer to the dean for assistant clinical professor appointments. The Office of Faculty will review all senior level appointments after consideration, as noted above, by the appropriate departmental or institutional AP committee.

Criteria for part-time academic track promotion will be similar to that of full-time academic track in terms of reputation, peer review publications and grant support, and other reputational accomplishments but, since most of these activities will take place outside of the purview of the SOM, attestation of these accomplishments will be reviewed on the basis of the CV, personal statement and chair recommendation.

Criteria for part-time Clinical Academic Track will be similar to that of full-time Clinical Academic Track in terms of local and regional recognition as a clinical expert and have evidence of participation in education and service activities, with supportive evidence of verbal and written scholarship. Since these activities will take place outside of the purview of the SOM, attestation of these accomplishments will be reviewed based on the CV, personal statement, and chair recommendation. Documentation in the CV of scholarship in education and field of practice will be the basis of review.

Individuals with a full-time appointment at another academic institution will be afforded a rank identical part time appointment position upon documentation and request as an administrative adjustment by the CAPT and review by the dean.

Status of current appointments

No adjustment of current rank or title is expected as of the date these revisions are approved.

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 applicable 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.

Rolling Appointments for Non-Tenure Track Professors

CWRU offers SOM-employed professors the opportunity for a rolling multiyear appointment. Upon nomination by the department chair and with the approval of the institutional senior associate dean and 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 may be eligible to receive a rolling appointment contract of up to five years in duration. 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. Rolling appointments have a duration limit identified in the appointment letter.

I. University policy for processing of SOM Considerations of Recommendations for Appointments, Promotions and Granting of Tenure

Full-Time Faculty

The dean shall submit recommendations for appointments and promotions to the ranks of associate professor and professor and the granting of tenure concerning 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) presented by the department chairs or other persons as designated by the dean or initiated by other means as outlined in the Faculty Handbook of Case Western Reserve University, Chapter 3.I.1, to the Committee on Appointments, Promotions and Tenure (C-APT) of the School of Medicine. The C-APT shall consider the documented evidence relating to each candidate and, following the qualifications and standards set forth in Exhibit I to these Bylaws, shall report its affirmative or negative recommendations to the Steering Committee of the Faculty Council. Each recommendation shall 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 (CAPT) 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. If 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 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.

Adjunct Faculty Appointments and Promotions

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

adjunct appointments and promotions at the ranks of 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 adjunct associate professor and adjunct professor.

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. For secondary appointments and promotions in the Division of General Medical Sciences for Type A Centers (DGMS), the dean shall, prior to reaching a decision, also consider the recommendation of the Divisions committee on appointments, promotions, 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.

The Committee on Appointments Promotions and Tenure

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 the Office for Faculty, formerly known as Faculty Affairs Office, 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 Faculty of Medicine members shall include four from hospital-based 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, shall annually 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.

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

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.



Committee on Medical Student Promotion and Advancement (CMSPA)

Mandate

The Committee on Medical Student Promotion and Advancement (CMSPA) is a standing committee of the Faculty of Medicine charged with the responsibility of reviewing the total performance of all medical students in the School of Medicine. By approval of this charge, the Faculty of Medicine delegates to the CMSPA the authority for decisions on student standing and student promotions. The CMSPA recommends candidates for the award of the degree of Doctor of Medicine to the Faculty of Medicine.

CMSPA is responsible for monitoring the following Liaison Committee on Medical Education (LCME) elements:

9.9 Student Advancement and Appeal Process

Specific Functions

The CMSPA will review, as indicated, a given student's total performance. The CMSPA will recommend candidates for the award of the degree of Doctor of Medicine to the Faculty of Medicine. This includes not only the usual indices of formal grades and evaluations but also the professional attitudes and behavior demonstrated by the student. The CMSPA acts on behalf of the Faculty of Medicine in disciplinary matters involving medical students and upholds the Student Code of Conduct as described in the Case Western Reserve University Undergraduate Student Handbook. In addition, the CMSPA reviews and identifies students' total performance in the attainment of the below competencies:

- Research and Scholarship
- Knowledge for Practice
- Interpersonal Communication Skills
- Professionalism
- Personal and Professional Development
- Patient Care
- Teamwork and Interprofessional Collaboration
- Systems-based Practice
- Reflective Practice

The CMSPA is the highest authoritative body that renders decisions on medical student promotion and advancement for both CWRU MD programs. Given the differences in the curricular structure and assessment between the two CWRU MD programs, the Lerner College Program and the WR2 University Program, the CMSPA delegates the initial review of medical students enrolled in the Lerner College Program to its subcommittee, the Medical Student Performance Review Committee (MSPRC).

The MSPRC provides a summary report of its minutes at each monthly CMSPA meeting, and the CMSPA votes to approve these minutes. In cases where dismissal of a Lerner College Program student or repetition of an entire academic year by a Lerner College Program student is recommended, the Chair of the MSPRC will present the details of these cases and the MSPRC's recommendations at the next scheduled CMSPA meeting. The CMSPA is responsible for either approving or not approving the recommendations of the MSPRC. If the CMSPA does not approve a decision of the MSPRC, the CMSPA will direct the MSPRC to take an alternative action to assure consistency in its decisions. The MSPRC

Commented [LL1]: We talked about renaming this to Student Promotion and Academic Achievement Committee or something that is more recognizable to the students. Maybe we could add a "sub title" to the committee name without actually changing the name.

Commented [ASA(2R1)]: I have no problem actually changing the name. We would just need to find and replace COMS with CMSPA or whatever name we land on. Committee on Medical Students has always seemed rather vague.

Commented [PdB3]: Spell out LCME?

Commented [PdB4]: This text will be unclear to the average reader. Move to appendix?

Commented [PdB5]: awkward. Perhaps 'The COMS identifies and reviews....' is better.

50 also provides the CMSPA with an annual report of its recommendations for promotion and remediation
51 for the Lerner College Program students.

52
53 When students are presented at the CMSPA meetings, reasonable efforts are made to contact each student
54 whose performance is to be reviewed so that the individual has the opportunity to present pertinent
55 information for review prior to the monthly meeting. All members, voting and non-voting, may
56 participate in discussions, with the exception of the Associate Dean for Student Affairs or their delegate,
57 who serves solely as a Student Affairs content expert and representative for the Office of Student Affairs.

58
59 All proceedings of the CMSPA are strictly confidential and may not be discussed outside of committee
60 membership. When any member of the CMSPA has any relationship with a student that may interfere
61 with that member's ability to remain impartial in decision-making about that student, that committee
62 member must recuse themselves from any involvement in the student's case. The recused member shall
63 not have access to documents, be present for committee discussions, or participate in voting procedures
64 related to the individual student.

65
66 All decisions of the CMSPA will be presented in writing to the student via a letter signed by the Chair of
67 the CMSPA and copied to the student's assigned Society Dean/Student Affairs Dean within three
68 calendar days of the CMSPA meeting.

69 **Reconsideration requests**

70
71
72 Students have the right to request reconsideration (different from an appeal) of decisions made by the
73 CMSPA, including those recommended by the MSPRC when new information is available.

74
75 Notice to request a CMSPA review of an initial decision must be presented in writing to the Associate
76 Dean of Student Affairs (WR2 University Program) or the Associate Dean for Student Affairs (Lerner
77 College Program) within ten calendar days of the student's receipt of the initial decision and should be
78 addressed to the Chair of the CMSPA. The formal written request should include a statement of the
79 student's reason(s) for requesting a review and may identify faculty who can provide pertinent
80 information in support of the review. The review will be scheduled for the next regular meeting of the
81 CMSPA. The student is expected to be available to address the CMSPA and respond to questions and has
82 the right to have a faculty advocate appear with them before the CMSPA. No other advisor or advocate,
83 other than the CWRU faculty member designated by the student, will be permitted to accompany the
84 student to the review. The advocate may not be a family member. The student and advocate will not be
85 present during the committee deliberation and vote. The decision of the CMSPA will be presented to the
86 student in writing via a letter signed by the Chair of the CMSPA within three calendar days after the
87 review.

88 **Appeals**

89
90
91 A student may appeal a decision of the CMSPA to the Dean of the School of Medicine for the following
92 reasons:

- 93
- 94 1. The Committee failed to follow its own policies and procedures when reaching a decision.
- 95 2. New evidence is available that could impact the Committee's final decision.

96 Appeals to the Dean must be requested in writing by the student within fourteen calendar days of the final
97 decision of the CMSPA and should be addressed to the Dean. The appeal will be presented to an
98 independent, three-member appeals panel, consisting of one block leader/pre-clinical faculty appointed by

Commented [LL6]: All of the student affairs deans or just Steve Ricanati (the only ASSOCIATE dean)?? Let's make this clear. You could say Associate Dean or his delegate (meaning the other society deans).

Commented [ASA(7R6)]: Yes. I purposely wanted to use Associate Dean so we only ever have one representative. I used the full title as the term Associate Dean can refer to several positions.

Commented [LL8]: Do we think this is important? Versus copying the society dean on the communications so the society dean can provide just-in-time support...

Commented [LL9R8]: We also may want to make it clear that the society deans are student affairs deans.

Commented [ASA(10R8)]: Fine wit the CC comment. I was not sure how to refer to the Society Deans in the document as I think their official title is Assistant Dean of Student Affairs which I feel is a mouthful.

Commented [LL11]: Why wouldn't this be a reconsideration review?

Commented [ASA(12R11)]: I see your point. I changed it to final decision. New evidence should first go through a reconsideration review. We added this second point as we received feedback that a student should essentially be able to appeal for any "valid reason" and not just on procedural grounds.



99 the Dean or the Dean's designee, one clinical clerkship director appointed by the Dean or the Dean's
100 designee, and a faculty member chosen by the Assistant Dean for Diversity, Equity and Inclusion for
101 Students. Members of the CMSPA are excluded from sitting on the appeals panel.

102 Prior to proceeding with the appeals hearing, the student will be notified in writing from the Dean's office
103 of the individuals appointed to the panel. Any student concerns regarding the composition of the appeals
104 panel may be raised by the student to the Dean via formal written communication at least seven calendar
105 days prior to the scheduled appeals hearing. In such circumstances, the Dean will be the final authority
106 on the panel composition.

107 During the appeals process, the CMSPA chair will present the facts of the case as well as the original
108 ruling of the CMSPA. The student will be allowed to present the specific reason(s) for appealing the
109 decision including any and all supporting evidence that form the basis for the appeal. The decision of the
110 appeals panel will be according to majority vote and will be communicated to both the Dean and the
111 Chair of the CMSPA in writing within three business days of the hearing. A copy of the appeals panel's
112 decision signed by the Dean will be conveyed in writing to the student and copied to the student's Society
113 Dean/Student Affairs Dean (University Program) or Physician Advisor (Lerner College Program) within
114 seven calendar days of the appeals panel hearing.

Commented [LL13]: Again this over complicates things...it should probably come out of the dean's office with a cc to the society dean.

Commented [ASA(14R13)]: Agree. Verbiage changed.

116 **Reporting Structure**

117
118 Since the CMSPA is a standing committee within the School of Medicine, a summary of the actions of
119 the CMSPA is reported to the Faculty Council annually.

121 **Membership**

122
123 The CMSPA consists of at least nine voting members, including a chairperson who is appointed by the
124 Dean in accordance with the bylaws of the Faculty of Medicine. Nine members are elected by the Faculty
125 of Medicine from among its membership. The Dean of the School of Medicine may appoint four
126 additional voting members at the Dean's discretion. At least four voting members must represent the basic
127 science departments, and at least five voting members must represent the clinical departments. The
128 following individuals serve as ex officio members without voting privileges: the Associate Dean of
129 Student Affairs (WR2 University Program), the Chair of the Committee on Medical Education, the Vice
130 Dean for Medical Education, the Associate Dean for Curriculum (WR2 University Program), the
131 Assistant Dean for Basic Science Education (WR2 University Program), the Chair of the Professionalism
132 Work Group, the Director of Student Assessment, and the Chair of the MSPRC or their designee. In
133 accordance with the bylaws of the Faculty of Medicine, the number of CMSPA members holding the title
134 of Dean will not exceed 40% of the total CMSPA membership. The Registrar of the School of Medicine
135 will serve as secretary. The CMSPA Chair may choose to invite directors from combined-degree
136 programs when their students are being presented (i.e., Director of MSTP, Director of OMFS).

137
138 The term of office of voting members is five years. Elections will be staggered so that at least one
139 member will be replaced or re-elected each year. An elected member who resigns during a term of office
140 will be replaced through an appointment made by the Chair of the Faculty Council. An appointed member
141 who resigns during a term of office will be replaced through an appointment made by the Dean of the
142 School of Medicine or their designee. The Chair may terminate the term of a voting member who misses
143 more than two scheduled meetings during an academic year.

Commented [LL15]: Meaning terminate or replace?

Commented [ASA(16R15)]: Terminate

144
145

146 **Meeting Frequency**

147
148 The CMSPA meets monthly according to a schedule set by the Chair at the beginning of each academic
149 year. Additional meetings may be called by the Chair as needed. The presence of a simple majority of
150 voting members (5) is considered a quorum, and official decisions of the CMSPA require the presence of
151 a quorum. A motion is adopted when affirmed by a simple majority of voting members present.

152
153 The Chair is responsible for creating the agenda and arranging for its dissemination to all committee
154 members prior to the meetings. The Chair (or designee) presides over meetings, and the secretary is
155 responsible for recording the minutes. Minutes of the prior meeting are approved and/or revised as the
156 first order of business, followed by presentations of students and any relevant updates.

157
158 **Approval of Charge**

159 Charge approved by the Faculty Council November 16, 2015

161
162
163
164

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.

More work for Bylaws

The initial starting salary of the faculty member is negotiated with the faculty member and his/her Chair. In general, this value should represent a median salary relevant for the rank proposed. In subsequent years, salary increases will be governed by the School of Medicine Faculty Compensation Plan (Appendix A). A faculty member's salary will be composed of three separate components: a base component, an incentive component and a supplemental component as defined in Appendix A. Changes in a faculty member's salary will be the result of the annual faculty review with their Chair, an evaluation of the faculty member as viewed through the department's metrics and other possible considerations. Routinely, both base pay and supplemental have predefined values (base is the sum of the previous year's base plus merit added each year; supplemental is a value assigned depending on the specific task assumed by the faculty member). For exceptional achievement, the Chair may choose to add incentive pay as an additional reward.

In subsequent years, the base salary will not be decreased. Supplemental salary will be removed at the time the faculty member no longer is performing the supplementary duty. The incentive component may be reduced but not by more than 20% in any given year.

Perhaps an addition to section 5.2 of Bylaws (terms of appointment -> terms and conditions of appointment).

SOM Faculty Compensation Plan

The following plan, developed with the input of the Ad-Hoc committee on faculty compensation and the faculty council, and approved by the Dean, outlines the principles of a faculty compensation plan designed to:

- 1) Honor the contributions of individual faculty to their discipline, department, the SOM and CWRU as a whole, enhancing the university and school strategic plan and increasing national and international recognition,
- 2) Be competitive with peer institutions,
- 3) Encourage the development and monitoring of faculty-driven criteria for merit and incentive components at the Departmental level,
- 4) Enhance SOM revenues over time by appropriately recognizing outstanding faculty efforts,
- 5) Provide flexibility to respond to the unique circumstances of individual faculty, and
- 6) Align with the CWRU faculty by-laws and the CWRU faculty senate guidelines on compensation.

Based on these principles, we propose that the faculty compensation plan consist of two principal components: **Fixed compensation (Base + Merit) and Incentive Compensation (Incentive)**. Fixed compensation (Salary) will consist of a **Base** component, which may be adjusted yearly based on annual **Merit** increases (when justified and when available, see below). Merit increases are based on departmental evaluation of performance through the process of annual faculty activity summary completion and evaluation by Chairs benchmarked to Departmental Metrics plans and allowing for specific faculty circumstances.

In addition, faculty may receive Incentive compensation. This will consist of **Incentive** pay, based on exceptional contributions in research, education, service, and leadership. Incentive pay provides a mechanism for rewarding outstanding performance. The incentive component will be determined on an annual basis, will not be included in fixed compensation and will not automatically renew from year to year.

Determination of total compensation. To continue to attract and retain the best faculty, salaries must be competitive within the market in which we compete. The School is committed to a goal in which the departmental median salaries are at or above the median salary by rank and discipline for all US medical schools as reported by the AAMC. For departments not listed by the AAMC, the department Chair and Dean agree on which discipline most closely represents his/her faculty.

Determination of merit increases: Faculty base salary may be adjusted when funds are provided for a merit pool as established annually by the University. These funds (merit increases) will be allotted in accordance with guidelines that are specific and pertinent to the missions of each department, and which define excellence in the areas of research, education, service, and leadership responsibility. Faculty members in each department, in consultation with their Chair, have developed written guidelines for faculty merit increases within the framework of the general guidelines provided by the SOM. These merit salary plans will be reviewed periodically by the Faculty Council Committee on Compensation and by the Dean's office.

Determination of incentive pay: Faculty members who display outstanding performance based on departmental "incentive pay" guidelines for research, service, and/or education (**e.g. high merit**) will be eligible for incentive pay in recognition of their achievements and/or responsibilities on an annual basis. Given the different missions of the various departments, criteria for high merit pay may be defined by the faculty and/or Chair of each department differently. The incentive component will be determined on an annual basis, will not be included in fixed compensation, and will not automatically renew from year

to year. The incentive pay recognizes and rewards outstanding faculty performance without committing the SOM to permanent salary increases. To accommodate different Departmental circumstances, Chairs will nominate candidates for high merit pay to the Dean on an annual basis and final decisions on incentive pay will be made at the school level.

Supplemental Pay: Supplemental pay for faculty leadership responsibility will be allocated for specific leadership roles on an annual basis at the discretion of the Chair for Departmental responsibilities (and reviewed as part of the Departmental annual budgeting process) or the Dean for SOM level responsibilities. Supplemental pay is job-related, continues while the faculty member continues those responsibilities, and terminates when those responsibilities terminate, possibly resulting in reduction of total compensation.

Implementation. To ensure transparency in the award of merit and incentive raises, each department is expected to develop a merit and incentive compensation plan with significant faculty input, have their plan evaluated upon initial establishment by the Faculty Council, and have their plan reviewed and ultimately approved by the Dean. Once a department has completed this process and review, it is expected that merit raises will be handled at the Departmental level as part of the annual faculty evaluation process. Departments that decide not to develop a plan will have their merit and incentive pay recommendations reviewed in detail at the School level. Recently, most Departments have completed this process. In addition, the Faculty Council has recently established a faculty Committee on Budget, Finance and Compensation. This committee will periodically provide advice on Departmental plans and/or changes in plans proposed by Departments or the Dean.

Notes: This plan covers only faculty members whose compensation is 100% paid by Case Western Reserve University. Supplemental and incentive pay are considered “regular pay” in the sense that they, along with Base and Merit pay, are included in the base on which benefits are calculated. Incentive pay will not be changed during the year it is awarded. Since incentive pay may continue in subsequent years as long as performance continues at the high merit level, it is distinct from a bonus, which is explicitly considered a one-time payment. However, incentive pay will be reviewed annually and may be reduced or rescinded as a result of the review. Supplemental pay will not be changed during the year, unless the faculty member resigns or is dismissed from the specific position associated with the supplement.

BC-approved proposed changes to bylaws sections 2.3-2.6 for FC consideration.

old: current bylaws text of a relevant section with deleted/changed text in red.

new: same section with proposed new text in blue.

Line numbers in the *rationales* refer to the 'old' text.

old:

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).

new:

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; (3) their departmental Faculty Council representative (see Article 3.3); **and (4)** a majority of the voting members of the standing committees listed in section 2.6a.

Rationale:

Lines 11-13 (BC initiated, BC-approved: 3/25/24):

The privilege to participate in departmental elections for faculty council representative, as a candidate or a voter, is (and has always been) restricted to regular (full time) faculty members.

The old text, however, can be read to suggest that perhaps all faculty (regular + special) can vote on the FC representative of their department.

The proposed new text is unambiguous and shorter.

old:

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.

new:

2.4: Meetings of the Faculty of Medicine

a. Regular Meetings. The Faculty of Medicine shall schedule at least three meetings each academic year. The dean of the School of Medicine shall chair these meetings and describe the state of the school at one of the meetings. Another meeting shall have medical education as its main business. 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. In the event of university closure, a Faculty of Medicine meeting scheduled for that day shall be rescheduled.

b. Special Meetings. The Faculty of Medicine shall also meet on the call of the president or the dean, at the request of the Faculty Council, or on written petition of at least 30 faculty members presented to the Faculty Council.

Rationales:

Lines 2-5 (BC and dean-initiated, BC-approved: 3/25/24):

The proposed language is more direct and also clarifies that the dean, as the chair of the Faculty of Medicine (Article 2.2), chairs these meetings.

Lines 6-9 (BC-initiated, BC-approved: 3/25/24):

We propose to cut the statement: 'Meeting dates and times will be coordinated to accommodate appropriate schedules.' as it is largely self-evident, and not useful without specifics on whose schedules will be coordinated by whom and how.

We propose to cut the sentence: ' The Faculty Council may cancel a scheduled meeting of the faculty in the event there is no business to be conducted.' since this statement from 1978 is no longer applicable/logical; As prescribed in the preceding text, there will always be an agenda (i.e. 'state of the school', 'medical education', and 'open forum') for each of the three regular meetings of the Faculty of Medicine.

Line 11 (BC-initiated, BC-approved: 3/25/24):

The old language that a special meeting of the Faculty of Medicine can be called upon written request by only 10 faculty members stems from 1978 when the total number of such SOM members was several-fold lower than it is now. Given the large number of current SOM Faculty members, organizing and holding a special meeting is no trivial matter, and we propose to increase the number from 10 to 30. The latter is somewhat of an arbitrary number, and the Faculty Council may wish to discuss/alter it.

old:

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.

new:

c. Special faculty whose titles are modified by the adjectives adjunct or clinical may vote at meetings only on matters concerning the planning, approval or execution of educational programs, 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 two representatives to the Faculty Council.

Rationales:

Lines 8-9 (BC-initiated, BC-approved: 3/25/24):

This old sentence from 1978 is no longer clear/applicable. There are now many curricula and instructional programs at the SOM. The proposed new text is more comprehensive and shorter.

Line 11 (BC-initiated, BC-approved: 3/25/24):

Insertion of the word 'two' helps clarify that this refers to the two voting 'representatives from the special faculty whose titles are modified by the adjective adjunct or clinical' as described in Articles 3.2a and 3.3e, and not the departmental representative.

old:

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 Medical Student Admissions Committee
- (2) The Bylaws Committee
- (3) The Committee on Budget, Finance, and Compensation
- (4) The Committee on Appointments, Promotions, and Tenure
- (5) The Committee on Medical Education
- (6) The Committee on Medical Students
- (7) The Lecture Committee
- (8) The Committee on Biomedical Research
- (9) The Committee on Women and Minority Faculty
- (10) The School of Medicine Program Review Committee

new:

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 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.
- (2) 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 (SOM) on matters including but not restricted to the research portfolio, enabling technologies, research infrastructure, and biomedical workforce.
- (3) The Committee on Budget, Finance, and Compensation shall serve as the Faculty's principal forum for SOM budgeting, finances, and faculty compensation. This Committee will consult with Faculty and advise the SOM administration on relevant SOM policies and procedures.
- (4) 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.
- (5) The Lecture Committee shall serve to select invited speakers who are to deliver the Bloomfield and Hanna lectures for the entire School of Medicine as well as other endowed lectureships that are intended to serve the School of Medicine community.

(6) The Committee on Medical Education shall evaluate, review, and make recommendations concerning the overall goals and policies of the School's medical education programs.

(7) The Medical Student Admissions Committee shall participate in establishing admissions policies and procedures and in annual decision-making regarding individual medical student applications to the Case Western Reserve University School of Medicine.

(8) The Committee on Medical Students shall have the responsibility for reviewing the total performance of all medical students and the authority to make decisions on medical student standing and student promotions. Each year it shall submit the lists of candidates for the award of the degrees of Doctor of Medicine, [Master of Science in Physician Assistant Studies](#) and [Master of Science in Anesthesia](#) to the Faculty Council (see Article 3.1a).

(9) The School of Medicine Program Review Committee shall review new graduate and undergraduate programs involving departments within the School of Medicine, major changes to existing programs (defined as a change to 50% or more of the curriculum), new joint degree and dual-degree programs and may also review other (non-MD) programs at the Dean's request.

(10) The Committee on Women and Minority Faculty shall identify factors that have impeded progress towards improving the status of women and minority faculty and recommend ameliorative policies and actions to the School of Medicine Faculty Council and Administration.

Rationales:

Section 2.6a (initiated by Darin Croft, BC-approved: 3/25/24):

It is proposed to change the order of the brief descriptions of the SOM standing committees in this section to reflect the same 'alphabetised' order used on the Faculty Governance webpage (<https://case.edu/medicine/faculty-and-staff/office-faculty/faculty-affairs/faculty-governance>).

COMS description (dean-initiated, BC-approved: 3/25/24):

The dean wishes the MS degrees in Anesthesia and in Physician Assistant Studies to be included here. Note that this change will need to be reflected in an updated COMS charge document as well. Maybe first wait for a new charge document?

old:

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**.

new:

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 appoint one of the elected members of each **as** chair of **that** committee, unless other provisions for appointment of the chair are made in **these bylaws (Article 5.10a) or in the committee's charge document**.

Rationales:

Lines 7-8 (initiated by Darin Croft and BC, BC-approved: 3/25/24):

Alternative provisions for appointment of standing committee chairs are currently made in the bylaws (CAPT, article 5.10a) OR in the charges of some of the standing committees. These charge documents are officially not part of the SOM bylaws proper, as changes to charges require approval by the bylaws committee and the Faculty Council only.

The proposed language is accurate while the old language is incomplete.

old:

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.*

new:

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. *The dean or the Faculty Council shall not appoint any ad hoc committee whose mission or charge substantially overlaps with those 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 *unavailable*, the Nomination and Elections Committee shall appoint an alternate of its choosing to the committee. In either case, this appointee *shall serve* for the remainder of the term of the resigning member.

Rationales:

Lines 4-6 (initiated by the dean, Matthias Buck, and BC, BC-approved: 3/25/24):

The new language makes clear that such redundant ad hoc committees cannot be created by either the dean or the faculty (i.e. by no one). Also, redundancy from old text is now removed ('to duplicate' < 'to substantially overlap'), and the sentence is clearer.

Lines 15 (initiated by the dean, BC-approved: 3/25/24):

New text is shorter.

Line 17-18 (initiated by NEC via Nicole Deming, BC-approved: 3/25/24):

It is far more efficient to have this appointee serve the remaining term rather than have to be elected again after filling in for only one year or less.

new:

d. The dean shall be a **non-voting** 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 Committee on Medical Education and the Committee on Medical Students are exempt from this rule. For these committees, 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.

Rationale:

Line 1 (initiated by the dean, BC-approved: 3/25/24):

The insertion of 'non-voting' clarifies that the dean is a non-voting ex officio member of all standing committees. This reflects long-standing practice/tradition, and this formal clarification allows for a more precise interpretation of bylaws mandates concerning the membership compositions of standing committees, such as the mandates in 2.6b that: 'The majority of the voting members of each of these Standing Committees shall be elected by the regular members of the Faculty of Medicine' and 'The number of non-voting members shall not exceed the number of voting members'.

Point for discussion by the Faculty Council concerning bylaws article 2.6 b and c:

Proposal by Ashwini Pandit (MD, UH Hospitals) to allow special faculty whose titles are modified by the adjectives adjunct or clinical (i.e. excluding emeritus and visiting special faculty) to:

- i) vote for members of standing committees, and
- ii) to stand for election for membership of standing committees.

Rationale: Special faculty members whose titles are modified by the adjective adjunct or clinical represent a diverse group of clinicians and educators, many of whom are highly motivated individuals with an interest in furthering their contributions to medical education and CWRU SOM. Allowing special faculty members to vote in elections to select voting members of Standing Committees (2.6b) incentivizes their engagement with these Standing Committees, and promotes equity. Diversifying the voter base for these elections by including special faculty may also help increase the diversity of Standing Committee membership. Furthermore, the opportunity to serve as members of Standing Committees (2.6d) would allow special faculty to seek leadership roles which contribute to their career development, and can strengthen their credentials to apply to become regular faculty.

Caveat: If this change is approved, efforts will need to be made to appropriately communicate to all special faculty members that they are now eligible to serve on Standing Committees and eligible to participate in such elections to select voting members.

Cleveland Clinic Research

April 15, 2024

Serpil Erzurum, MD

Chief Research & Academic Officer

Cleveland Clinic



Cleveland Clinic Mission

CARING FOR LIFE

RESEARCHING FOR HEALTH

EDUCATING THOSE WHO SERVE

The Cleveland Clinic logo, a stylized cross composed of four rounded squares, is located in the bottom right corner of the slide.

The Chief Research & Academic Office

Serpil Erzurum, MD
Chief Research & Academic Officer

Education

Research

Innovations

Northeast Ohio • Florida • London • Abu Dhabi

Cleveland Clinic + Case Western: Partners in Research and Medicine

- Cleveland Clinic Lerner College of Medicine
- Molecular Medicine PhD program
- Research faculty appointments in Department of Molecular Medicine, School of Medicine
- Case Comprehensive Cancer Center



Jonathan Smith, PhD
Director, Molecular Medicine
PhD Program

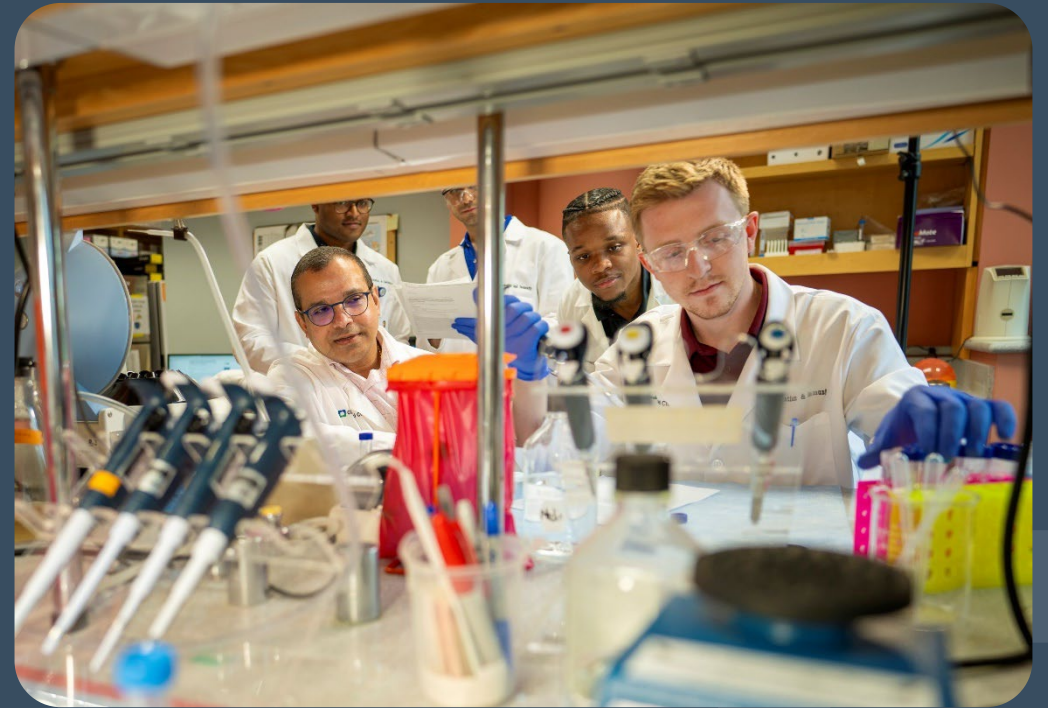
2023 By the Numbers

Lerner Research Institute:

- **240** labs
- **1,800+** caregivers

Across Cleveland Clinic:

- **\$435M** research funding
- **3,719** active research projects
- **5,835** publications



Research Impact Areas



Cancer



Inflammation



**Heart &
Vascular**



**Neurological
& Vision**

Shared Laboratory Resources

Providing advanced technologies, equipment and expertise to support laboratory, translational and clinical research

Learn more:

www.lerner.ccf.org/cores



Shared Laboratory Resources

Ohio

Cell Culture
Center for Therapeutics Discovery
Cleveland Clinic BioRepository
Clinical Research Unit*
Computing Services*
Flow Cytometry
Genomic Medicine BioRepository*
Genomics
Glassware*
Hybridoma**
Laboratory Diagnostic
Media Preparation
Microbial Culturing & Engineering
Microbial Sequencing & Analytics

Molecular Biotechnology
Proteomics & Metabolomics

Center for Immunotherapy & Precision Immuno-Oncology

Computational Immunology Platform
Discovery Lab
Immunomonitoring Lab

Imaging

Electron Microscopy
Histology
Immunohistochemistry
Light Microscopy

Medical Device Solutions

BioRobotics
Electronics
Engineering (3D Printing, Nitinol)
Instrument Refurbishing & Repair
Mechanical Prototyping
Polymer

Florida

Bioinformatics
Flow Cytometry
Imaging
BSL-3

*Cleveland Clinic clients only **Inquire

Cleveland Innovation District

- **\$500 million** investment in education, research and jobs
- Positioning Ohio as an international leader for research into emerging pathogens and virus-related diseases
- Job creation & education
 - **1,900+** new jobs
 - **2,000+** degrees & certificates
- Investments in our community



Cleveland Clinic BioRepository



Collected **155k** biospecimens
from **11.5k** patients



Storing **816k** biospecimens
from **42.9k** patients in **48** IRBs

December 2020 – December 2023

Cleveland Clinic + IBM

Discovery Accelerator

Advancing the pace of discovery through high-performance computing, artificial intelligence and quantum computing

- 45 Statements of Work
- 2,000+ Education participants
- DARPA & Wellcome Leap grants
- First publication Jan. 2024



The IBM Quantum System One installed at Cleveland Clinic is the first quantum computer in the world uniquely dedicated to healthcare research.

Discovery Accelerator University Partnership

- Free 3-month pilot access to quantum computer
- Access to education modules
- Access to investigators

Have a project idea? CWRU Contact: Vipin Chaudhary
(vipin.chaudhary@case.edu)

More information: ComputationalLifeSci@ccf.org

Cleveland Clinic + Canon

- Strategic imaging research partnership
- Cardiology, neurology and musculoskeletal imaging project collaborations
- Potential for co-creation of intellectual property
- Canon will occupy "IBM" building at Opportunity Corridor and Cedar Ave





Innovation District + Research Expansion

Adding 290k+ square feet on main campus

Global Locations



Florida

- Clinical trials
- Florida Research & Innovation Center
- Vaccine Development



London

- Clinical trials + translational research
- NIH-Oxford-Cambridge University PhD scholar program



Toronto

- Clinical trials



Abu Dhabi

- First clinical trial to start soon
- Recruiting clinical + translational leaders



Every life deserves world class care.