

**Faculty Council Meeting
Meeting Minutes
May 20, 2024**

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:02-4:05PM	Welcome and Chair's Announcements	Matthias Buck	<p>The Chair called the meeting to order at 4:02PM. Dr. Buck reviewed the agenda items that would be discussed at today's meeting. Any agenda items for the June 17 Faculty Council Meeting must be submitted to him by May 24 in order to be reviewed by the Steering Committee on June 3.</p> <p>The June Faculty Council meeting will be hybrid (BRB105 and Zoom) followed by a reception in BRB100. Those who want to attend the meeting in person should bring their laptops for voting.</p>	
4:05-4:06PM	Approval of April Faculty Council Minutes	Matthias Buck	When polled, there were no edits or corrections suggested to the April 15 Faculty Council Meeting minutes.	The April 15 Faculty Council Meeting Minutes were approved by general consensus.
4:06-4:09PM	Dean's Announcements	Stan Gerson	<p>Dean Gerson remarked that Case had a very successful commencement this year and all levels of graduation went off with great enthusiasm and without a hitch. This year attendance at Severance Hall was the best turnout they ever had.</p> <p>The selection of the new Neurosciences chair should be made in the next several weeks. At the university level, efforts to pursue and develop the take-down of Yost Hall continues. Huge congratulations go out to Alex Wang who just received notice of a 5-year award for the MSTP program, which has the honor of being the longest standing MSTP program in the</p>	
4:09-4:21PM	Department of Radiation Oncology	John Chae	Dr. Chae presented a proposal to Faculty Council for the establishment of an academic department of Radiation Oncology at the MetroHealth System campus, affiliated with Case Western Reserve University. The academic chairperson of the new Radiation Oncology Department would be Dr. Roger Ove, who is currently the Director, Division of	

	Department of Radiation Oncology (continued)		<p>Radiation Oncology, Department of Medicine, MetroHealth System. The Department of Radiation Oncology was first established at MHMC twenty years ago and is an academic and clinical division of Medicine. In November 2023 MetroHealth established the clinical Department of Radiation Oncology; academically it remained a Division of Medicine.</p> <p>The division is already quite active with GME teaching and with more limited medical student engagement.</p> <p>The Department of Radiation Oncology is sufficiently robust, should stand apart from the Department of Medicine, and become its own academic and clinical department. This aligns with parallel academic departments or Radiation Oncology at CCF and UH. There would be no adverse impact. All publications authored by Case faculty will make note of the CWRU appointment. Financially, they are quite strong and will not need any financial support from the university.</p> <p>Faculty Council is here to make a recommendation to the Dean. The Chair noted that the procedure to establish a new department was posted in the FC BOX folder. It lists the topics/points that a proposal should address and they have all basically been addressed today.</p> <p>While Faculty Council does make a recommendation to the Dean, they do not need to vote. The Chair did not see any concerns or objections to making a positive recommendation.</p>	
4:21-4:28PM	Report from Committee on Medical Education	Corinne Bazella	<p>Dr. Bazella presented the Committee on Medical Education's annual report to Faculty Council. CME is a committee where the majority members are elected members from faculty. Meetings are open and those who would like to address agenda topics are welcome to attend.</p> <p>Over the past year, the CME has evaluated, reviewed and made recommendations of CME sub-committees' activity (through regular reports of JCOG, WR2, CCLCM Steering Council, and assessment committees) and oversaw the charge changes for those committees. The revision of the Educational Program Objectives was reviewed (what all students</p>	

	Report from Committee on Medical Education (continued)		<p>must learn prior to graduation and the curriculum mapping). They evaluated and approved several new policies: technical standards, transfers and drug screening.</p> <p>They reviewed graduation rates, USMLE results, resident readiness survey and whole curriculum review report. They monitored the LCME standards dashboard for areas of compliance and non-compliance and improvement plans for standards of non-compliance. They reviewed data from the Graduate Questionnaire and the Independent Student Analysis survey of student satisfaction with their educational experience in preparation for the LCME site visit.</p>	
4:28-4:35PM	Edits to the Charge of the Committee on Medical Education	Corinne Bazella	<p>Dr. Bazella noted that the CME charge has not been updated since 2018, and many of the edits are being made because of the age of the charge. The goals of the CME Bylaw changes are: Student representation would be proportional to the number of students in the various programs. New leadership positions would be added and positions that have not been either combined or eliminated would be removed. Subcommittees would be restructured to address the flow of information on LCME standards, assessment and curriculum effectiveness. The charge would be updated to reflect the new committees that have been created.</p> <p>Dr. Bazella explained the changes and breakdown in the composition of the voting and non-voting members of the committee. She noted that the number of students on the committee had been increased as were the votes that they had. They had added the position of Assistant Dean of DEI which was consistent with value of inclusion.</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 send the Committee on Medical Education proposed changes to the Bylaws Committee.</p> <p>Vote: 35 were in favor, 0 were against, and 2 abstained.</p> <p>The motion is approved.</p>
4:35-4:38PM	Vote on Name Change of CME	Corinne Bazella	<p>The Chair explained that Faculty Council previously approved the name change of the Committee on Medical Students to the Committee on Medical Student Promotion and Advancement. and now needed to approve the name change in the bylaws.</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>

	Vote on Name Change of CME (continued)			<p>Vote: 32 were in favor, 0 were against, and 3 abstained.</p> <p>The motion is approved.</p>
4:38:4:56PM	Update on Research at University Hospitals	Dan Simon	<p>Dr. Simon presented an update on the state of University Hospitals Research to Faculty Council. He stated that current strategic planning is tasked towards making UH a next generation health system dedicated to addressing unmet clinical needs of patients in the community, and advancing patient care through research. He highlighted the institution's growth in research expenditures, partnerships and personnel, including the creation of the Oxford Harrington Rare Diseases Centre and the recruitment of 12 new scientists. He stressed the importance of research as it improves healthcare outcomes, attracts top talent and patients, produces intellectual properties, drives philanthropy, and creates a biomedical ecosystem impact.</p> <p>Dr. Simon also noted significant achievements in various research areas e.g. the discovery of a potential target for a new class of diabetes drugs. He celebrated team members' successes, including several receiving their first R01. He provided an overview of the 2023 Key Academic Metrics and a breakdown of UH research grants.</p> <p>He noted that University Hospital Cleveland Medical Center is ranked 14 in the U.S. and 28 in the world, as ranked by UK Brand Finance.</p> <p>The CWRU-UH Joint Strategic Leadership Committee is tasked with putting forth a joint effort to attract and retain the right talent and develop programs in key research areas. He also discussed the importance of becoming more self-sustaining through commercialization efforts and strengthening academic partnerships.</p>	
4:56-5:22PM	Items from Graduate Student Council	Alyssa Hubal Alicia Santin Marvin Nieman	Alyssa Hubal and Alicia Santin provided an overview of information collected from the BGSO (Biomedical Graduate Student Organization) Survey that was distributed in May of 2023 by anonymous link. All questions were optional and There were 116 respondents. The survey was organized into three sections: I. General Feelings/Experiences, II. Trainee-Faculty Relationships, and III Optional Anonymous Anecdotes.	

	<p>Items from Graduate Student Council (continued)</p>		<p>They discussed the prevalence of power-based abuse in academic culture, particularly at CWRU. The majority of student concerns fell outside the purview of the Office of Equity and Title IX, with faculty being the primary offenders. As a result, students were experiencing burnout, anxiety, and trauma, and were reluctant to report incidents due to concerns about retaliation; 70% felt reporting doesn't fix anything.</p> <p>The Title IX Agreement secured by the Justice Department addressing campus sexual assault and harassment with Case Western Reserve University requires CWRU to undertake extensive reforms including publicizing Title IX policies and protocols and developing user-friendly materials so the CWRU community to know how to report concerns regarding sex discrimination and access resources to address it and delivering comprehensive annual training for all students and employees. Also, Funding of the women's center, Office of Greek Life and University Health and counseling Services, as needed to support students affected by sex discrimination.</p> <p>CWRU stated that while the DOJ's findings were not in alignment with their records, they did feel that CWRU has a moral responsibility to protect the members of our campus community.</p> <p>A culture shift was identified as necessary to ensure a safe working environment for students, with several recommendations including a clear chain of command for graduate education, and uniformity in policies across departments. It was suggested that faculty behavior should be reviewed annually, and faculty professionalism clearly articulated and accessible to students. An SOP should be developed for mediation.</p> <p>Dr. Kubu, as Vice Dean of Faculty, noted that as part of the revision of the APT, CWRU is emphasizing professionalism throughout. The Professionalism Committee is scheduled to present a report to Faculty Council in June. Alan Levine suggested that a small group of Faculty Council members should be formed to meet with Alicia and Alyssa to start to put their recommendations into motion. Volunteers should email Dr. Buck.</p>	
--	--	--	---	--

5:22-5:24PM	Floor Nominations for Chair Elect and Steering Committee		<p>The Chair solicited nominations for the Faculty Council Chair-Elect and Faculty Council Steering Committee positions. The ballot for Faculty Council representatives will go out in a week or two along with the election for standing committee members.</p> <p>Dr. Levine received four nominations for the Steering Committee. They are: Elvera Baron, Tina Malhotra, Scott Williams and Hulya Senthilkumar.</p>	
5:24-5:25PM	Report from Senate and Senate ExCom	Elvera Baron	The last Faculty Senate meeting for the academic year was held in May. Dr. Baron noted the SOM has the lowest response rate (10%) to the climate survey.	
5:25-5:27PM	Report from FCSC	Alan Levine	<p>They discussed the Dean's APT report and sent a brief set of bullets to the Dean summarizing their thoughts. Integrating the clinical faculty into the APT process and advance and extend the definition of contributions to the School of Medicine was thought to be an outstanding idea. They also were strongly supportive of focusing on impact over service. Four tracks were proposed versus three (Academic Tenure Track, Education Academic Track, Research Academic Track and Clinical Academic Track). They thought the document in its current form was overly complex, and sought more clarity and less confusing language regarding what clinical faculty must do to proceed along their track. A simpler, less detailed document was requested, highlighting why changes are needed and underscoring the key changes.</p>	
5:27-5:29PM	Discussion of APT reform	Matthias Buck	<p>Dr. Buck noted that the APT Reform document had been circulated to all faculty with feedback requested. He received about 30 messages which were sorted and prioritized by topic or issues that should be discussed with the Dean and his team. In the last two weeks they have had a very responsive editing phase and improvement of the document and now have a new version that will be shared with Faculty Council representatives before they have another discussion in June. He would be happy to post that document that outlines the process of how they focused on a certain number of issues (done in box) and not entertain issues now that might sidetrack the process.</p>	

5:29-5:30PM	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

Robert Abouassaly
Joshua Arbesman
Blaine (Todd) Bafus
Elvera Baron
Corinne Bazella
Maura Berkelhamer
Melissa Bonner
Neil Bruce
Matthias Buck
Adrienne Callahan
Francis Caputo

Marta Couce
Darin Croft
Margot Damaser
Piet de Boer
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
Erin Lamb
Alan Levine
Shawn Li
David Ludlow
Janice Lyons
Tani Malhotra

James Martin
William Merrick
Gillian Michaelson
David Mihal
Attila Nemeth
Rebecca Obeng
Anastasia Rowland-Seymour
Hemalatha Senthilkumar
Paul Shaniuk
Bryan Singelyn
Jacek Skowronski

Courtney Smalley
Phoebe Stewart
Usha Stiefel
Ben Strowbridge
Nami Tajima
Geroge Videtic
Mark Walker
Robert Wetzel
Scott Williams
Wei Xiong
Raed Zuhour

Absent

Moises Auron
Dan Cai
Aleece Caron
Mohamad Chaaban
Patrick Collier
Andrew Crofton
Meelie DebRoy
Mackenzie Deighen

David DiLorenzo
Jonathan Emery
Corinna Falck-Ytter
Bahar Bassiri Gharb
Rachael Gowen
Jason Ho
Peter K. Kaiser
Eric W. Kaler

Vijaya Kosaraju
Sangeeta Krishna
Christina Krudy
Stephen Leb
Jennifer Li
Lia Logio
Dan Ma
Mariel Manlapaz

Raman Marwaha
Christopher McFarland
Rocio Moran
Dean Nakamoto
Neal Peachey
Cyrus Rabbani
Abigail Raffner
Deven Reddy

Tamer Said
Matthew Sikora
James (Jim) Strainic
Joseph Tagliaferro
Patricia Taylor
Johannes von Lintig
Ari Wachsman
Samina Yunus

Others Present

John Chae
Nicole Deming
Agata Exner
Adrienne Fletcher

Trish Gallagher
Joyce Helton
Hitoshi Hirose
Alyssa Hubal

Cynthia Kubu
Brad Lashner
Donald Mann

Marvin Nieman
Lila Robinson
Alicia Santin

Dan Simon
Xiaomei Song
Nicholas Zaorsky

**Faculty Council Meeting
Draft 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	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.	
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)		<p>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}.</p> <p>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.</p> <p>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.</p> <p>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>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>	
--	---	--	---	--

	Discussion and Tweaks to APT Reform (continued)		<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.	

Attendance will be added.

4 April 2024

Stanton L. Gerson, MD
Dean, School of Medicine
Senior Vice President for Medical Affairs
Asa & Patricia Shiverick – Jane B. Shiverick (Tripp)
Professor of Hematological Oncology
Case Western Reserve University

Re: Establishment of Academic Department of Radiation Oncology
MetroHealth System

Dear Dr Gerson and Faculty Council

It is my privilege to propose the establishment of the Academic Department of Radiation Oncology at the MetroHealth System campus, affiliated with Case Western Reserve University. The academic chairperson of this new Radiation Oncology Department would be Dr Roger Ove; the same individual who is currently the Director, Division of Radiation Oncology, Department of Medicine, MetroHealth System.

Radiation Oncology Current Status:

Currently Radiation Oncology is a Division of the Department of Medicine, as it has been for over 20 years. Dr Peter Laye, Division Director since 2011, stepped down in late 2021 and a national search ensued in early 2022 for a replacement. It became increasingly apparent through the recruitment process that lack of department status was a hindrance to recruitment of top talent candidates. We were fortunate to successfully recruit Dr Roger Ove in early 2022; with the tacit agreement that the Chairperson of the Department of Medicine would petition for the establishment of a new academic department of Radiation Oncology. Dr Richard Blinkhorn, the Chairperson of Medicine at the time, petitioned the Medical Executive Committee, MetroHealth System to establish a new Department and this received final approval in November 2023. As a backdrop, the other large CWRU-affiliated hospital systems in Cleveland (viz. Cleveland Clinic Foundation and University Hospitals Cleveland Medical Center) have academic Departments of Radiation Oncology within a CWRU based academic department as well.

Proposed Chairperson-Background and Training:

Roger Ove, M.D., PhD is the Director, Division of Radiation Oncology, Department of Medicine, at the MetroHealth System and Clinical Associate Professor of Radiation Oncology at Case Western Reserve University. His application to become a full time Associate Professor is in process. He was formerly the Medical Director, Radiation Oncology, UH Seidman Cancer Center at Avon, before joining MetroHealth.

He obtained his undergraduate degree in Mathematics and Physics, University of Pittsburgh 1980; his PhD in Physics at Yale University in 1986; and his medical degree from the University of Illinois in 1995. He completed his transitional year in internal medicine at St Raphael Hospital, Yale 1995-1996; then his residency in radiation oncology, University of Maryland 1997 to 2000.

While Dr Ove treats a broad spectrum of malignancies, he has unique specialty expertise in the treatment of genitourinary and head and neck cancers.

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

As well delineated in Dr Ove's CV, he has been a Principal Investigator or Co-PI on no fewer than a dozen clinical trials and translational research. His funding has included the National Science Foundation, the NCI K12 faculty research development award; pharmaceutical-sponsored trials, and institutional grants from East Carolina University and the Mitchell Cancer Institute, University of South Alabama.

His teaching activities have included precepting medical student rotators while faculty at University of Alabama, East Carolina University, University of South Alabama, and University Hospitals CMC. He has given mock Oral Board examination prep courses for residents in radiation oncology as well as refresher courses, for many years. Dr Ove's CV has a list of oral presentations and teaching activities that is nearly a page long on his CV; and will not be reiterated in this recommendation letter, for brevity. His bibliography includes 45 manuscripts, 9 book chapters, and over two dozen posters and abstracts.

At arrival, Dr Ove joined Dr Peter Laye, the previous Division Director. To adequately manage the census of patients, reliance on locum tenens physicians was mandatory. Since Dr Ove's arrival he has successfully recruited two additional academic radiation oncologists and there are no longer any locum tenens personnel. New faculty have included Dr Tithi Biswas, Professor, Department of Radiation Oncology, School of Medicine, CWRU; and Dr Suzanne Russo, Clinical Associate Professor, Department of Radiation Oncology, School of Medicine, CWRU. Together they bring an extensive experience in extramural funded clinical trials/translational research with involvement in dozens of previous clinical trials. I have attached their respective CVs for review rather than attempt to summarize such depth and breadth.

Now that the Cancer Care Institute has a new Executive Director, Dr Rakshanda Rahman, with extensive background in clinical trials and translational research, coupled with the arrival of three highly successful academic radiation oncologists, many research opportunities for trainees and staff will emerge. Since Dr Ove's arrival, new collaborative clinical research opportunity is already underway in the realm of Theragnostics for prostate cancer. These new investigational opportunities will not only include trainees from the Department of Medicine's subspecialties (i.e medical oncology, blood transplantation and cellular immune therapy) but also for trainees from Gynecologic Oncology; Surgical Oncology and Otolaryngology.

For staff, the MetroHealth System Research Institute offers research and career mentorship and strongly encourages and financially supports physician researchers to initiate or participate in clinical research. Dedicated research infrastructure to support the research activities within the Cancer Care Institute have been recently augmented and include dedicated research administrative infrastructure, data management support, dedicated statisticians, collaborative relationships with the Population Health and Equity Research Institute. It should also be acknowledged that growth in investigational grant applications through the MHS Research Institute has become an annual MHS Goal.

Currently residents have a number of different educational opportunities to support their education and experience with research during their clinical rotations, didactics, journal clubs, morbidity and mortality conference, but these have historically been limited to their respective Departments. With the establishment of a new Department of Radiation Oncology, investigational opportunities uniquely involving and collaborating with this discipline can certainly be anticipated.

To date, it will be clear that training opportunities for medical students have been meager to nonexistent for radiation oncology. While the MHS has over a century of rigorous instruction of medical students from the School of Medicine, CWRU, these activities have been largely limited to the traditional medical specialties, unfortunately not including radiation oncology.

With the arrival of our newest academic faculty in radiation oncology, even a superficial perusal of their respective CVs will inform the reviewer of the seriousness with which they have been involved in medical education heretofore. It can be fully anticipated that with their arrival, new opportunities will exist for student trainees to be exposed to this discipline in an inner-city environment with unique patient diversity and socioeconomic backgrounds. We find this to be a very exciting new opportunity for our student trainees.

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

The proposal to create an Academic Department of Radiation Oncology comes at the request of the former Chairperson, Department of Medicine and Dr John Chae, the Senior Associate Dean, MetroHealth System. The faculty are currently in the academic Department of Medicine and would transfer into the newly created academic Department of Radiation Oncology. While this organizational structure may have been adequate for many years, we believe that it is now imperative to align our academic departments with those of the other institutions that are CWRU-SOM teaching institutions and that in this case, Radiation Oncology is sufficiently robust that it should stand apart from the academic Department of Medicine.

3. An analysis of the effect of establishment of this new academic department on existing departments of the School of Medicine.

Creation of this department would parallel the existence of such academic departments at other CWRU School of Medicine teaching hospitals but would have no adverse impact on them and may facilitate academic interaction amongst them.

4. A statement that research publications authored by faculty with an appointment in the new department will make note of the Case Western Reserve University faculty appointment.

Research publications authored by faculty with an appointment in this new department will make note of their Case Western Reserve University faculty appointment(s).

5. A five-year business plan demonstrating how the new academic department will achieve and maintain financial viability or, in the alternative and if appropriate, the proposal should affirm that the new department will not require funding from the School of Medicine.

The creation of this department will have no financial impact on CWRU or the School of Medicine and will not require any funding from either. The Division of Radiation Oncology has been in existence for over two decades and has been financially viable throughout its tenure. Attached to this application will be a five-year end-of-year Profit and Loss Statement for the current Division of Radiation Oncology, demonstrating the financial integrity.

Respectfully submitted,

Richard J. Blinkhorn, Jr MD

Richard J. Blinkhorn, Jr., M.D., FACP
Immediate past Chairperson, Department of Medicine
The MetroHealth System campus of Case Western Reserve University
Charles H. Rammelkamp Professor of Medicine
Case Western Reserve University
Immediate past Executive Vice President, Chief Physician Executive
The MetroHealth System

CASE WESTERN RESERVE UNIVERSITY

Approved by Faculty Council November 21, 2005

Revised by Faculty Council December 11, 2017

Case Western Reserve University School of Medicine Procedures for Establishment of New Academic Departments

Establishment of new academic departments at the Case Western Reserve University School of Medicine is governed by the University Faculty Handbook, the School of Medicine Bylaws, and precedent established by Deans of the School of Medicine. Proposals for new departments may concern basic science or clinical science disciplines.

Proposals fall into two types:

- 1) Initial recognition of a discipline as an academic department; or
- 2) Establishment of a second or subsequent department at a new location (e.g., hospital affiliate) in a discipline previously recognized by the University as having departmental status. In general, establishment of a second or subsequent department in a previously recognized discipline will be considered where separate hospital affiliates have separate clinical services in that discipline.

I. INITIAL RECOGNITION OF A DISCIPLINE AS AN ACADEMIC DEPARTMENT

Establishment of all new departments begins with the presentation of a written proposal by the program proponent to the Dean, School of Medicine. The proposal must include a cover letter or statement of purpose which explains the rationale for the new academic department. The Dean will refer all proposals to the steering committee of the Faculty Council for its review.

Proposals should address the following criteria:

1. The academic discipline should represent an independent body of knowledge;
2. The group that comprises the proposed department should perform or have the potential to perform a significant and unique teaching function;
3. Recruitment efforts should be enhanced by departmental status due to national climate;
4. The discipline represented by the new department should reflect the interests and mission of the medical school as a whole;
5. A five-year business plan demonstrating how the new department will achieve and maintain financial viability or, in the alternative and if appropriate, the proposal should affirm that the new department will not require funding from the School of Medicine.
6. An analysis of the effect of establishment of the new department on existing departments, if applicable, especially the effect on its "parent" if the discipline is currently a division or sub-group within an existing department; and
7. Current faculty who plan to switch their primary appointment to the new department should be identified and the strength of their teaching and research productivity should be assessed.

Office of Faculty Affairs, School of Medicine

MAILING ADDRESS

Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-4915

VISITORS AND DELIVERIES

W171 School of Medicine
2109 Adelbert Road

REPLIES

Phone 216-368-3870

Fax 216-368-3013

E-mail

dxs2@po.cwru.edu

CASE WESTERN RESERVE UNIVERSITY

Approved by Faculty Council November 21, 2005

Revised by Faculty Council December 11, 2017

8. A statement that research publications authored by faculty with appointment in the new department will make note of the Case Western Reserve University faculty appointment.
9. A statement of willingness to contribute to the financial viability of the School of Medicine according to the terms negotiated with the Dean of the School of Medicine in an affiliation agreement. New departments should receive similar rights and responsibilities, both academic and financial, as existing departments either basic science or clinical.
10. Any other relevant factors.

Proposals should include supporting documentation of the following:

1. The credentials of the Chair.
2. The CVs of all candidates for faculty appointment in the new department
3. Educational contributions, made at any and all levels, to the School of Medicine and University including:
 - a. Case graduate students and postdoctoral students;
 - b. Case/CCLCM Medical Student rotations
 - c. Medical students from other Schools
 - d. Graduate Medical Education programs for residency and fellowship
 - e. Continuing Medical Education
4. Current and planned Research Programs and contributions,
 - a. Institutes
 - b. Centers
 - c. Programmatic Research areas
 - d. Grants
 - e. Publications
 - f. Scientific Society activity
 - g. NIH reviewers
5. Service to the School of Medicine and University, if already being made:
 - a. Medical School Committees
 - b. Community Activities
 - c. Governmental Activities

Following its review, Faculty Council will make a recommendation to the Dean. If the Dean recommends approval, the proposal will be forwarded to the University Faculty Senate. The Senate will make its recommendation to the President, who will consider the recommendation and transmit it to the Board of Trustees for approval and final action.

Office of Faculty Affairs, School of Medicine

MAILING ADDRESS

Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-4915

VISITORS AND DELIVERIES

W171 School of Medicine
2109 Adelbert Road

REPLIES

Phone 216-368-3870
Fax 216-368-3013
E-mail dxa2@po.cwru.edu

CASE WESTERN RESERVE UNIVERSITY

Approved by Faculty Council November 21, 2005

Revised by Faculty Council December 11, 2017

II. NEW DEPARTMENTS WHEN THE ACADEMIC DISCIPLINE HAS ALREADY BEEN RECOGNIZED AS HAVING DEPARTMENT STATUS AT ANOTHER AFFILIATE:

If the Board of Trustees has already approved a CWRU department in an academic discipline, a new department may be proposed in that discipline at a new location. In general, establishment of a second or subsequent department in a previously recognized discipline will be considered where separate hospital affiliates are providing separate clinical services in that discipline. In such cases, the independence of the body of knowledge in question, the significance of its place in the curriculum, the effect on recruitment efforts and the discipline's relation to the mission of the medical school will all have been established. The program proponent will present a written proposal that must include a cover letter or statement of purpose which explains the rationale for the new academic department, along with appropriate supporting materials to the Dean focusing on:

1. The breadth and depth of the identified faculty's teaching and research productivity: a) CV of chair, b) list of current grants, c) list of recent publications (past three years), d) number of medical students trained (past three years), e) number of graduate students (past three years), f) number of residents and fellows trained (past three years).
2. Any additional factors that are relevant to the proposed new department.
3. An analysis of the effect of establishment of the second department on existing departments of the School of Medicine.
4. A statement that research publications authored by faculty with appointment in the new department will make note of the Case Western Reserve University faculty appointment.
5. A five-year business plan demonstrating how the second department will achieve and maintain financial viability or, in the alternative and if appropriate, the proposal should affirm that the new department will not require funding from the School of Medicine;

The Dean will refer the proposal to the Faculty Council and receive its recommendation concerning the new department. The Dean will then decide whether or not to establish the new department.

Proposals should include supporting documentation as outlined above under requirements for new departments.

Office of Faculty Affairs, School of Medicine

MAILING ADDRESS

Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-4915

VISITORS AND DELIVERIES

W171 School of Medicine
2109 Adelbert Road

REPLIES

Phone 216-368-3870
Fax 216-368-3013
E-mail dxa2@po.cwru.edu

Faculty Counsel Report CME

Committee on Medical Education

Corinne Bazella MD

May, 2024

Elected Committee Members

Chair - Corinne Bazella, MD - Dept of Reproductive Biology

Melissa Jenkins, MD - Dept of Medicine

Mildred Lam, MD - Dept of Medicine

Marina Magrey, MD - Dept of Medicine

Katherine Miller, MD - Dept of Pediatrics

Jessica Taylor, PhD - Dept of Physiology and Biophysics

Jennifer Yoest, MD - Dept of Pathology

Caroline Abramovich, MD – Dept of Pathology

Preeti Gandhi, MD – Dept of Anesthesiology & Perioperative Medicine

Anantha Harijith, MD – Dept of Pediatrics

Oliver Schirokauer MD, PhD – Dept of Bioethics

Abigail Basson, PhD – Dept of Nutrition

Marcus Germany, MD – Dept of Medicine

Meetings

- **Meetings**: 7/27/2023, 8/24/2023, 9/28/2023, 10/26/2023, 11/30/2023, 1/25/2023, 2/22/2024, 3/21/2024, 4/25/2024, 5/23/2024, 6/27/2024
- 4th Thursday of the month-Zoom 4-5:50pm

CME year in review

- Evaluated, reviewed and made recommendations of CME sub-committees activity through regular reports of JCOG, WR2, CCLCM Steering Council, and assessment committees. Oversaw the charge changes for those committees.
- Reviewed the revision of Educational Program Objectives- what all students must learn prior to graduation and the curriculum mapping.

CME year in review

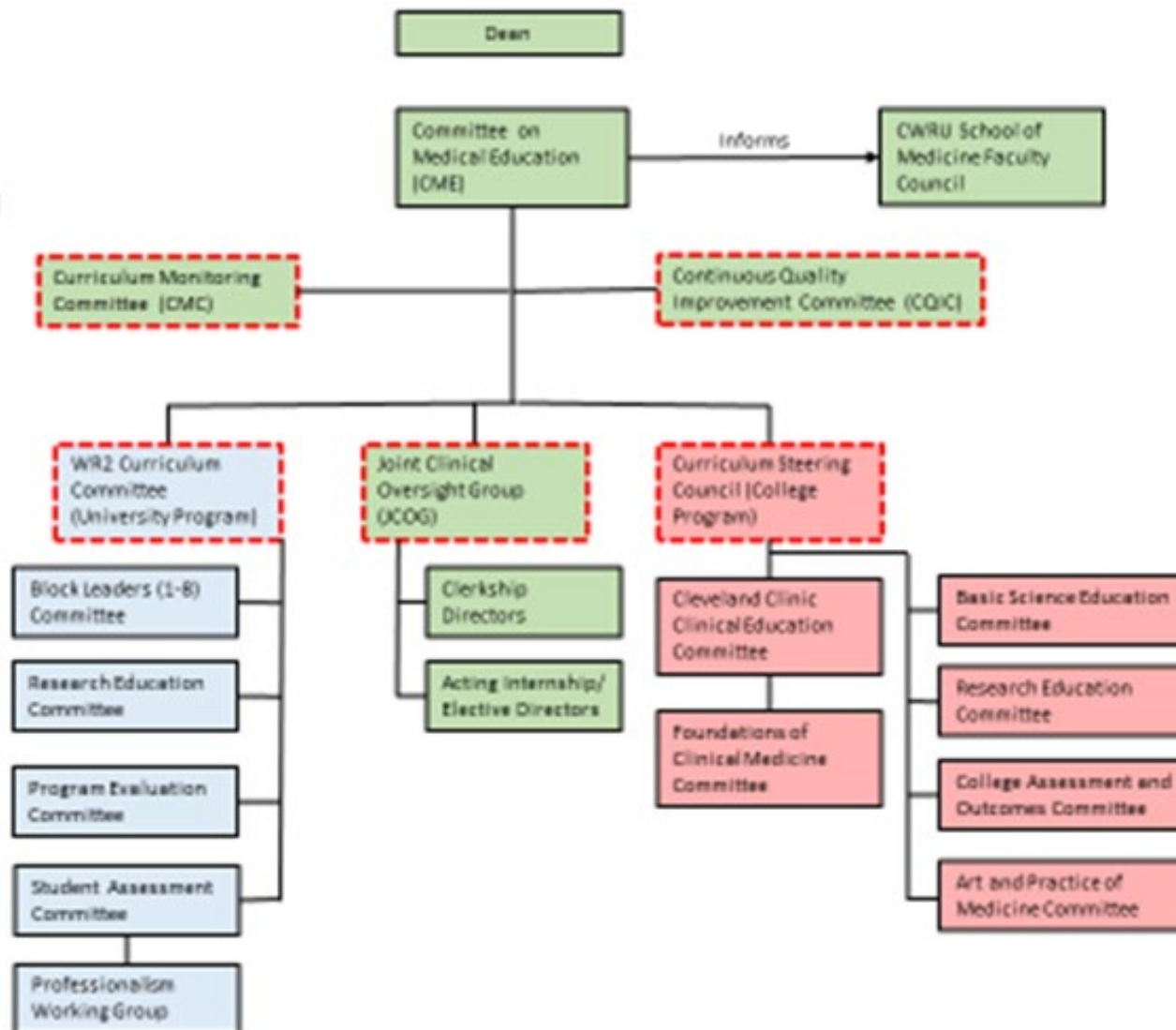
- Evaluated and approved several new policies: Technical standards, Transfers and Drug Screening.
- Reviewed graduation rates, USMLE results, resident readiness survey, and Whole curriculum review report.
- Monitored LCME standards dashboard- areas of compliance and non-compliance and improvement plans for standards of non-compliance.
- Reviewed data from Graduate Questionnaire and the Independent Student Analysis survey of student satisfaction with their educational experience in preparation for LCME site visit.

Charge Edits

GOALS of our CME Bylaw changes:

- Student representation proportional to the number of students in the various program
- Add new leadership positions & remove positions that have not been either combined or eliminated. Ex Dean of DEI and Dean of Health Systems Sciences. Adjust membership to allow leadership representation within the confines of the bylaws.
- Re-structure subcommittees to address the flow of information on LCME standards, assessment and curriculum effectiveness. Update the charge to reflect new committees that have been created.

Blue = University Program
 Pink = College Program
 Green = University and College Programs Combined
 CME subcommittees- red dashed outline



CWRU School of Medicine is proud of its affiliation with our four health systems partners:

Additional Edits

- Article 2 Section 5 Voting- The quorum required to conduct the committee's business shall be the presence of 50% or more of the voting members, with a majority of the voting members present being elected or appointed faculty members.
- Eliminated redundant wording lines 261-267 based on Bylaws committee recommendations
- Article 2 Section 4 Membership- Elected Members- added additional member that is separate from the Chair and clarified the verbiage of the chair being from either an elected member or an appointed member.
- Descriptors of the CQIC and CMC committee added, removal of PEAC
- Membership of CQIC and CMC committee added, PEAC removed
- Executive Dean of CP removed from JCOG membership per request of the Executive Dean

CWRU School of Medicine is proud of its affiliation with our four health systems partners:

Bylaws

Article 2.6b states 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.

Membership Article 2.6b

Voting:

- 13 Elected Voting members
- 1 Chair of CME voting member
- 4 Student votes
- 2 appointed faculty members
- 1 Associate Dean DEI
- 2 Associate Deans Curriculum
- 2 Society Dean/CP

Total 25 Voting Members- 13 Elected members are 52% in compliance with Article 2.6b

Bylaws

- Article 2.6d Standing committees may include members holding the office of assistant, associate, or vice dean, as long as their number does not exceed 25% of the membership. The exception to this rule is the Committee on Medical Education, which may include members holding the office of assistant, associate, or vice dean, as long as Faculty of Medicine Bylaws 8 Approved by the Faculty Senate 1/30/18 their numbers do not exceed 40% of the membership.



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

CWRU School of Medicine is proud of its affiliation with our four health systems partners:

 Cleveland Clinic

 University
Hospitals

 MetroHealth

VA  U.S. Department
of Veterans Affairs

Membership Article 2.6d

Membership:

- 1 CME Chair
- 13 Elected Faculty Members
- 2 Appointed Faculty Members
- 4 Student votes
- 2 Associate Deans for Curriculum
- 1 Vice Dean for Medical Education
- 1 Executive Dean for CP
- 2 Basic Science Deans (CP/UP)
- 1 Associate Dean GME
- 2 Assistant Deans for Clinical Education
- 1 Assistant Dean DEI for students
- 2 Society Dean/CP

Member Total- 31

13 Elected

12 hold office of DEAN

38% of the Committee in
compliance with Article 2.6d

Voting Members

Associate Deans of Curriculum (2-UP &CP)

Amy Wilson-Delfosse

Neil Mehta

Student Representatives (7) 4 votes shared

UP (4 - M1, M2, M3, M4)

CP (2 - preclerk, clerk)

MSTP (1)

Assistant Dean, DEI

Monica Yepes-Rios

Student Affairs Leads (2 – UP and CP)

Steven Ricanati

Christine Warren

Non-Voting Members

Vice Dean for Medical
Education-Lia Logio

Associate Dean GME
(1 – rotating among 3) UH,
Metro, and CCF

Executive Dean (CP)-Bud
Isaacson

Assistant Deans Clinical
Education (2 – UP and CP)-
Anastasia Rowland-Seymour
Craig Neilsen

Basic Science Deans (2 – UP and
CP)-Colleen Croniger
Christine Moravec

CWRU School of Medicine is proud of its affiliation with our four health systems partners:



Faculty Comments

Questions?

Gratitude to Bylaws committee and NEC

CME is an open committee. We invite and welcome your insight.

The Committee on Medical Education

The Case Western Reserve University SCHOOL OF MEDICINE CURRICULUM: Responsibilities and Roles of Faculty and Administration and Charge to the Committee on Medical Education

ARTICLE I: Responsibility and Role of the Faculty and Administration

The Case Western Reserve University School of Medicine curriculum represents the evolving product of the shared efforts of generations of scientists and clinicians, faculty and administrators, and students and their mentors. Continued growth of the curriculum requires the cooperative efforts of all these constituencies.

A. Responsibility and Role of the Faculty

The Faculty of the CWRU School of Medicine is responsible for the content, implementation, and evaluation of the medical education curricula for the University and College programs.

The faculty's contribution is made at multiple levels.

1. Individual faculty implement the curriculum in the classroom, laboratory, and clinic. At this level, each faculty member, in consultation with the block, course, or clerkship leader(s) determines the class-by-class content and method of instruction. The faculty are thus responsible for what is to be taught and how it is to be taught, within the overall context of the curriculum.
2. The Faculty of the School of Medicine also carries out its responsibilities at the committee level, through participation in curriculum block or course, clinical rotation and course planning committees, the Curriculum Councils, and the Committee on Medical Education.
 - a. The faculty delegates its responsibility and role in *policy oversight, broad planning issues, and overall evaluation* of the entire curriculum to the Committee on Medical Education.
 - b. Through membership on the CME Subcommittees, the faculty carries out its responsibility for curriculum *operational matters*.

B. Responsibility and Role of the Administration

1. *The Dean of the School of Medicine:* The Dean of the School of Medicine serves as its chief academic officer with overall responsibility to Case Western Reserve University for the entire academic program. In particular, the Dean has responsibility

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

for ensuring the quality of the educational program, setting policy for curricular structure, determining administrative support of education, setting the calendar, and other such over-arching matters. The Dean may delegate some or all of these responsibilities to the Vice Dean for Medical Education or other medical school staff.

2. *The Vice Dean for Medical Education:* The Vice Dean for Medical Education carries the Dean's academic and administrative authority.
 - a. The Vice Dean has direct supervisory responsibility over the units that lead and support the University program and joint clinical curriculum, i.e., the University program's Office of Curricular Affairs, Office of Student Affairs and Academic Societies, the Foundations of Clinical Medicine, and Office of Medical Education. The Vice Dean also serves as the Dean's liaison to all formally constituted committees and other groups involved in the curricular process.
 - b. The Vice Dean also has oversight of the Executive Dean of the College program. The Executive Dean of the College program has direct responsibility over the units which lead and support the College program curriculum, i.e., the College program's Office of Curricular Affairs, Office of Faculty Affairs, and Office of Admissions and Student Affairs

ARTICLE II. The Committee on Medical Education

Section 1: Charge. The faculty's Committee on Medical Education (CME) serves to evaluate, review, and make recommendations concerning overall goals and policies of the School's medical education program, which includes the University and College programs. The CME will have the following continuing responsibilities to the faculty: (i) formal approval, adoption, and review of the School's educational program objectives and ongoing monitoring to ensure that the objectives serve as guides for establishing curricula and provide the basis for evaluating the effectiveness of the educational program, (ii) reviewing class cohort performance in each competency as well as performance on USMLE exams, (iii) evaluating the overall content and appropriateness of the educational programs and curricula leading to the M.D. degree (including the M.D. portion of joint degree programs) on a defined and regular basis, including quality and outcomes of individual courses, blocks, clerkships, and overall curriculum, (iv) assuring that the quality of teaching is reviewed on a regular basis, (v) ensuring the horizontal and vertical integration within and between all phases of the educational program and curriculum, (vi) ensuring the appropriateness of the representation of each discipline within the curricular content, (vii) suggesting, promoting and evaluating new approaches to medical education, (viii) reviewing the implementation of educational policy, and (viii) ensuring areas of concern around Liaison Committee on Medical Education (LCME) compliance and expectations are being addressed.

Commented [BC1]: This is added as LCME standards and how we are following those standards was previously not addressed in the charge and the documentation of reporting, following of compliance, and flow of information is needed.

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Section 2: Reports. The CME shall be responsible for reviewing regular communication from the College Program's Curriculum Steering Council and the University Program's Western Reserve 2 (WR2) Curriculum Committee and other CME subcommittees, the Vice Dean for Medical Education, the Executive Dean of the College program and others responsible for implementation of the curriculum.

The Committee shall report at regular intervals to the Faculty Council.

Section 3: Administrative Support. The Dean shall be requested to supply appropriate administrative support for these functions via the Vice Dean for Medical Education, the Office of Curricular Affairs, or other administration representative(s) appointed by the Dean.

Section 4: Membership. The membership of the CME shall be:

a. The Chair, who shall have had active teaching experience within the curriculum within the last 5 years. The Chair shall be an elected or appointed member of the CME and will be an additional voting member outside of the 13 elected or 2 appointed faculty members.

a. Thirteen (13) elected faculty members, who shall, at the time of election, be actively teaching within the curriculum or shall have taught previously within the curriculum. At least 3 of the elected faculty shall be from clinical departments and at least 3 of the elected faculty shall be from basic science departments.

~~Five (5) student representatives: two students from the University program, one in the pre-clerkship curriculum and one in the clinical curriculum; two students from the College program, one in the pre-clerkship curriculum and one in the clinical curriculum; and one student from the MSTP program. The student representatives from~~

b. Student representatives: four students from the University program- elected representatives from each class, two students from the College program, one in the pre-clerkship curriculum and one in the clinical curriculum; and one student from the MSTP program. The student representatives from each program may designate as many alternates as are required to ensure full representation at all CME meetings.

c. The two Associate Deans for Curriculum (University and College programs).

d. The Vice Dean for Medical Education.

~~The Assistant Deans for Clinical Education, Basic Science and Research Education for the College program.~~

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Commented [BC2]: Added to clarify that the number of elected members does not include the chair. Adding more elected members to allow for absences and medical leave was noted to be important in being able to have a quorum.

Commented [BC3]: Increasing the number of elected members

Commented [BC4]: Placed to ensure that there is adequate representation from each class of the UP and a student from each class will be present to be the voice of the class.

Commented [BC5]: These leaders will attend CME when topics are related to their areas of curriculum to report or give advise, but will not be required to attend monthly.

- e. The Executive Dean for the College program.
- f. Two Basic Science Deans for both the college and university programs
- g. The Associate Dean for Graduate Medical Education rotated through the 3 hospital affiliated institutions.
- h. The two Assistant Deans for Clinical Education
- i. The Assistant Dean for Diversity, Equity and Inclusion for Students
- j. Two (2) faculty members appointed by the Dean of the School of Medicine.
- k. One representative of the Society Deans in the University program and one with the equivalent role in the College program.
- a. ~~The addition of any new subcommittee chairs to the CME shall not violate the bylaws requirements that the faculty shall elect the majority of the voting members of the CME and that the number of non-voting members not exceed the number of voting members.~~

Commented [BC6]: These deans are essential for reporting data on the curriculum and have been added to the membership.

Commented [BC7]: To clarify how the three affiliated institutions will be represented through the DIO. They will rotate attendance every three months through the three institutions.

Commented [BC8]: This is a new position that was created since last charge edit and essential for bringing data to CME.

Commented [BC9]: This is a new position that was created since last charge edit and essential for bringing data to CME.

Commented [BC10]: This statement was found to be redundant by the bylaws committee and removed.

Section 5: Voting. Voting privileges shall be granted to the Chair of the CME, the 13 elected faculty members, a total of four students including one from the pre clerkship phase of the University program, one from the clerkship phase of the University program, one from the college program and one from the medical scientist training program, the two faculty members appointed by the Dean, Executive Dean for the College program, Assistant Dean Diversity, Equity and Inclusion for Students, and the two Associate Deans for Curriculum. There will also be one vote for the Society Deans in the University program and one vote for the equivalent role in the College program. All remaining CME members shall serve without voting privilege. Faculty with multiple voting roles will have one vote. The quorum required to conduct the committee's business shall be the presence of 50% or more of the voting members, with a majority of the voting members present being elected or appointed faculty members.

Commented [BC11]: Voting privileges were discussed by the committee and the changes were addressed to increase the discussion and voice of the UP students, and address the new positions that had been created. The Executive Dean of the College program decided that his vote would go to one of those positions.

Commented [BC12]: Quorum requirements were recommended by the Bylaws committee and were added as this was not previously in the charge.

Section 6: Term of Membership. Elected and appointed faculty members shall serve for a term of three years and be eligible for election or appointment to a consecutive three-year term. Student members shall serve one-year terms and be eligible to serve additional terms. After two consecutive 3-year terms, faculty members will not be eligible to serve for the next two years.

Section 7: Replacement of Members. If an elected faculty member resigns from the CME, in accord with the By-Laws, the person receiving the next most votes in the most recent election shall be appointed to the CME. The appointed replacement will serve only until the end of the academic year in which appointment occurs, at which time the position will be filled by election. If an elected member takes a leave of absence for one year or less, a replacement as above will

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

be made for the duration of absence of the elected member who will resume his or her position on return from leave, unless the end of leave coincides with the end of his or her elected term.

Section 8: Responsibilities of Members. Members shall attend regular meetings of the Committee, either in person or via videoconference. Failure to attend at least 80% of the meetings may result in removal from the Committee. Alternates will not be permitted, with the exception of the student representatives as described in Section 4(c). In addition to regular attendance, it is a major responsibility of a member to lead or serve with subcommittees in special studies or to report and discuss information with the faculty, consultants, students, and laypersons.

Section 9: Chair of the Committee on Medical Education. The Chair of the Committee shall be appointed by the Chair of the Faculty Council with the advice of the Dean and other CME members. ~~The appointment shall be made by the Faculty Council.~~ The Chair shall serve a 3-year term and may serve one additional consecutive 3-year term. A Chair shall not serve longer than six years, at the end of which time an interruption of at least two years shall occur before reappointment as Chair is possible. Should the Dean form an ad hoc Advisory Committee or any similar general planning and policy review body, it is recommended that the Chair of the CME be a member. In the absence of the Chair of the CME, a CME member designated by the Chair shall serve in his or her place.

Commented [BC13]: Aligning wording with the bylaws.

Commented [BC14]: Aligning wording with the bylaws.

Commented [BC15]: Aligning wording with the bylaws.

ARTICLE III. Subcommittees

In carrying out the responsibilities delineated in Article II, the CME may appoint subcommittees in consultation with the Vice Dean for Medical Education. The charge of each subcommittee shall include a provision for reports to its parent appointing committee on a defined and regular basis.

ARTICLE IV. Program of Medical Education

The program of medical education of Case Western Reserve University School of Medicine should continually evolve in concert with changes in medical science and clinical practice. This will best take place if freedom of discussion, expression of divergent views, sound educational experimentation, and the vigorous participation of faculty members, departments and students in the evolutionary process are encouraged.

Major changes in the medical education curriculum in structure, overall content, organization and evaluation affecting the curriculum *as a whole* are expected to be presented to Faculty Council after formal approval by the CME. When an overall curriculum revision is presented to Faculty Council, it is expected that certain features will be considered and reported on in detail, including: (a) objectives of the revised program and its relationship to the School's overall educational objectives, (b) methods for conduct of the program, including the delegation of authority when more than one department is involved, (c) detailed description of the program with a schedule of hours required for the conduct of the program, (d) if experimental trial on a

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

small scale is necessary, a report of such trial will be included, (e) methods of teaching, (f) methods of student assessment, (g) method for evaluation of the program, (h) estimated time and cost of the program, and (i) when necessary, a recommendation as to what portion of the current curriculum the new program will replace.

APPENDIX

The *operational responsibility* for the medical curriculum shall be invested in the College program's Curriculum Steering Council and its subcommittees, the University program's WR2 Curriculum Committee and its subcommittees, and the Joint Clinical Oversight Group. **The Curriculum Monitoring Committee and the Continuous Quality Improvement Committee monitor, assess and analyze the regulatory components of the CQI plan and the effectiveness of the curriculum.**

Commented [BC16]: Re-structure subcommittees to address the flow of information on LCME standards and curriculum effectiveness. The CMC and the CQI committees are replacing the Program Evaluation and Assessment committee.

Section 1: CME Reporting Councils and Subcommittees

The WR2 Curriculum Committee (University program)

This committee, working with the Joint Clinical Oversight Group, shall ensure that the implementation of the pre-clerkship, clinical and research curricula occur for University program students in a logical and stepwise manner over time, and that all of the University program curriculum leaders will have input into the structure of their curriculum.

The WR2 Curriculum committee shall manage the planning, implementation, and oversight of all components of the pre-clerkship curriculum for the University program, including the Foundations of Clinical Medicine program (FCM). The Committee shall facilitate the sharing of best educational practices among course leaders, design and implement programs to ensure basic science and early clinical skills mastery and facilitate the smooth implementation of methods of student assessment.

The Curriculum Steering Council (College program)

This council, working with the Joint Clinical Oversight Group, shall ensure that the implementation of the pre-clerkship, clinical and research curricula occur for College program students in a logical and stepwise manner over time, and that all of the College program curriculum leaders will have input into the structure of their curriculum.

Specifically, this council shall have responsibility within the College program for 1) decisions regarding educational objectives, their allocation across years of the program and among the various courses, clinical rotations and electives, 2) teaching methods and instructional formats, 3) ensuring that content is coordinated and integrated within and across academic periods of study, 4) ensuring use of appropriate methods to assess student performance, 5) monitoring the quality of teaching, and 6) ongoing review of the components of the curriculum. The Curriculum

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Steering Council will appoint sub-committees (Basic Science Education, Clinical Education, **Foundations of Clinical Medicine**, Research Education, College Assessment and Outcomes Committees, and **Art and Practice of Medicine Committee**) to manage the planning, implementation, and oversight of these respective components of the College program curriculum with the same functions and general responsibilities as described above for the University program's WR2 Curriculum Committee. The College program Associate Dean for Curricular Affairs and each of the sub-committees may appoint temporary task forces, working groups, or sub-committees of their own to manage the curriculum with approval from the Curriculum Steering Council.

Commented [BC17]: This is a new subcommittee that was needed to track the clinical competencies.

Commented [BC18]: This is a new subcommittee that was needed to track the clinical competencies.

The Program Evaluation and Assessment Committee

~~The Program Evaluation and Assessment Committee (PEAC) shall provide quality control and improvement for the University program and core clerkship curricula, through careful monitoring of program evaluation data and regularly scheduled reviews of courses, clerkships, blocks and years of the curriculum. PEAC shall report its findings and recommendations, including recommendations for policy, to the Committee on Medical Education.~~

Commented [BC19]: The PEAC committee focus was too broad- PEAC goals were split into two separate committees that have narrower tasks and are able to track large bodies of data with better accuracy.

The Continuous Quality Improvement Committee (CQIC)

This committee is responsible for monitoring and updating the CQI plan which includes selecting LCME elements for monitoring, analyzing data for the selected LCME elements within the CQI plan, and reporting to the CME regarding LCME elements.

Curriculum Monitoring Committee (CMC)

This committee monitors the effectiveness of instructional and assessment methods for the achievement of block/course/clerkship objectives, educational program objectives, content and content sequencing, student workload, and evaluation of block/course/clerkship teacher quality (as detailed in LCME expectations).

The Joint Clinical Oversight Group (University and College programs combined)

The Joint Clinical Oversight Group (JCOG) shall be responsible for ensuring that the clinical rotations and student assessment methods are equivalent across teaching sites, for setting policy on issues affecting students during clinical rotations, for facilitating the timely completion of student evaluations, and for facilitating the sharing of best educational practices among clinical course leaders. JCOG shall monitor and evaluate clinical experiences provided by affiliated teaching hospitals of the Case Western Reserve University School of Medicine. JCOG shall be responsible for overseeing program evaluation and collecting evidence to ensure comparability of clerkship experience and compliance with LCME and institutional requirements. Data about the clinical curriculum will be collected from students and/or faculty across sites using methods that ensure confidentiality and provide site-specific feedback as desired. Clerkship Directors and other curriculum leaders will receive data/reports in time to enable them to work collaboratively and inform decisions about curricular effectiveness and make improvements.

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Membership of the Curriculum Committees and Councils

- a. The WR2 Curriculum Committee is chaired by the Associate Dean for Curriculum for the University program. Membership should at least include: the Vice Dean for Medical Education, the University program's Assistant Deans for Basic Science Education, Clinical Education, ~~Health Systems Science and~~ Medical Student Research, the Executive Director of the Office of Curricular Affairs, the Director of the Office of Assessment and Evaluation, and the Director of Academic Computing.

~~The Program Evaluation and Assessment Committee is composed of at least eight members: the Chair or Co-Chairs, who will be appointed by the Vice Dean for Medical Education, the Director of the Assessment and Evaluation for the University program, the Director of Assessment and Evaluation for the College program, two at-large clinical faculty members (one each from the University and College programs), and two at-large basic science faculty members (one each from the University and College programs). The University program's Associate Dean for Curriculum, Assistant Dean for Basic Science Education, Assistant Deans for Clinical Education, and Assistant Dean for Medical Student Research, and the College Program's Associate Dean for Curriculum and Assistant Dean for Clinical Education shall have advisory capacity to PEAC, but not membership.~~

Commented [BC20]: Eliminating the PEAC committee

- b. The Curriculum Steering Council (College program) ~~is~~ chaired by the College Associate Dean for Curricular Affairs and be composed of at least 14 members: the Executive Dean, the College program Associate Dean for Curricular Affairs, and the chairs of the Clinical Education Committee, Basic Science Education Committee, Research Education Committee, and College Assessment and Outcomes Committee. In addition, there will be one at-large clinical faculty, one at-large basic science faculty, the College Administrator, two University program faculty, three College program students and additional faculty as deemed appropriate by the Associate Dean for Curricular Affairs, with at-large faculty selected by the Associate Dean for Curricular Affairs with the approval of the Chair of the CME.
- c. ~~The Continuous Quality Improvement Committee is chaired by the Director of Continuous Quality Improvement and administratively supported by the Accreditation Specialist. Membership includes the Vice Dean for Medical Education, Associate Deans for Curriculum (University and College programs), Assistant Dean for Longitudinal Clinical Programs (University Program), Assistant Dean of Clinical Education (College Program), representatives from Student Affairs from both the College and University programs, Assistant Dean of Diversity Equity and Inclusion for Students, and the Directors of Student~~

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Assessment (University Program and College Program). Invited Guests include Executive Dean of the College Program. Additional members are selected by the committee chair in consultation with the Vice Dean for Medical Education. Members will be invited for three-year renewable terms to be reviewed annually by the Director of Continuous Quality Improvement and the Vice Dean for Medical Education.

Commented [BC21]: Description of the new committee and the membership.

- d. The Curriculum Monitoring Committee (CMC) is co-chaired by the Associate Deans for Curriculum of the University and College programs and will include not less than 9 and not more than 12 voting members who will be appointed by the co-chairs and will serve 4-year renewable terms. The committee members will be selected based on their experience with the University Program and College Program curricula. At least one of the committee members will be an elected member of the CME and two will be students (one from the University Program and one from the College Program). Directors of Assessment and Evaluation from the University and College Programs will be included as non-voting guests of the committee.

Commented [BC22]: Description of the committee and membership

- e. The Joint Clinical Oversight Group will be composed of the Assistant Deans for Clerkship/Clinical Education (University and College programs) (who will serve as JCOG co-chairs, the Vice Dean for Medical Education, the Executive Dean, the Associate Deans for Curriculum, members from all affiliated teaching sites and all core clinical rotations, and 4 students in the core clinical rotations (2 from the College program and 2 from the University program). The Chair of the CME will be an ex officio member of the JCOG.

Commented [BC23]: Redundant wording

Commented [BC24]: The Executive Dean of the College program requested to be removed from this committee as it report to CME.

Section 1: Chairs of CME Subcommittees: The Chairs of the Curriculum subcommittees shall serve on the CME and shall be further charged with periodically reporting to the CME regarding operational matters. In addition, each Chair will provide an annual summary to the CME and Faculty Council.

Commented [BC25]: Clarity of wording.

Section 2: Curriculum Blocks, Courses and rotation planning committees.

- a. Curriculum Block and course planning teams shall be responsible for organizing the content of and presenting the major content areas in the basic/medical sciences offered in the pre-clerkship portion of the curriculum. Each Block/Course shall also be responsible for assessment of student performance in its particular area.

Each Block (University program) shall be led by one or more Block Leaders, recruited from the faculty and appointed by the Vice Dean for Medical Education working in conjunction with the Associate Dean for Curriculum and Assistant

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Dean for Basic Science Education and with approval from the chair(s) of the relevant department(s).

Each course in the College program shall be led by a Course Director recruited from the College faculty and appointed by the Executive Dean in consultation with the Associate Dean for Curricular Affairs with approval from the Curriculum Steering Council.

- b. Clinical Core Clerkships may include the disciplines of Medicine, Family Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, Psychiatry, Neurology, Geriatrics, and Emergency Medicine.

Each Core Clinical Clerkship at each affiliated hospital site shall have a director who works in conjunction with the co-chairs of the Joint Clinical Oversight Group (JCOG). Clinical Core Directors at each site will organize the delivery of the common curriculum and assessment system determined by JCOG and CME in their clinical disciplines and will be responsible for its implementation, student assessment and evaluation and reporting these activities to the JCOG annually.

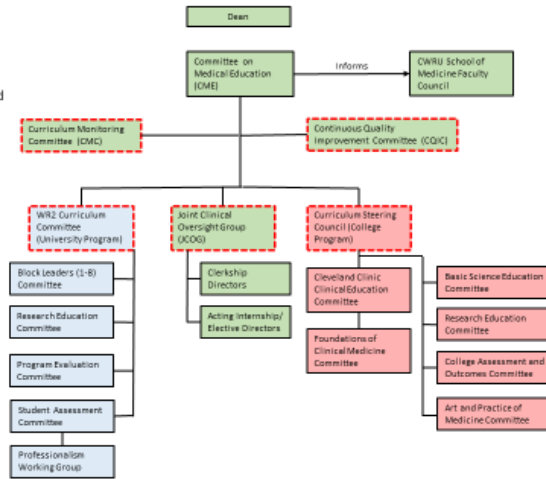
- c. JCOG with consent from the CME will also have responsibility for establishing criteria for clinical electives (including Acting Internships) and monitoring their content, delivery, and educational rigor. JCOG will summarize and report this information annually to the CME.

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Blue = University Program
 Pink = College Program
 Green = University and College Programs Combined
 CME subcommittees- red dashed outline



Commented [BC26]: Added for a visual as the structure of the committees is quite complex.

Approved by the Committee on Medical Education: 5/11/2015.

Approved by the Committee on Medical Education: 7/28/2016.

Approved by the Committee on Medical Education: 5/23/2019

Proposal to change the name of the standing committee 'Committee on Medical Students' to 'Committee on Medical Student Promotion and Advancement' in the SOM bylaws, approved to sent to the bylaws committee by Faculty Council vote on 4/15/24, and approved by bylaws committee vote on 4/29/24 (4 yes, 0 no).

New text in blue, deleted text in red.

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):

(8) The Committee on Medical Students ~~and~~ Promotion and Advancement 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).

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 ~~and~~ Promotion and Advancement 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.

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

3.1: Purpose and Functions of the Faculty Council

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

- a. To act for the Faculty of Medicine regarding the planning and execution of educational programs and the formulation of policies concerning curricula, student admissions, and the conduct of research in consultation with the appropriate standing committee of the Faculty of Medicine. It shall review the requirements for the M.D. degree and the recommendations of the Committee on Medical Students ~~to~~ **Promotion and Advancement** regarding student standings and student promotions;

Rationale:

All new text: (Initiated by COMS and FC, BC-approved:4/29/24):

The rationale for the change of the name from Committee on Medical Students (COMS) to Committee on Medical Student Promotion and Advancement (CMSPA) is to make clear to the students the weight and importance of the committee as the formal body with decision-making authority about promotion and advancement in the MD program. It has become clear to the committee members that students do not recognize that being asked to meet with the CMSPA is a high-stakes event.

*COMS does not relate the **purpose** of the committee where as CMSPA does.*

From Piet de Boer, Chair of SOM Bylaws Committee

The proposed changes were initiated by Faculty Council (FC) on 6/12/23 with a request to the bylaws committee (BC) to 'generate a section of the bylaws specify that the NEC will make efforts to ensure that at least two "basic science" department and at least two "clinical" department faculty member serve on the faculty senate.'

The next page of this document highlights some relevant parts of the University constitution/handbook and of the SOM bylaws, which are pertinent to the requested language as they limit the ability of the SOM/NEC to affect the SOM senator pool composition. Page 3 shows the current bylaws text of part of article 3.6b. Partially redundant text that we separately propose to improve is highlighted. This is followed by our proposed text, which includes a statement as requested by FC, as well as text to eliminate the redundancy highlighted on page 23 This is followed by a 'clean' copy of the proposed text with only new text in blue, and rationales for the proposed changes.

6/12/23 request by Faculty Council (FC):

Be it resolved that the FC of CWRU-SOM requests that the Bylaws Committee generate a section of the bylaws specify that the NEC will make efforts to ensure that at least two "basic science" department and at least two "clinical" department faculty member serve on the faculty senate.

Constitution/Handbook:

ARTICLE V. THE FACULTY SENATE

Sec. F. Apportionment, Election, Term of Office, and Vacancies

Par. 1. APPORTIONMENT. Pursuant to Article V, Section C, each constituent faculty of fewer than seventy voting members of the University Faculty shall elect three voting members of the Faculty Senate, each constituent faculty of at least 70 but fewer than 150 shall elect five and each constituent faculty of 150 or greater shall elect ten.

Par. 2. ELECTION. Each elected faculty member of the Faculty Senate shall be elected by majority vote of the constituent faculty represented, but no one such member shall represent more than one electorate.

SOM bylaws:

ARTICLE 3: THE FACULTY COUNCIL

3.6: Committees of the Faculty Council, b. Nomination and Elections Committee.

The Nomination and Elections Committee shall place on the ballot any self- or peer-nominated candidate who consents to run and meets the eligibility requirements for service, as specified in these Bylaws or in the charge of the corresponding committee.

Interpretation by bylaws committee:

Given a) The constitutional prescription in article V, F, 2 that 'each elected faculty member of the Faculty Senate shall be elected by majority vote of all voting members of the SOM faculty', and b) The SOM bylaws prescription in article 3.6b above, leaves the SOM/NEC with limited 'legal' means to affect the composition of the SOM senator pool.

In addition, though perhaps unlikely, there may simply not be enough willing senator candidates of a particular flavor for the NEC to recruit each and every year.

In drafting new proposed bylaws text, therefore, the bylaws committee wished to express the request on the SOM senator pool composition by Faculty Council while recognizing the limited means the NEC has to affect this composition. The NEC still can adopt several strategies to influence the senator pool composition, but these are best described in some detail in the NEC charge document, which is due a significant update anyway (current version is from 1995!).

Current bylaws text:

3.6: Committees of the Faculty Council

In addition, the Nomination and Elections Committee shall nominate (1) candidates for the at-large representatives to the Faculty Council, (2) candidates for the representatives of the special faculty whose titles are modified by the adjective adjunct or clinical to the Faculty Council, (3) candidates for standing committees of the Faculty of Medicine, and (4) candidates for the University Faculty Senate. In the case of at-large representatives, senators, or members of the Committee on Appointments, Promotions, and Tenure, the number of candidates shall be at least twice the number of positions to be filled. The Nomination and Elections Committee shall place on the ballot any self- or peer-nominated candidate who consents to run and meets the eligibility requirements for service, as specified in these Bylaws or in the charge of the corresponding committee. The Nomination and Elections Committee shall also actively recruit candidates and strive to produce a diverse slate of nominees, considering gender, race, institutional affiliation and representation of basic science and clinical departments. However, a nominee may not be put on the ballot if in winning the election they would serve on more than two standing committees of the Faculty of Medicine or Faculty Council. Service as a Faculty Council representative or on an ad hoc committee of the Faculty Council or of the dean is not included in this count. Furthermore, a candidate may not be put on the ballot for the election of Senators if they already serve on two standing committees of the Faculty of Medicine or of Faculty Council. Exceptions may be made only if the Nominations and Elections Committee is unable to recruit a sufficient number of candidates to fill a committee vacancy. Elections shall be conducted by email or other electronic means, using a ranked choice voting system.

Commented [PdB1]: Partially redundant with sentence below

Commented [PdB2]: Partially redundant with sentence above.
Also, this prescription would not prevent a Senator who is also a member of a standing committee to seek a second position on another standing committee, which is not logical.

Proposed by BC (new text in blue, deleted text in red):

3.6: Committees of the Faculty Council

In addition, the Nomination and Elections Committee shall nominate (1) candidates for the at-large representatives to the Faculty Council, (2) candidates for the representatives of the special faculty whose titles are modified by the adjective adjunct or clinical to the Faculty Council, (3) candidates for standing committees of the Faculty of Medicine, and (4) candidates for the University Faculty Senate. In the case of at-large representatives, senators, or members of the Committee on Appointments, Promotions, and Tenure, the number of candidates shall be at least twice the number of positions to be filled. The Nomination and Elections Committee shall place on the ballot any self- or peer-nominated candidate who consents to run and meets the eligibility requirements for service, as specified in these Bylaws or in the charge of the corresponding committee. The Nomination and Elections Committee shall

also actively recruit candidates and strive to produce a diverse slate of nominees, considering gender, race, institutional affiliation and representation of basic science and clinical departments. Accordingly, the Nomination and Elections Committee shall strive to have at least two of the ten SOM senator positions filled by faculty members with a primary appointment in a basic science department, and at least two of the ten by those with a primary appointment in a clinical department. However, a ~~nominee~~ candidate for the Senate or for a standing committee may not be put on the ballot if in winning the election they would ~~serve on more than two~~ occupy more than two combined memberships of the Senate and standing committees of ~~either~~ the Faculty of Medicine or ~~of~~ Faculty Council. Service as a Faculty Council representative or on an ad hoc committee of the Faculty Council or of the dean is not included in this count. ~~Furthermore, a candidate may not be put on the ballot for the election of Senators if they already serve on two standing committees of the Faculty of Medicine or of Faculty Council.~~ Exceptions may be made only if the Nominations and Elections Committee is unable to recruit ~~a sufficient number of~~ enough candidates to fill a committee vacancy. Elections shall be conducted by email or other electronic means, using a ranked choice voting system.

Proposed by BC (clean copy, new text in blue):

3.6: Committees of the Faculty Council

In addition, the Nomination and Elections Committee shall nominate (1) candidates for the at-large representatives to the Faculty Council, (2) candidates for the representatives of the special faculty whose titles are modified by the adjective adjunct or clinical to the Faculty Council, (3) candidates for standing committees of the Faculty of Medicine, and (4) candidates for the University Faculty Senate. In the case of at-large representatives, senators, or members of the Committee on Appointments, Promotions, and Tenure, the number of candidates shall be at least twice the number of positions to be filled. The Nomination and Elections Committee shall place on the ballot any self- or peer-nominated candidate who consents to run and meets the eligibility requirements for service, as specified in these Bylaws or in the charge of the corresponding committee. The Nomination and Elections Committee shall also actively recruit candidates and strive to produce a diverse slate of nominees, considering gender, race, institutional affiliation and representation of basic science and clinical departments. Accordingly, the Nomination and Elections Committee shall strive to have at least two of the ten SOM senator positions filled by faculty members with a primary appointment in a basic science department, and at least two of the ten by those with a primary appointment in a clinical department. However, a candidate for the Senate or for a standing committee may not be put on the ballot if in winning the election they would occupy more than two combined memberships of the Senate and standing committees of either the Faculty of Medicine or of Faculty Council. Service as a Faculty Council representative or on an ad hoc committee of the

Faculty Council or of the dean is not included in this count. Exceptions may be made only if the Nominations and Elections Committee is unable to recruit **enough** candidates to fill a committee vacancy. Elections shall be conducted by email or other electronic means, using a ranked choice voting system.

Rationales:

Line numbers refer to the 'clean' copy.

Lines 11-14 (FC initiated, BC-approved: 11/14/23):

New language requested by Faculty Council on 6/12/23. Placement of this new sentence ties in with the NEC striving to produce a diverse slate of nominees, considering representation of basic science and clinical departments, amongst others, in the preceding sentence.

Lines 14-17 (BC initiated, BC-approved: 11/14/23):

Consolidates two repetitive sentences in a more comprehensive and logical one, and improves text flow.

Line 19 (BC initiated, BC-approved: 11/14/23):

Simpler and shorter language.

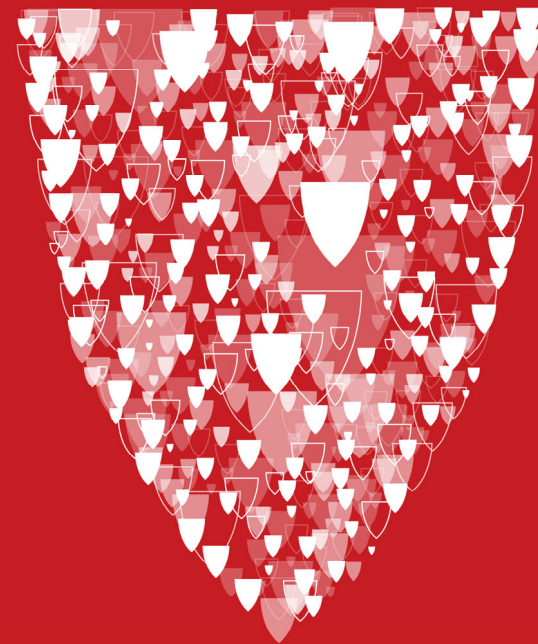
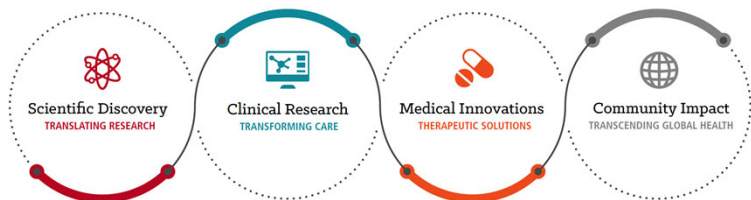
State of **University Hospitals** Research Address 2024

Daniel I. Simon, MD

President Academic & External Affairs and CSO, UHHS

Professor and Senior Associate Dean for Academic Affairs, CWRU

May 20, 2024



UH Academics

Mission: *To Heal. To Teach. To Discover.*

Vision: *Advancing the Science of Health & the Art of Compassion*



“A next-generation academic health system dedicated to accelerating discovery, innovation, and translation of scientific breakthroughs which address unmet clinical needs and enhance the lives of our patients, our community, and the world.”

Why is Research Important?

RESEARCH = HOPE



Patient triumphs over **sickle cell disease** with gene therapy
(Jignesh Dalal, MD)



DCCT/EDIC study to manage **T1D**
(Rose Gubitosi-Klug, MD, PhD)



Clinical trial using novel drug for **pancreatic cancer**
(Jordan Winter, MD
David Bajor, MD)



Limb Salvage Advisory Council to
avoid amputation
(Mehdi Shishehbor, DO, PhD)



Diaphragm Pacing System to help
patients breath without ventilator
(Raymond Onders, MD)



Wearable technology allows clinicians
to access how oxygen returns to the
muscle after **ACL surgery**
(James Voos, MD)



Enhances Health System
Differentiation



Attracts Patients

*Offers HOPE for patients with
“no options”*



Improves Healthcare
Outcomes



Attracts Top Talents



Produces Intellectual
Property



Drives Philanthropy



Creates Biomedical
Ecosystem Impact

*\$1 NIH Funded Research = \$2.46
Economic Activity*

2023 Key Academic Metrics



\$197M

Total Research Funding
JobsOhio 2030 Target \$204M)

\$105M (↑11%)

Total Sponsored Research
Expenditures through UH

\$9.4M (↑27%)

Total Research Indirect through UH



100

UH plus CWRU-UH Joint
Invention Disclosures



3,450+

Active Clinical
Research Studies



1,189

Faculty Members

1,185

Residents & Fellows



104

Residency & Fellowship
Programs



2,023(↑12%)

Medical Students Clerkships &
Elective Rotations



1,550+

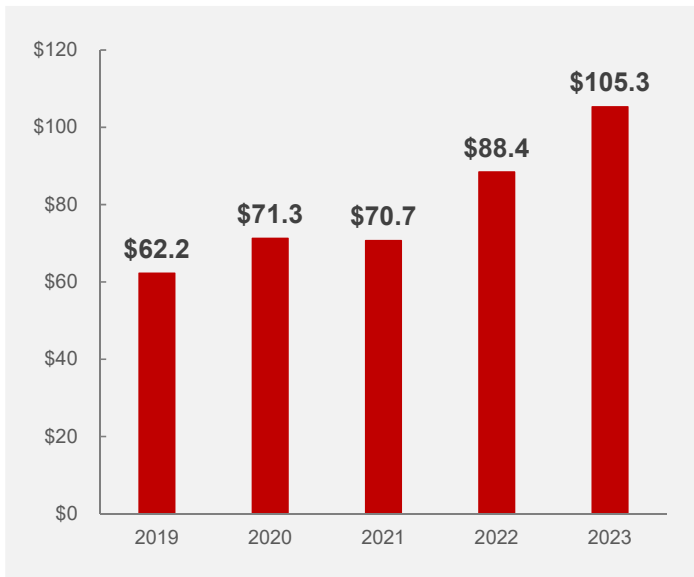
Peer-reviewed Articles

2023 data

UH Research

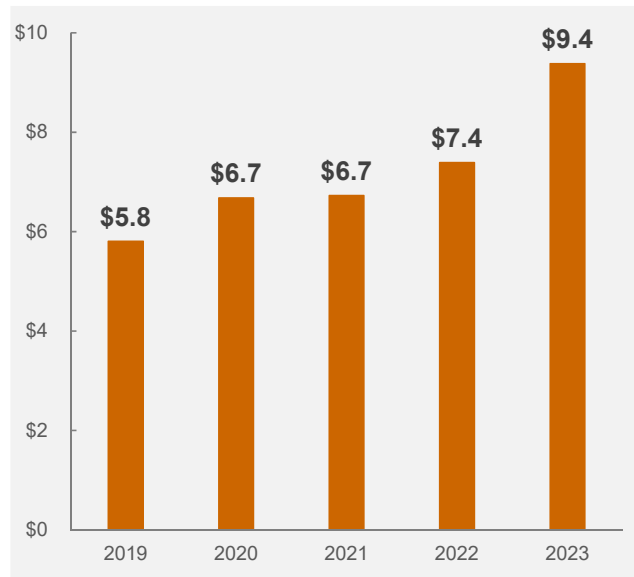
UH Grant Expenditures

(2019-2023, Millions)



UH Grant Indirect

(2019-2023, Millions)



UH Grant Indirect Allocation

- 1 Support Clinical Research Center infrastructure
- 2 Return to Department
- 3 Support Health Services Research
- 4 Support UH Academic Mission (e.g. grant writers, biostatisticians)
- 5 Junior Faculty Support (K-R transition)

Top 4 Departments Overhead

- Seidman Cancer Center
- Medicine
- Ophthalmology
- Pediatrics

Academic Strategic Partnerships

CWRU + UH + Other Affiliates



CFAR
CENTER FOR AIDS RESEARCH
Case Western Reserve University
University Hospitals of Cleveland

CASE WESTERN RESERVE UNIVERSITY
CASE COMPREHENSIVE CANCER CENTER
NCI Comprehensive Cancer Center
A National Cancer Institute

University Hospitals **Cleveland Clinic**

cbhi

CLEVELAND INSTITUTE FOR COMPUTATIONAL BIOLOGY

Cleveland Alzheimer's Disease Research Center

Center for Imaging Research

Cleveland Digestive Disease Research Core Center

Visual Sciences Research Center

CTSC
Clinical and Translational Science Collaborative

Statewide



Mike DeWine
GOVERNOR OF OHIO

INNOVATEOhio

JobsOhio **20,000+ NEW JOBS**

Ohio Development Services Agency

CLEVELAND STATE UNIVERSITY

Jon Husted
GOVERNOR OF OHIO

Cleveland Clinic

CASE WESTERN RESERVE UNIVERSITY

University Hospitals

MetroHealth

Cleveland Innovation District
Accelerate new STEM graduates over 10 years
10,000+ STEM GRADUATES
\$3 Billion+ ECONOMIC IMPACT
\$3 Billion+ RESEARCH
Accelerate research over 10 years

Northeast Ohio MEDICAL UNIVERSITY

Global



Harrington Discovery Institute
University Hospitals | Cleveland, Ohio

UNIVERSITY OF OXFORD **Oxford-Harrington Rare Diseases Centre**

Harrington Discovery Institute
University Hospitals | Cleveland, Ohio

Morgan Stanley **Morgan Stanley GIFT Cures**

University Hospitals **TECHNION**
ISRAELI INSTITUTE OF TECHNOLOGY **UH-Technion (Israel Institute of Technology)**

University Hospitals **National Taiwan University** **UH-NTU College of Medicine**

CWRU-UH Joint Strategic Leadership Committee

Summary (2021 – present)

39 Applications

33 JSLC Approved

12 New Recruits (Accepted Offer)

1 New Recruit (In Process)

11 New Recruits (Declined Offer)

7 Retentions (Accepted)

2 Programs (Accepted)



**Joint efforts to attract, retain the right talent
and develop programs in key research areas**

Total Commitment - \$15,237,604
(2021-2028)

UH: \$7,268,642
CWRU: \$7,968,963

CWRU-UH Joint Strategic Leadership Committee

Faculty Recruit



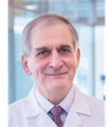
Rebecca Obeng, MD, PhD
Pathology
(April 2022)



Daniel Hertzka, PhD
Radiology
(April 2022)



Randy Vince, MD
Urology
(July 2022)



Koen van Besien, MD, PhD
Medicine
(August 2022)



Timothy Mead, PhD
Pediatrics
(August 2022)



Corey Speers, MD, PhD
Radiation Oncology
(September 2022)



Samudragupta Bora, PhD
Pediatrics
(January 2023)



William Grissom, PhD
BME
(February 2023)



Christopher Hubert, PhD
Biochemistry
(February 2023)



Douglas Brubaker, PhD
Pathology
(June 2023)



James Ross, MD
Surgery
(July 2023)



Tyler Miller, MD, PhD
Pathology/CCCC
(June 2024)

Faculty Retention



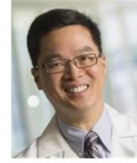
Amitabh Chak, MD
Medicine (Cancer)



Reshmi Parameswaran, PhD
Medicine (Cancer)



Andrew Pieper, MD, PhD
Psychiatry (Brain Health)



Alex Huang, MD, PhD
Pediatrics (Cancer)



James Basilion, PhD
Radiology (Imaging)



Atul Chopra, MD, PhD
Medicine (Rare Disease)



Jordan Winter, MD
Surgery (Cancer)

New Programs

2023 Collaborative Science Pilot Award

Bradykinin Formation in Malaria Cerebral Edema



Alvin Schmalzer, MD
(Medicine)
Lead PI



James Kazura, MD
(Pathology)

Novel Immunotherapies Targeting a Unique Biomarker in the Tumor Microenvironment



Susann Brady-Kalnay, PhD
(Mol. Biol. & Microbiology)
Lead PI



David Wald, MD, PhD
(Pathology)

Natural Killer Cells in Combination With TGFbeta Targeted Therapies in Gastroesophageal Cancer



Andrew Blum, MD, PhD
(Medicine)
Lead PI



Kishore Guda, PhD
(Case Comprehensive Cancer Center)



Eva Selfridge, MD, PhD
(Medicine)



David Wald, MD, PhD
(Pathology)

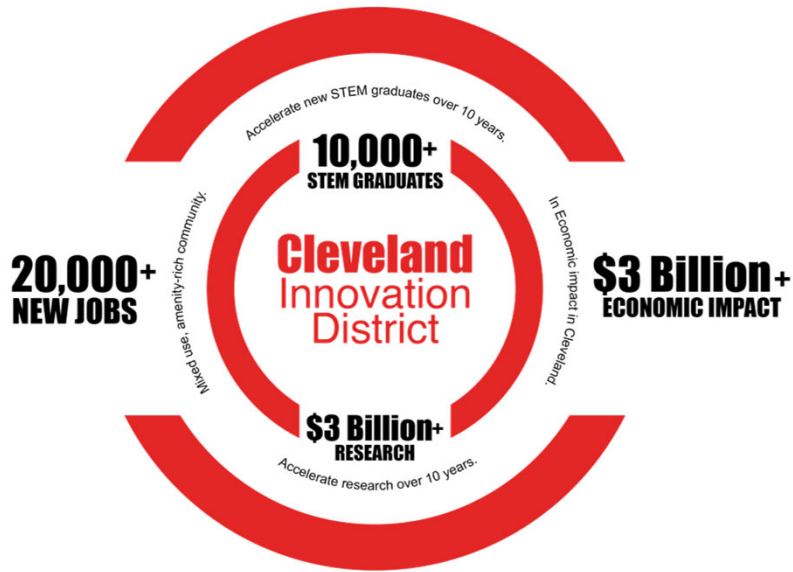
CWRU-UH Blood, Heart, Lung and Immunology Research Center



Kenneth Remy, MD
Center Director

JSLC activities (March 2021 - present)

JobsOhio Cleveland Innovation District



January 2021 – December 2023



\$10.3M

New Capital Investment in Research/Clinical Infrastructure
(Target: \$10M) ✓



\$67.2M

Research Expenditure Growth
(Target Y1–Y3: \$24M; 2.5% CAGR)



423

New Research Positions
(Target: 235) ✓



\$30M

Board Directed Research and Drug Development Investment



UH Focus:

Research & Product Innovation



Full Spectrum of Research – Bench to Bedside and Beyond

UH Medical Centers



Departments/
Institutes/Centers



Centers of
Excellence

Strategic Partners (select)



Departments/
Institutes/Centers

UH Health Services Research Center



Harrington Discovery Institute

University Hospitals | Cleveland, Ohio



University Hospitals
Ventures



University Hospitals
Radiology A.I. & Diagnostic
Innovation Collaborative



University Hospitals
Haslam Sports Innovation Center



University Hospitals
Cleveland Medical Center



Departments/
Institutes/Centers



Pharma/Biotech

Building Research Excellence

Pediatrics 2023 Research Highlights



Grace McComsey, MD

Renewal NIH Clinical and Translational Science Collaborative (CTSC) Grant
\$56.3M (2023-2030)



Charles Macias, MD, PhD

- **HRSA Pediatric Pandemic Network \$50M** (2021-2026)
- **HRSA EMSC Innovation and Improvement Center \$1.04M** (2023 – 2024)
- **ASPR Region V Kids Pediatric Disaster Center of Excellence \$8.9M** (2019 – 2024)



Anna Maria Hibbs, MD

NICHD Neonatal Research Network Clinical Center
\$2,479,400 (2023 – 2030)
 UG1HD021364-38

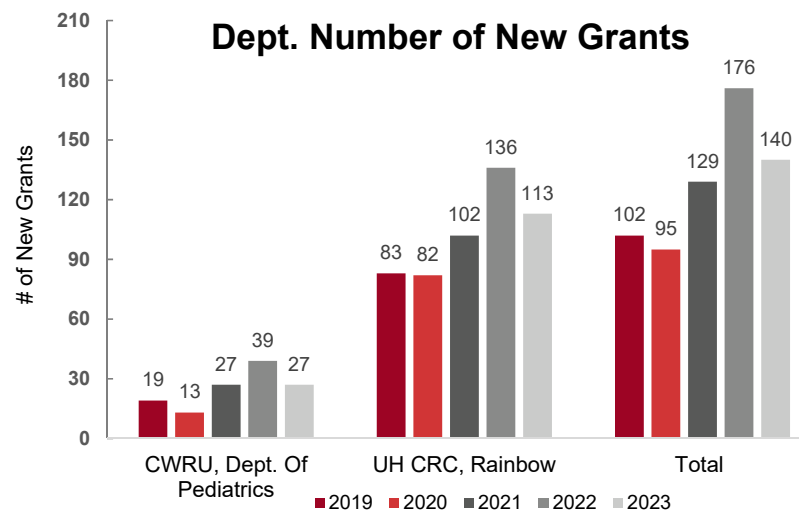
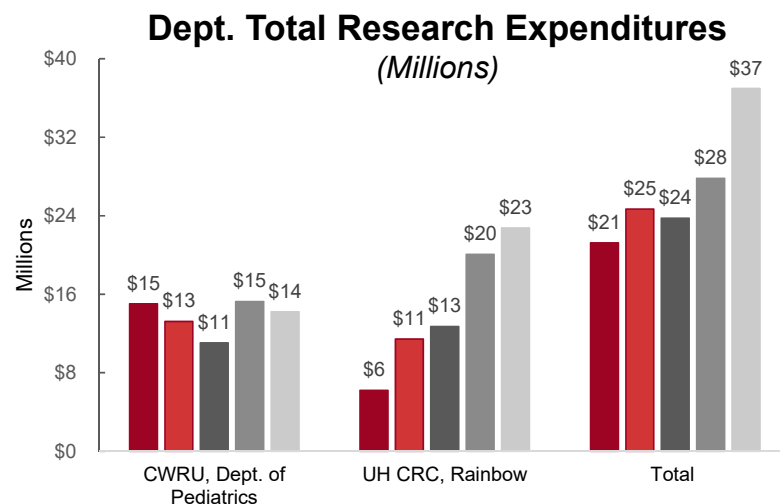


Peter Pronovost,
MD, PhD



Marlene Miller, MD

PCORI HSII Implementation Science Capacity Building Grant
\$500,000 (2023-2026)



Building Research Excellence

Radiology Clinical Faculty



\$49.4M

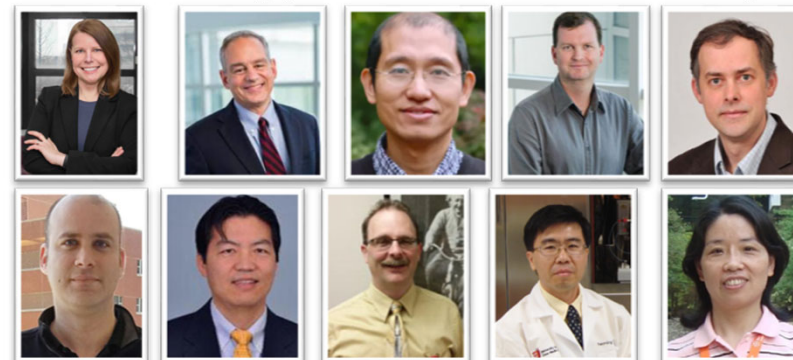
(New grant awards since January 2021)

2023 Calendar Year

New Grants: \$7.8M

Publications: 98

Radiology Academic Faculty



R01

Development of Magnetic Resonance Fingerprinting (MRF) to Assess Response to Neoadjuvant Chemotherapy in Breast Cancer
MPIs: Yong Chen, Dan Ma, Holly Marshall; \$3,050,512

R01

MR Fingerprinting based Quantitative Imaging and Analysis Platform (MRF-QIA) for brain tumors.
MPIs: Chaitra Badve, Dan Ma, Christos Davatzikos; \$3,034,497

NSF

SCH: Artificial Intelligence for Contrast-Enhanced Imaging
Co-PIs: Leonardo Kayat Bittencourt, Sree Tirumani, Shuo Li (contact PI), Vipin Chaudhary; \$1,125,000

R01

Exploring SGLTs as Theranostic Targets for Cancer Metastasis
PI: Ray Muzic; \$434,366

Jobs Ohio

Blocking salivary uptake for targeted radioligand therapy (RLT) of prostate cancer
PI: Zhenghong Lee; \$86,500

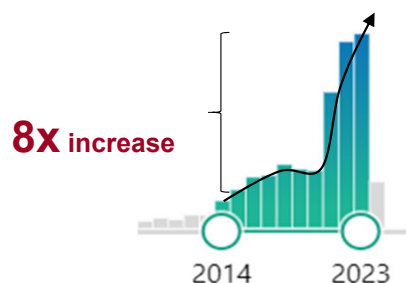
JDRF

Development of a safe and effective islet-targeted nanoplasmid based CXCL12 gene delivery system using cationic nanobubble-mediated sonotransfection to restore and immune protect the residual beta cell mass in T1D.
PI: Agata Exner; \$61,835

Building Research Excellence

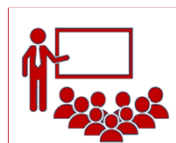
Radiology Oncology Academic Success

Peer Reviewed Publications



National/International Presentations

51

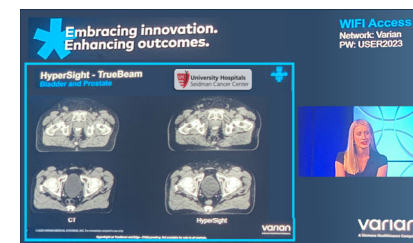


Clinical Trial Accruals

↑ 22%



Lauren Henke, MD
NCT05975619

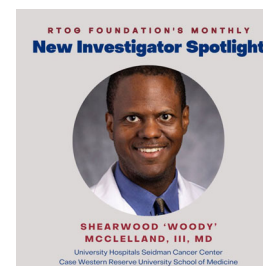
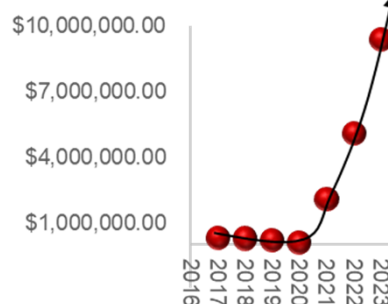


Varian Receives FDA 510(k) Clearance for TrueBeam and Edge Ratiotherapy Systems Featuring HyperSight Imaging Solution

NEJM Evidence	Artificial Intelligence Predictive Model for Hormone Therapy Use in Prostate Cancer
NEJM Evidence	Meta-Analysis of Candidate Surrogate End Points in Advanced Prostate Cancer
THE LANCET Oncology	Measuring ovarian toxicity in clinical trials: an American Society of Clinical Oncology research statement
Journal of Clinical Oncology*	Prospective Correlation of Magnetic Resonance Tumor Regression Grade With Pathologic Outcomes in Total Neoadjuvant Therapy for Rectal Adenocarcinoma
Journal of Clinical Oncology*	Biochemical Recurrence Surrogacy for Clinical Outcomes After Radiotherapy for Adenocarcinoma of the Prostate
JAMA Oncology	Radiotherapy Use and Incidence of Locoregional Recurrence in Patients With Favorable-Risk, Node-Positive Breast Cancer Enrolled in the SWOG S1007
INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY BIOLOGY • PHYSICS	Genomic Classifier Performance in Intermediate-Risk Prostate Cancer: Results From NRG Oncology/RTOG 0126 Randomized Phase 3 Trial
pro	Partial Breast Irradiation for Patients With Early-Stage Invasive Breast Cancer or Ductal Carcinoma In Situ: An ASTRO Clinical Practice Guideline

Impact factor >30

Grant Funding



Woody McClelland, MD

Navigator-assisted hypofractionation (NAVAH) to address RT access disparities facing African-Americans



Basic and Translational Research

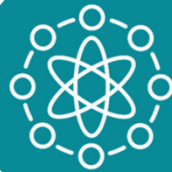
UH Medical Centers



Departments/
Institutes/Centers



Centers of
Excellence



Scientific
Discovery

Drug, Device &
Diagnostic
Development



Clinical
Research



University
Hospitals



Impact
Community
World



First Independent Grant



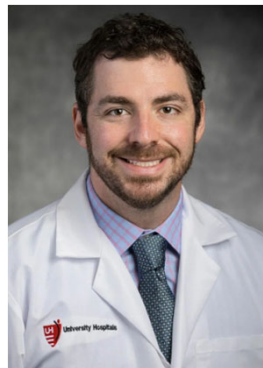
R grants



Ian Neeland, MD
(Cardiology/Medicine)



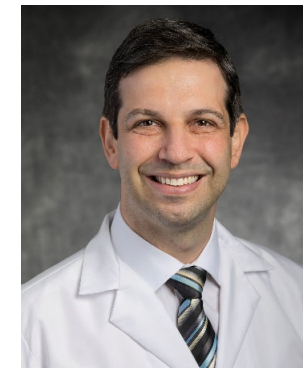
Yong Chen, PhD
(Radiology)



Jonathan Shoag, MD
(Urology)



Rui Wang, PhD
(Surgery)



Leonardo Kayat Bittencourt, MD, PhD
(Radiology)

The ADIPOSA Study

R01 \$3.4M
(7/20/23-6/30/28)

MRF for Renal and Breast Cancer Imaging

R01 \$2.6M
(9/1/22 – 8/31/27)
R01 \$3.1M
(9/1/23 – 8/31/28)

Somatic Mutation Rates in Healthy Aging

R01 \$4.2M
(9/1/23-5/31/28)

Colorectal Cancer Tumorigenesis

R37 \$1.84M
(2/1/24-1/31/29)
+ 2-year non-competitive extension

Prostate MRF to Optimize Biopsy Avoidance

R01 proposal: **\$3.8M**
(7/20/23-6/30/24)

scored at the 6th percentile



Long-term grant to support outstanding
Early Stage Investigator



Cleveland, Ohio | 15

Scientific Discovery



Hualin Zhou, PhD
(ITMM/Medicine)



Jonathan Stamler, MD
(ITMM/Medicine)

Potential Target for New Class of Diabetes Drugs

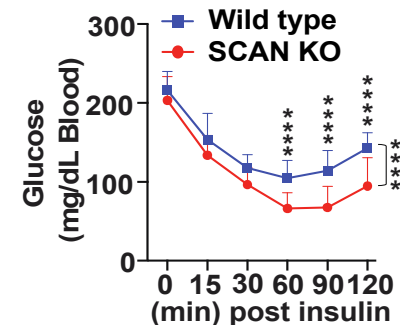
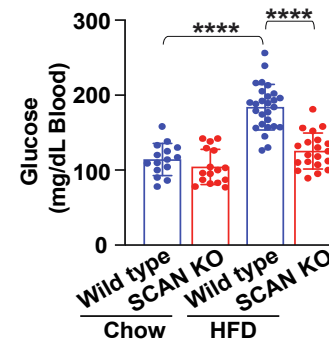
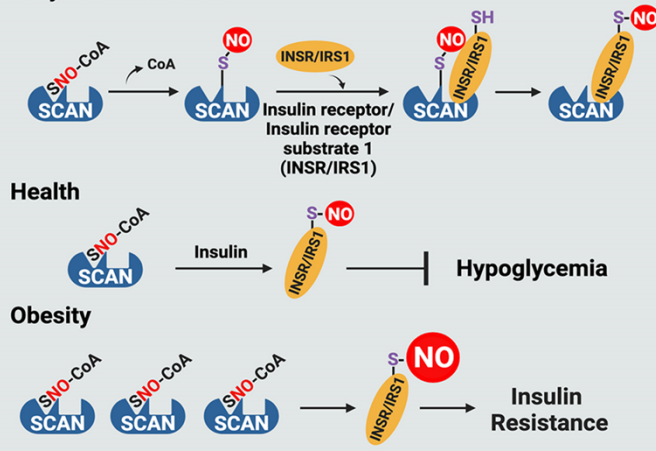
- SCAN catalyzes S-nitrosylation of **insulin receptor (INSR)**
- Hypernitrosylation of **INSR** by SCAN causes diabetes

An enzyme that selectively S-nitrosylates proteins to regulate insulin signaling

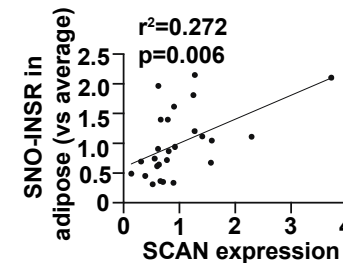
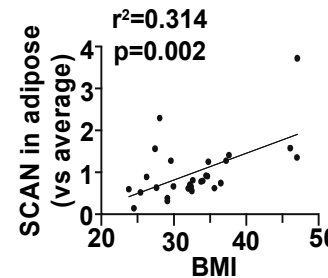
Cell

Hua-Lin Zhou,^{1,2} Zachary W. Grimm^{2,3}, Nicholas M. Venetos,^{2,4} Colin T. Stomberski,^{2,4} Zhaoxia Qian,^{1,2} Precious J. McLaughlin,^{1,2} Puneet K. Bansal,⁴ Rongli Zhang,^{1,2} James D. Reynolds,^{2,5,6} Richard T. Premont,^{1,2,6} and Jonathan S. Stamler^{1,2,4,6,7,*}
<https://doi.org/10.1016/j.cell.2023.11.009>

S-nitrosylation by the enzyme S-nitroso-CoA Assisted Nitrosylase (SCAN) Enzyme mechanism



- SCAN expression correlates with human BMI and INSR S-nitrosylation



Scientific Discovery

Repurposing Fenofibrate for HPV+ Cancers

- Fenofibrate: FDA approved drug to manage high cholesterol and triglyceride levels
- Fenofibrate exhibits high efficacy in HPV+ cancers
- Fenofibrate reactivates p53 tumor suppressor program in HPV+ cancers
- IND for Fenofibrate in HPV+ cancer patients: FDA approved, Q3 2023



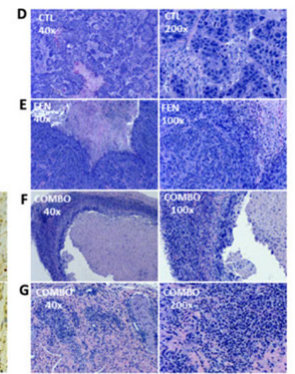
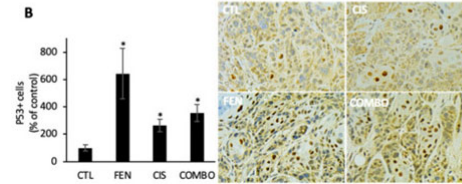
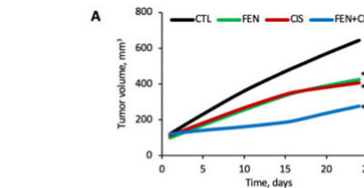
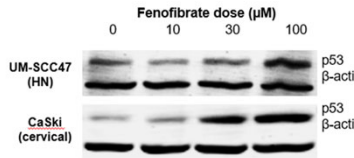
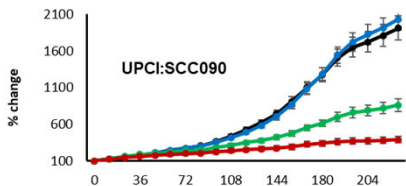
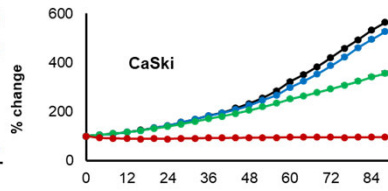
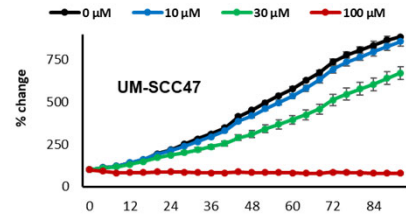
Quintin Pan, PhD
(Otolaryngology)



Wendi O'Neill, DDS, MS
(Otolaryngology)



Lindsay Ferguson, MD
(OB/GYN)



Cervical Cancer (Q1 2024)

Clinical PI: Ferguson
Lab PI: O'Neill

H&N Cancer (Q4 2024)

Clinical PI: TBD
Lab PI: O'Neill

Diagnosis

Biopsy
(Pre-treatment tumor)

Schedule for surgery

Phase I trial for HPV+ cancers

Window Of Opportunity:
Fenofibrate

Clinical trial accrual
Toxicity and response

Standard Of Care

Surgical resection
(Post-treatment tumor)

Translational and Drug Development



Accelerating Therapeutics

Harrington Discovery Institute

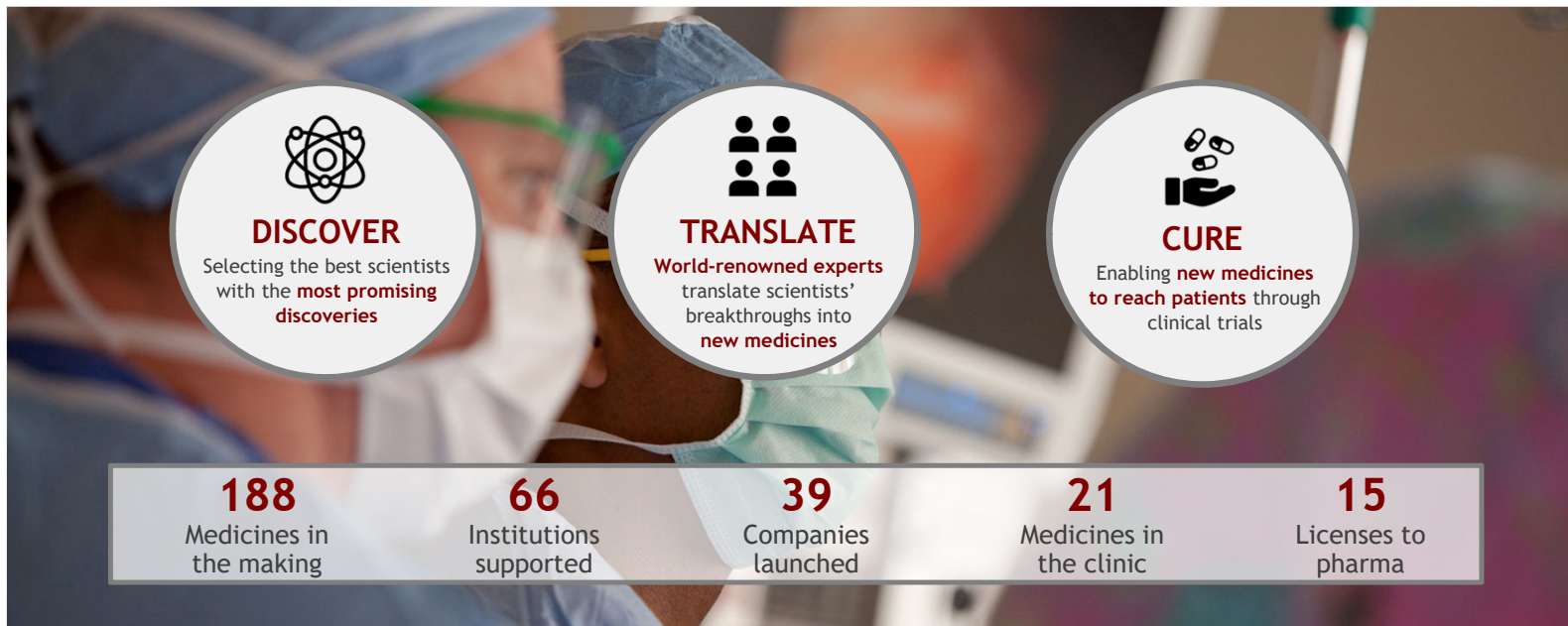
 University Hospitals | Cleveland, Ohio

Harrington Discovery Institute

Accelerating promising discoveries into medicines for unmet needs



Jonathan Stamler, MD



Accelerating Therapeutics

2023 HDI Highlights

- **11th class of Scholar-Innovators selected**
 - 108 physician-scientists to date
- **Drugs licensed to industry, including:**
 - AcuraStem (Takeda)
- **Programs (progressing) in clinical trials, including:**
 - Phase 3 – Rare cancer (Sol-Gel)
 - Phase 2 – Alzheimer's & Parkinson's (Allyx)
 - Phase 2 – Osteoarthritis pain (Levicept)
 - Phase 1/2 – Cancer (Aleta)
- **Announced Oxford-Harrington Rare Disease Centre Therapeutics Accelerator**
 - Goal: 40 new therapies into clinical trials in 10 years
 - David Cameron - Former UK PM Founding Chair, Advisory Council

Therapeutics Accelerator Launch

October 2, 2023 | The University of Oxford



Accelerating Diagnostics and Devices

Accelerating Commercialization of UH IP



UH Ventures and Shared IP



185+
Patent Filings



100
Invention Disclosures
(UH and CWRU/UH Joint ID)



35+
Deals (Licenses/Options)



1/1/2023 – 12/31/2023

Spinouts

AKQUOS
Public offering - June 2020

rodeo
THERAPEUTICS
Acquired by Amgen - March 2021

CALIDA
THERAPEUTICS

Lucid
diagnostics
Public offering - October 2021

RIGHTFLOW
MEDICAL

HEMAPTICS[®]

OpsiClear

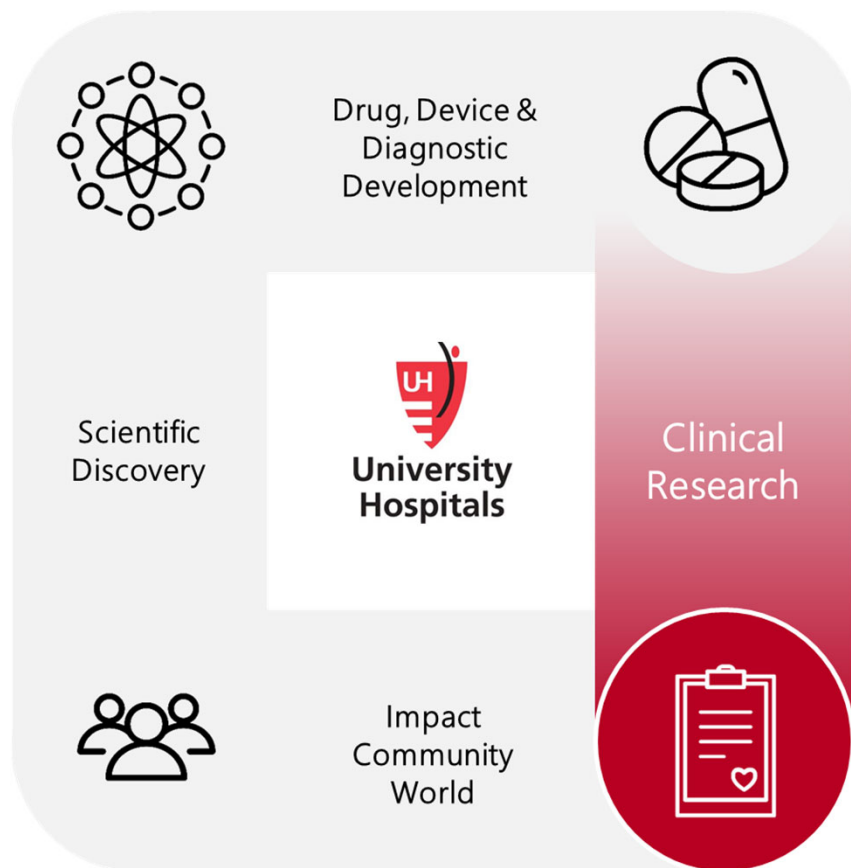
RISKLD

CollaMedix

Ureteral Stent Company

Cleveland, Ohio | 21

Clinical Research



Clinical Research

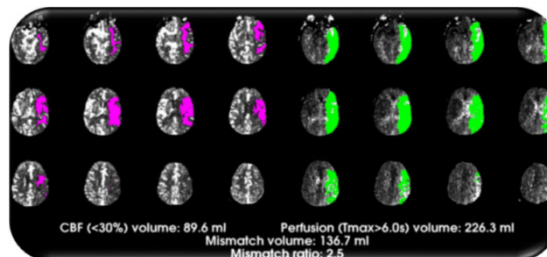


Amrou Sarraj, MD
(Neurology)

Global Principle
Investigator

Randomized Controlled Trial to Optimize Patient's Selection for Endovascular Treatment in Acute Ischemic Stroke

- Prospective, randomized, multicenter, open-label, phase III clinical trial with assessing **Thrombectomy in large core strokes**



- 352 patients enrolled across 31 sites worldwide (USA, Canada, Europe, Australia and New Zealand)



Conclusion

- Comparing to standard medical management, thrombectomy procedure result in better outcome*
- Sustained benefit across different imaging modalities
- Sustained benefit at 1-year follow-up

1.5 times more likely to result in better functional outcome; 3 times more likely to result in functional independence; 2 times more likely to achieve independent ambulation



The NEW ENGL

ORIGINAL ARTICLE

Trial of Endovascular Thrombectomy for Large Ischemic Strokes

A. Sarraj, A.E. Hassan, M.G. Abraham, S. Ortega-Gutierrez, S.E. Kasner, M.S. Hussain, M. Chen, S. Blackburn, C.W. Sittin, L. Churilov, S. Sundararajan, Y.C. Hu, N.A. Herial, P. Jabbour, D. Gibson, A.N. Wallace, J.F. Arenillas, J.P. Tsai, R.F. Budzik, W.J. Hicks, O. Kozak, B. Yan, D.J. Cordato, N.W. Manning,

NEJM 2023

Endovascular thrombectomy plus medical care versus medical care alone for large ischaemic stroke: 1-year outcomes of the SELECT2 trial

Amrou Sarraj, Michael G Abraham, Ameer E Hassan, Spiros Blackburn, Scott E Kasner, Santiago Ortega-Gutierrez, Muhammad Shazam Hussain, Michael Chen, Hannah Johns, Leonid Churilov, Deep K Pujara, Faris Shaker, Laith Maali, Pere Cardona Portela, Nabeel A Herial, Daniel Gibson, Osman Kozak, Juan F Arenillas, Bernard Yan, Natalia Pérez de la Ossa, Sophia Sundararajan, Yin C Hu, Dennis J Cordato, Nathan W Manning, Ricardo A Hanel, Amin N Aghaebrahim, Ronald F Budzik, William J Hicks, Jordi Blasco, Teddy Y Wu, Jenny P Tsai, Joanna D Schaafsma, Chirag D Gandhi, Fawaz Al-Mufti, Navdeep Sangha, Steven Warach, Timothy J Kleinig, Vignan Yogendrakumar, Felix Ng, Edgar A Samaniego, Mohammad A Abdulrazzak, Mark W Parsons, Mohammad H Rahbar, Thanh N Nguyen, Johanna T Fifi, Vitor Mendes Pereira, Maarten G Lansberg, Greg W Albers, Anthony J Furlan, Pascal Jabbour, Clark W Sittin, Cathy Sila, Nicholas Bambakidis, Stephen M Davis, Lawrence Wechsler, Michael D Hill, James C Grotta, Marc Ribo, Bruce C Campbell on behalf of the SELECT2 Investigators

Lancet 2024

JAMA | Original Investigation

Endovascular Thrombectomy for Large Ischemic Stroke Across Ischemic Injury and Penumbra Profiles

Amrou Sarraj, MD; Ameer E. Hassan, MD; Michael G. Abraham, MD; Santiago Ortega-Gutierrez, MD; Scott E. Kasner, MD; Muhammad Shazam Hussain, MD; Michael Chen, MD; Leonid Churilov, PhD; Hannah Johns, PhD; Clark W. Sittin, MD; Vignan Yogendrakumar, MD; Felix C. Ng, PhD; Deep K. Pujara, MBBS; Spiros Blackburn, MD; Sophia Sundararajan, MD; Yin C. Hu, MD; Nabeel A. Herial, MD; Juan F. Arenillas, MD, PhD; Jenny P. Tsai, MD; Ronald F. Budzik, MD; William J. Hicks, MD; Osman Kozak, MD; Bernard Yan, MBBS; Dennis J. Cordato, PhD; Nathan W. Manning, MBBS; Mark W. Parsons, PhD; Andrew Cheung, MBBS; Ricardo A. Hanel, MD; Amin N. Aghaebrahim, MD; Teddy Y. Wu, PhD; Pere Cardona Portela, MD; Chirag D. Gandhi, MD; Fawaz Al-Mufti, MD; Natalia Pérez de la Ossa, MD, PhD; Joanna D. Schaafsma, MD, PhD; Jordi Blasco, MD, PhD; Navdeep Sangha, MD; Steven Warach, MD; Timothy J. Kleinig, PhD; Faris Shaker, MBChB; Faisal Al Shalbi, MD; Gabor Toth, MD; Mohammad A. Abdulrazzak, MD; Gagan Sharma, MS; Abhishek Ray, MD; Jeffrey Sunshine, MD, PhD; Amanda Opaskar, MD; Kelsey R. Duncan, MD; Wei Xiong, MD; Edgar A. Samaniego, MD; Laith Maali, MD; Colleen G. Lechtenberg, MD; Arturo Renú, MD; Nirav Vora, MD; Thanh Nguyen, MD; Johanna T. Fifi, MD; Stavroula I. Tjoumakaris, MD; Pascal Jabbour, MD; Georgios Tsigoulis, MD; Vitor Mendes Pereira, MD; Maarten G. Lansberg, MD; Michael DeGeorgia, MD; Cathy A. Sila, MD; Nicholas Bambakidis, MD; Michael D. Hill, MD; Stephen M. Davis, MD; Lawrence Wechsler, MD; James C. Grotta, MD; Marc Ribo, MD; Greg W. Albers, MD; Bruce C. Campbell, PhD, for the SELECT2 Investigators

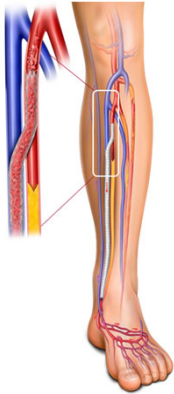
JAMA 2024



Clinical Research



Mehdi Shishehbor,
DO, MPH, PhD
(Cardiology/Medicine)



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Transcatheter Arterialization of Deep Veins in Chronic Limb-Threatening Ischemia

Mehdi H. Shishehbor, D.O., M.P.H., Ph.D., Richard J. Powell, M.D., Miguel F. Montero-Baker, M.D., Anahita Dua, M.D., Jorge L. Martínez-Trabal, M.D., Matthew C. Bunte, M.D., Arthur C. Lee, M.D., Andrew S. Mugglin, Ph.D., Joseph L. Mills, M.D., Alik Farber, M.D., and Daniel G. Clair, M.D., for the PROMISE II Investigators*

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

JANUARY 4, 2024

VOL. 390 NO. 1

Drug-Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease

Ramon L. Varcoe, M.B., B.S., Ph.D., M.Med. (Clin.Epi.), Brian G. DeRubertis, M.D., Raghu Kolluri, M.D., Prakash Krishnan, M.D., David L. Metzger, M.D., Marc P. Bonaca, M.D., M.P.H., Mehdi H. Shishehbor, D.O., M.P.H., Ph.D., Andrew H. Holden, M.B., Ch.B., Danielle R. Bajakian, M.D., Lawrence A. Garcia, M.D., Steven W.C. Kum, M.B., B.S., M.Med., John Rundback, M.D., Ehrin Armstrong, M.D., Jen-Kuang Lee, M.D., Yazan Khatib, M.D., Ido Weinberg, M.D., Hector M. Garcia-Garcia, M.D., Ph.D., Karine Ruster, Ph.D., Nutte T. Teraphongphom, Ph.D., Yan Zheng, M.S., Jin Wang, Ph.D., Jennifer M. Jones-McMeans, Ph.D., and Sahil A. Parikh, M.D., for the LIFE-BTK Investigators*



**STAT All Star
Competition** **Top 4**

**TOP 10
CLINICAL RESEARCH
ACHIEVEMENT AWARDS**
PRESENTED BY CLINICAL RESEARCH FORUM

Top 10
(United States)

STATE-OF-THE-ART REVIEW

Below-the-Knee Endovascular Revascularization

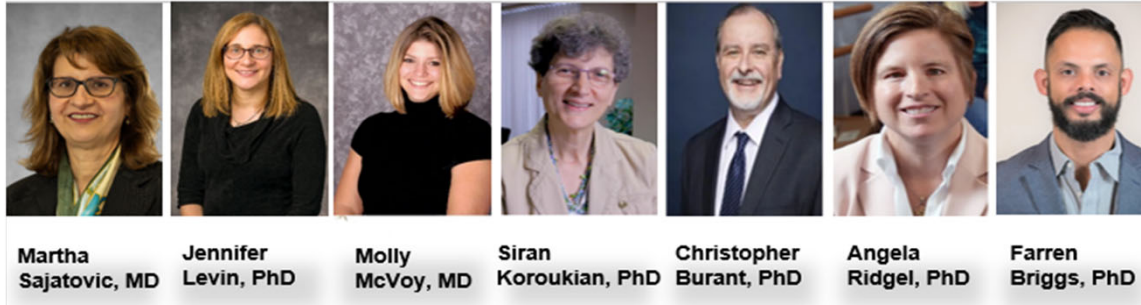
A Position Statement

Jun Li, MD,^{a,b} Ramon Varcoe, MBBS, PhD,^{c,d} Marco Manzi, MD,^e Steven Kum, MD,^f Osamu Iida, MD,^g Andrej Schmidt, MD,^h Mehdi H. Shishehbor, DO, MPH, PhD^{a,b}

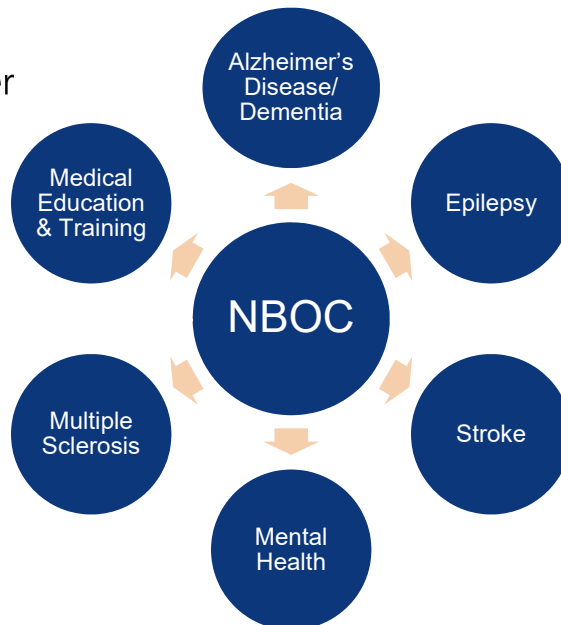
Health Outcome/Health Services Research



Neurological and Behavioral Outcomes Center



MIAMI



2023 Highlights

14 Newly funded research grants

58 New manuscripts, books/book chapter published or in press

68 Regional, national, and international presentations

79 Mentees supported

\$10.8M in new research grant funding as Principal Investigators

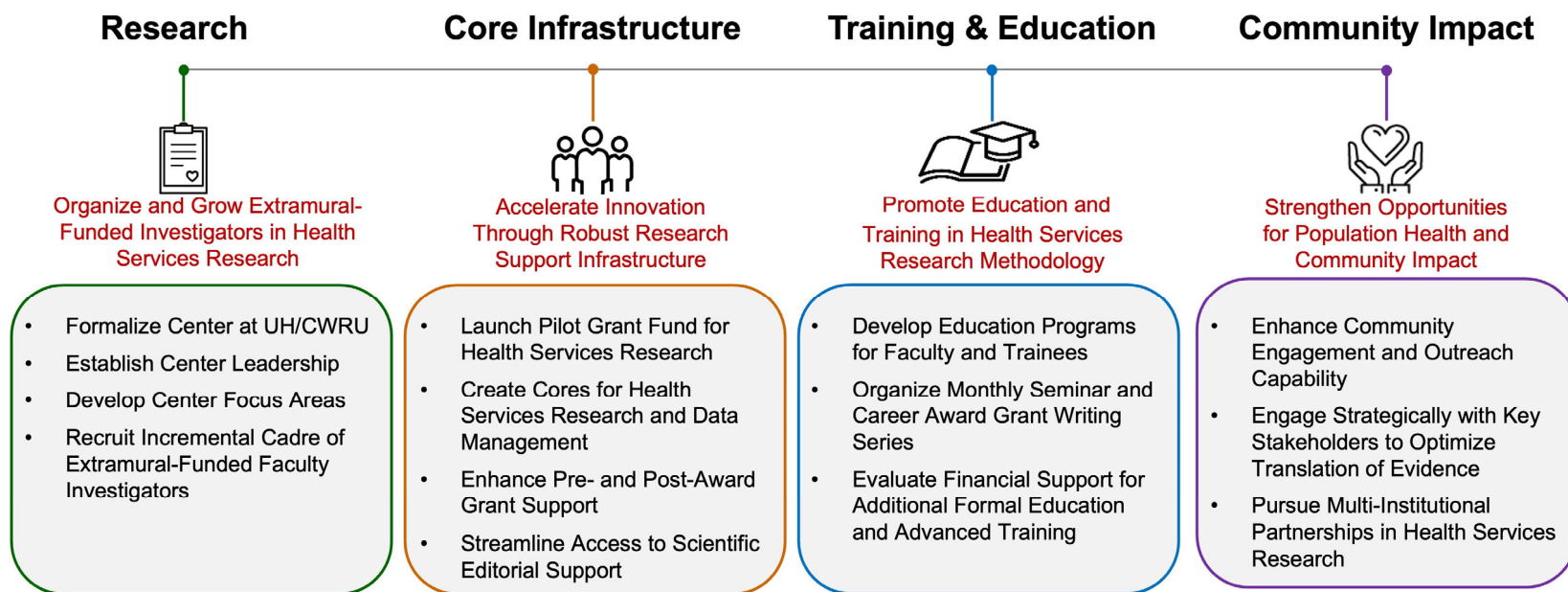
University Hospitals Health Services Research Center



Samudragupta Bora, PhD
(Pediatrics)
Founding Director

Vision

Catalyze excellence and national leadership in the development, evaluation, and translation of evidence and policies to enhance the efficacy, efficiency, and equity of healthcare delivery to improve health and well-being outcomes at the individual and population levels.



Boost Research Capacity in Health Services Research
Improve Population Health and Community Impact

Faculty Recognition Celebration

- Acknowledgment of the esteemed **63** UH faculty promoted at CWRU (July 1, 2023)
- Commemoration of this significant achievement on August 24, 2023
- Inspiring remarks from the distinguished faculty members who have been promoted



*"It has been here that I have been able to serve as an educator, a neurosurgeon, organizer, mentor, team player, leader and a human being who walks one foot in front of the other everyday when I enter the hospital doors" – **Tiffany Hodges, MD***



*"Teaching people from all over the world, teaching our fellows, while still providing excellent care" - **Guilherme Attizzani, MD***

Congratulations

World's Top 100 AMCs

2024 Rank	Brand	Country	2024 Brand Strength	2023 Brand Strength
1	Mayo Clinic Health System	USA	86.9	85.1
2	Massachusetts General Hospital	USA	83.5	80.4
3	All India Institute of Medical Sciences ,Delhi (AIIMS)	India	79.2	79.0
4	Singapore General Hospital (SGH)	Singapore	79.1	77.1
5	Brigham And Womens Hospital	USA	78.6	75.1
6	Stanford University Medical Center	USA	78.2	79.8
7	UCSF Medical Center	USA	78.0	76.8
8	Johns Hopkins Hospital	USA	77.4	77.0
9	National University Health System (Singapore)	Singapore	76.8	68.8
10	Dana-Farber Cancer Institute	USA	76.2	77.7
11	Cleveland Clinic	USA	76.1	74.4
12	University Health Network	Canada	75.4	72.8
13	Tata Memorial Centre	India	75.3	-
14	Charite	Germany	75.2	79.1
15	Cambridge University Hospitals NHS Foundation Trust	United Kingdom	74.9	71.0
16	Oxford University Hospitals NHS Foundation Trust	United Kingdom	74.9	75.3
17	SickKids	Canada	74.6	77.6
18	New York-Presbyterian Hospital-Columbia and Cornell	USA	74.5	69.7
19	Hospital Italiano de Buenos Aires	Argentina	74.5	71.1
20	King Faisal Specialist Hospital & Research Center	Saudi Arabia	73.9	72.7
21	University Hospital Heidelberg	Germany	73.4	64.4
22	St Thomas Hospital	United Kingdom	73.3	65.7
23	University of Pennsylvania Health System	USA	73.0	70.2
24	Hopital Europeen Georges-Pompidou	France	73.0	68.2
25	University of California Health	USA	72.9	66.2
26	MD Anderson Cancer Center	USA	72.8	-
27	Yale New Haven Health System	USA	72.8	74.8
28	University Hospitals Cleveland Medical Center	USA	72.6	70.7
29	Melbourne Health	Australia	72.4	73.8

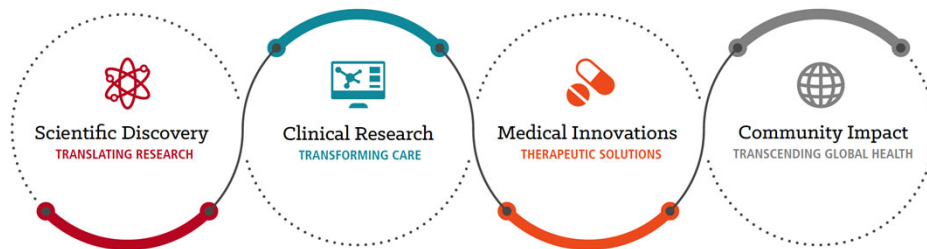
The Most Reputable Academic Medical Centers



by UK Brand Finance

Look Ahead.....

- Recruitment of diverse faculty to promote team science through collaborative, interdisciplinary efforts
- Augment and diversify revenue streams for academic activities (AHRQ/PCORI/HRSA/CDC, foundation and industry grant support and indirect, IP & commercialization, philanthropy)
- Strengthen our academic partnerships



**It Takes a Team to Make
Research Happen.**

THANK YOU!



https://twitter.com/UH_RE_Institute



<https://www.linkedin.com/company/uh-research-education-institute/>



UHREInstitute@UHhospitals.org

BGSO 2023 Survey Results

Trainee Empowerment and Advocacy (TEA) Committee

Biomedical Graduate Student Organization (BGSO)

Founding Members

Rachael Gowen
Alyssa Hubal
Lydia Raines
Margaret Michicich
Anna Miller
Alicia Santin

Current Members

Danielle Browne
Eli McCormick
Margaret Michicich
Avinaash Sandhu

Qualtrics Survey Distribution Logistic Details

- Survey Sent out 5/23/2023; Closed 7/11/2023
- Distributed by anonymous link (did not track IP addresses)
- Sent out from BGSO via GEO with multiple reminders
- Intentionally phrased questions to avoid being able to identify the respondent to prevent retaliation
- Allowed multiple submissions (Excluded blank responses)
 - Flagged 'likely duplicate' submissions with Qualtrics AI (no responses were excluded)

Survey Organization

- All questions were optional
- 116 responses
 - 36 of these respondents included an anecdote
 - 22 of these respondents included feedback to the committee
- Organized into 3 sections:
 - I. General Feelings/Experiences (select one answer on a disagree-agree scale)
 - II. Trainee-Faculty Relationships (mix of multiple choice, Yes/No, and sliding scale questions)
 - III. Optional Anonymous Anecdotes (Text boxes)

The following is the contents of the survey for your reference in examining the results.

Survey Intro (Part 1 and 2)

EMAILS & OTHER IDENTIFIERS WILL NOT BE COLLECTED. THIS DATA WILL BE AGGREGATED AND SHARED AS A WHOLE TO ENSURE ANONYMITY. ALL QUESTIONS ARE OPTIONAL.

Who is the survey for? This survey is **open to any graduate student in the CWRU School of Medicine (SOM).**

What's the survey about? This survey asks about your interactions with faculty, staff, & peers at CWRU. The term "**adverse event**" means any interaction, behavior, or comment that made someone feel badly, involved bias or discrimination, or perpetuated power-based abuse and/or exploitation. Adverse events can include egregious violations of federal law (ex. sexual harassment, hate crimes) or be more subtly inappropriate behaviors (ex. dismissal/gaslighting, mandatory weekend lab work, ignorant comments). **Why is the survey being done?** Since September, there's been an effort to improve trainee-faculty relations in the SOM. Trainee-faculty relations include your interactions with mentors, committees, evaluators, and program heads as well as your research- and academic-training environments. We want to put an end to power-based abuse, exploitation, and unprofessional behavior directed towards trainees. To do that, we need to hear from you!

Who's sponsoring the survey? This effort was spearheaded by six student leaders who've already met with the SOM deans and Graduate Program Directors (GPDs) and have been asked to meet with additional leaders. In July, this effort will be formalized by the creation of the Biomedical Graduate Student Organization (**BGSO**) **Student Faculty Relations Committee** [now named the Trainee Advocacy & Empowerment Committee]. This committee will investigate the state of trainee-faculty relations and **propose policies to prevent unprofessional, abusive, or exploitative behavior directed toward SOM graduate trainees.** Once the committee is recognized, we plan to expand membership to post-docs, faculty & staff.

Survey Intro (Part 1 and 2) Continued

Wasn't there already a survey? Yes. In October, BGSO sent out a 4-question survey about adverse events and reporting. This survey asks new questions and will be open longer. **Data from the past survey will continue to remain anonymous. Some quotes were shared with staff as examples of adverse events only after they were anonymized** by heavy editing and removing all affiliations, pronouns, locations, times, and other specific details. Only the six student leaders who organized the survey have access to those anecdotes.

How will this survey data be used? Data will be aggregated and used by the BGSO [Trainee Advocacy & Empowerment Committee (TEAC)] to support attempts to improve faculty-trainee relations. Data may be shared with SOM leadership, faculty, students, the Office of Equity, & HR. **Anecdotes will only be shared if they cannot be associated with a specific individual. Every attempt will be made to keep anecdotes anonymous. Only the TEAC will have access to responses.**

If you would like to formally report an incident, you may contact Marvin Nieman in the Graduate Education Office (GEO) or the [Office of Equity](#). If you need emotional support please contact [Counseling Services](#). If you are experiencing a psychological crisis, dial 988.

Example Questions

Part 1 - General Feelings/Experiences – Disagree/Agree Scale

Please state how much you agree with the following statements.

Q1



I feel that I am...

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
in control of my academic trajectory/training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
empowered to advocate for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
respected at work /in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 2 - Trainee-Faculty Relationships – Multiple Choice or Yes/No

Q6. I believe that ____ is an ally to students and a safe person/office from which to seek help. Select all that apply.

- ☐ my PI
- ☐ my Graduate Program Director
- ☐ the Graduate Education Office
- ☐ the SOM Administration (Dean, Vice Deans, MSTP/BSTP Directors)
- ☐ the Office of Equity
- ☐ None of the Above
- ☐ Other

* 'None of the above' is an exclusionary selection; Selecting 'Other' allows a text write-in

Note: All percentiles graphed are the # of selected responses for that option out of the total # of students who answered that question. The total for each question is listed below the x axis and is different for each question.

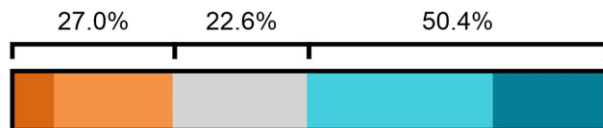
I feel that...

I am in control of my academic trajectory/training.



Total=115

I am empowered to advocate for myself.



Total=115

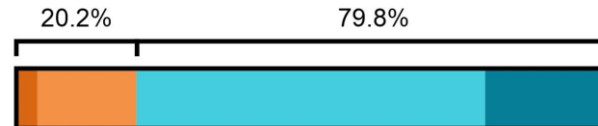
I am respected at work /in class.



Total=115

I know...

What constitutes a Title IX violation.



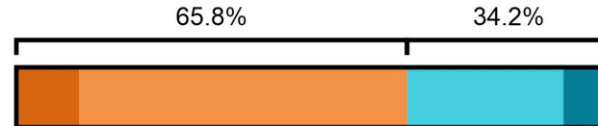
Total=114

How to report a Title IX violation.



Total=114

How to report events NOT involving a protected class (ie. race, sex, gender).



Total=114

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

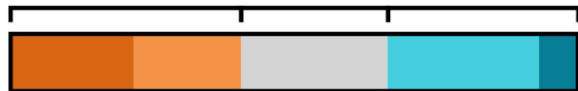
*No "Neither Agree or Disagree" option for this question

I feel that...

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

academia is a fulfilling, positive environment.

40.5% 25.9% 33.6%



Total=116

most PIs genuinely care about mentorship.

30.2% 30.2% 39.6%



Total=116

most PIs have reasonable expectations.

26.1% 21.7% 52.2%



Total=115

CWRU is a safe working/training environment.

15.5% 26.7% 57.8%



Total=116

my PI genuinely cares about mentorship.

20.9% 7.8% 71.3%



Total=115

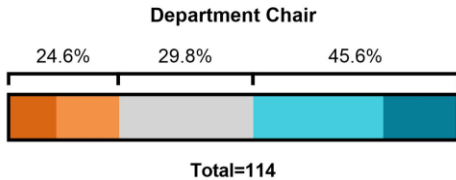
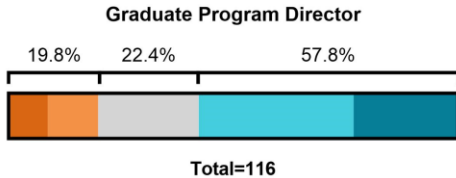
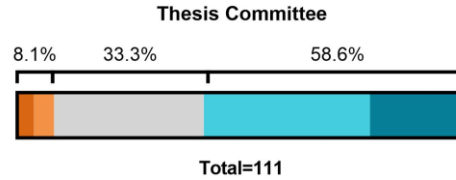
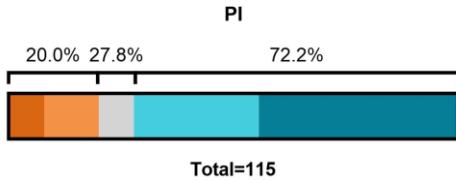
my PI has reasonable expectations.

21.7% 11.3% 67.0%

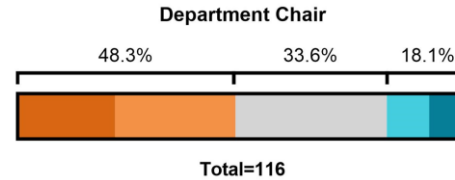
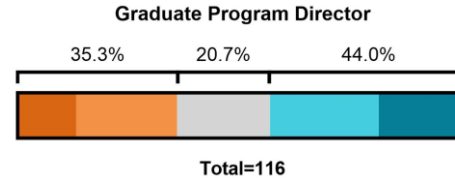
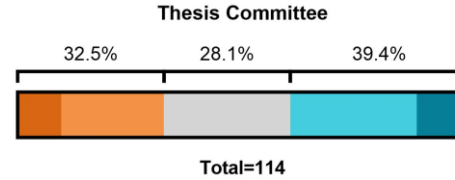
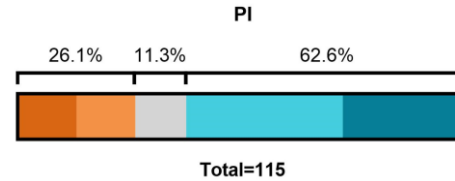


Total=115

I feel supported by
my...



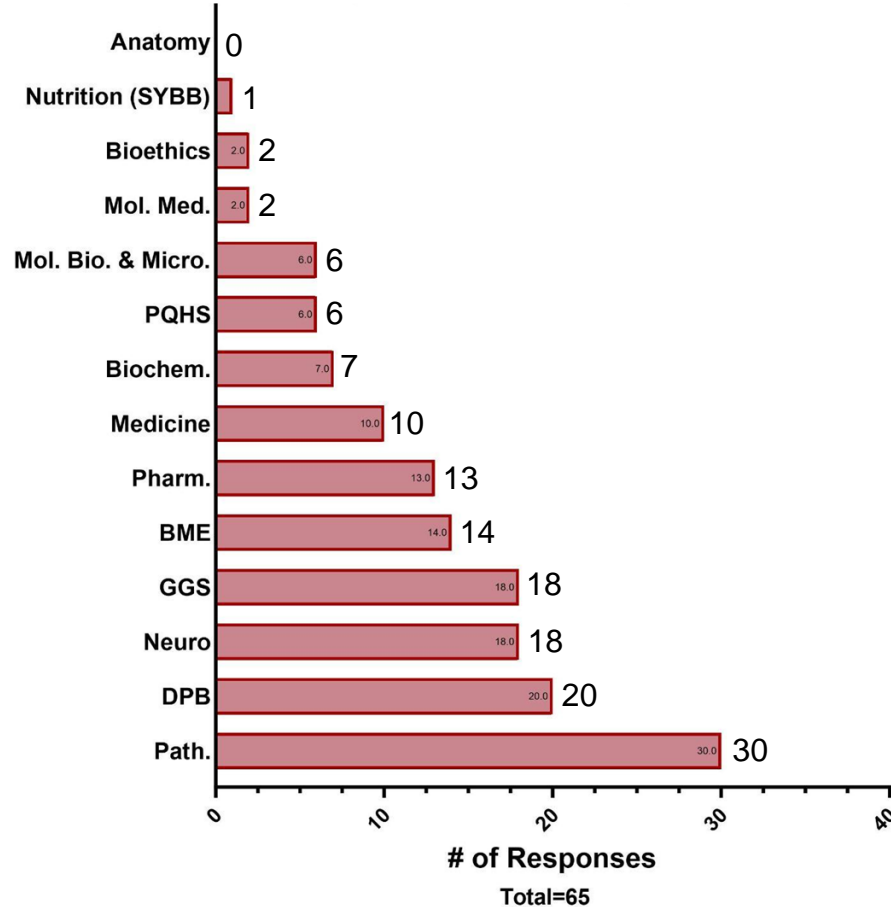
I feel comfortable
disclosing an adverse
event to my...



- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

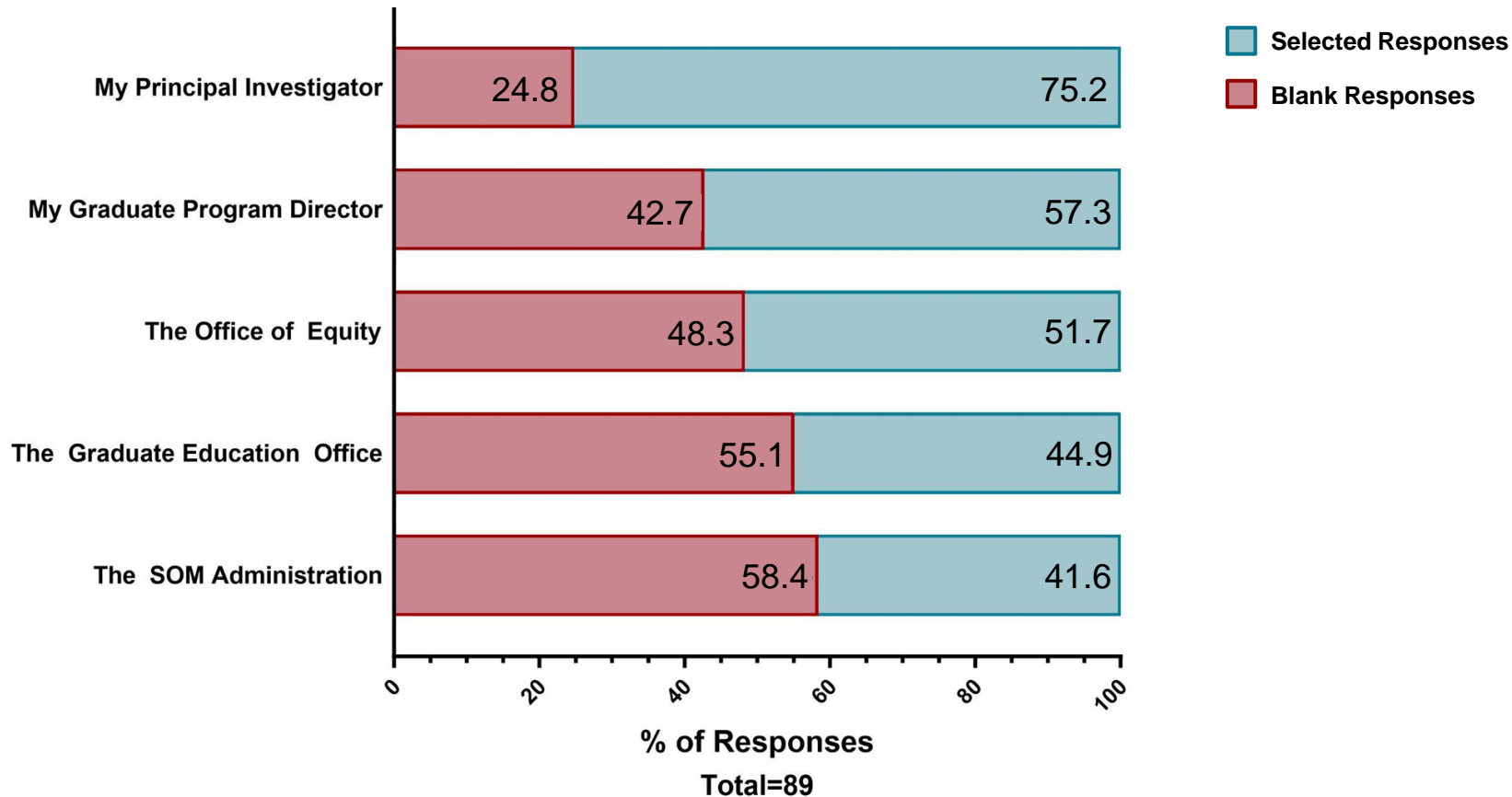
Have you ever witnessed, heard of, or experienced offensive/inappropriate discussion/behavior in any of the following departments?

(Multiple Choice)



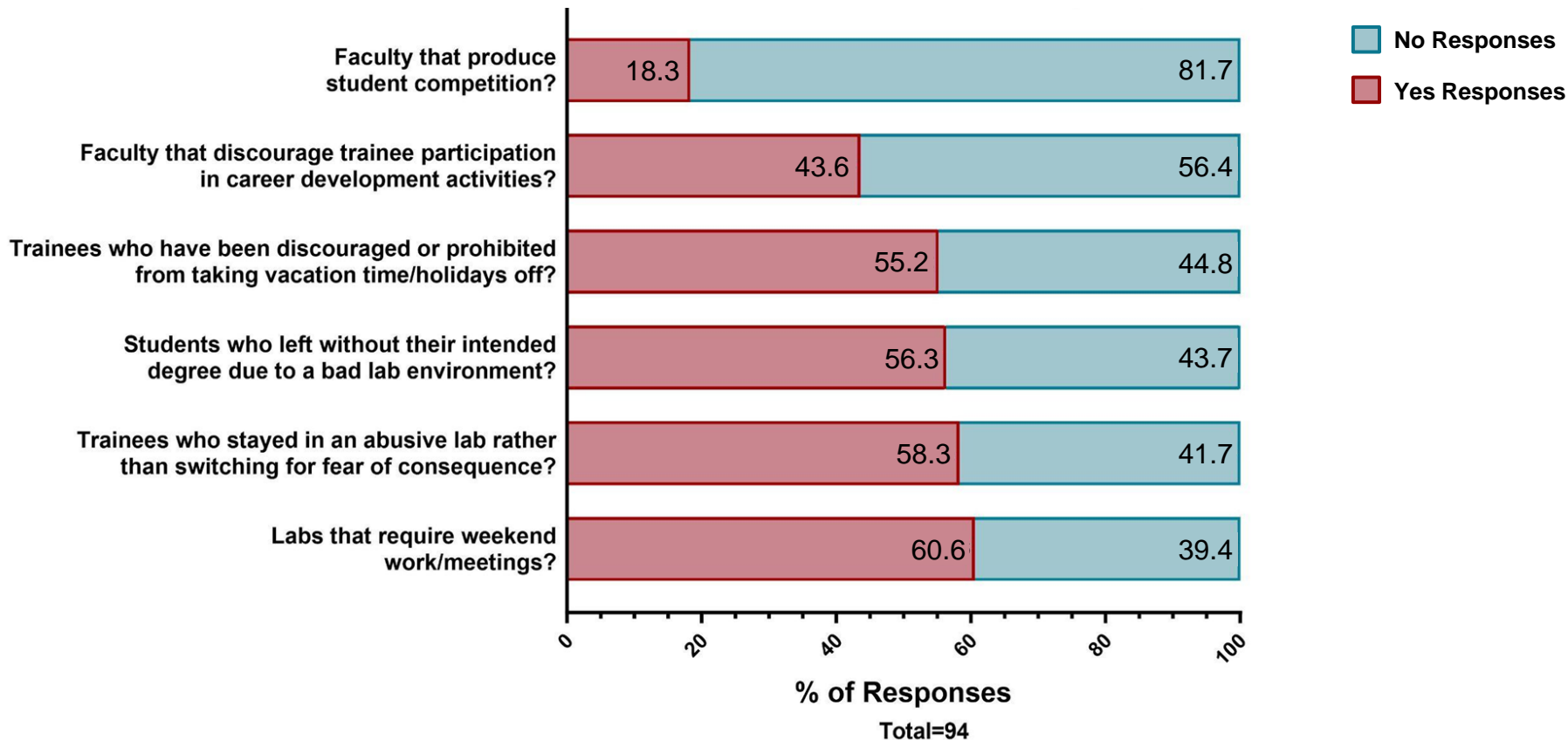
I believe that ____ is an ally to students and a safe person/office from which to seek help.

(Multiple Choice)



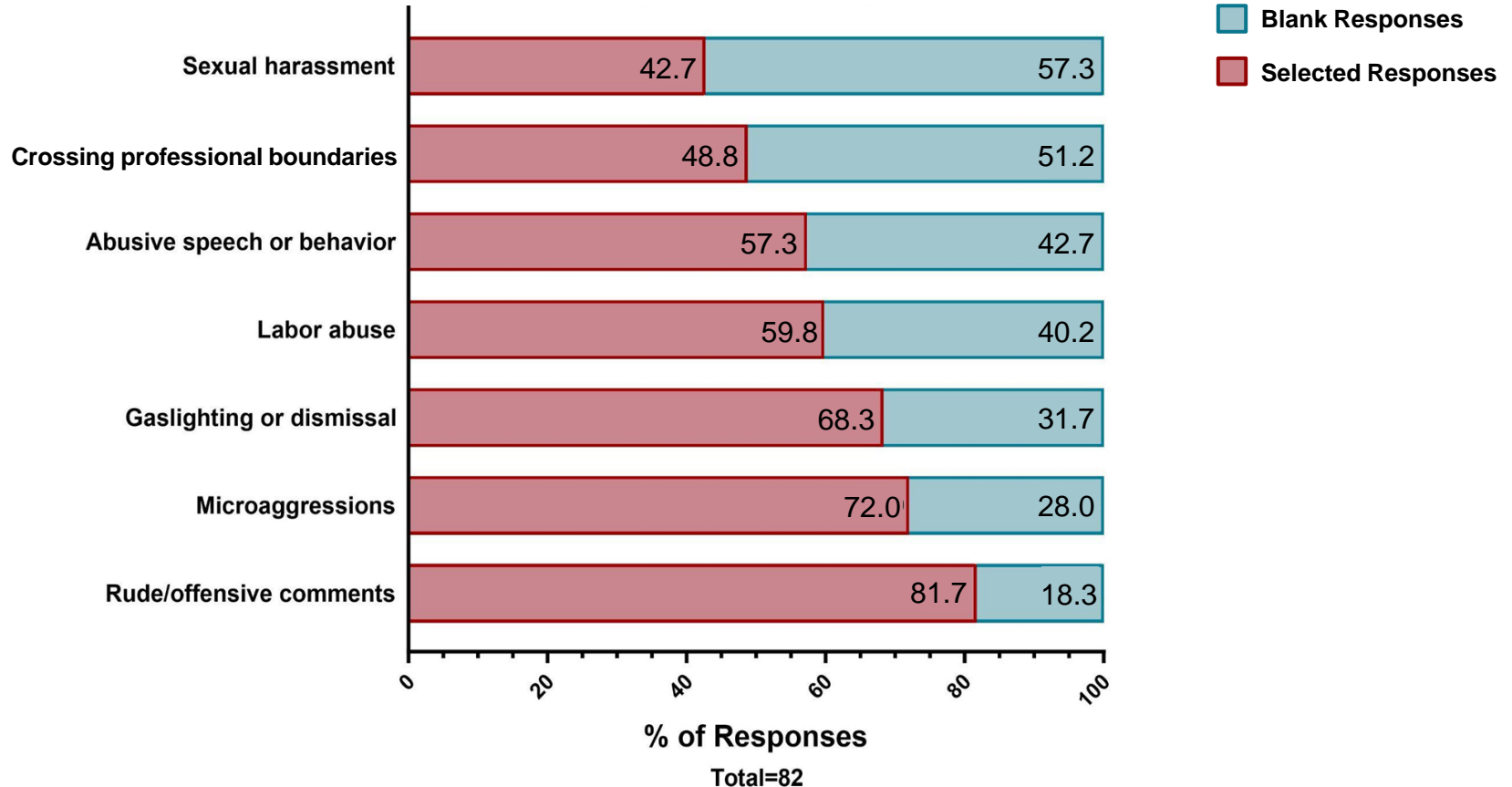
Do you know of any ____?

(Y/N)

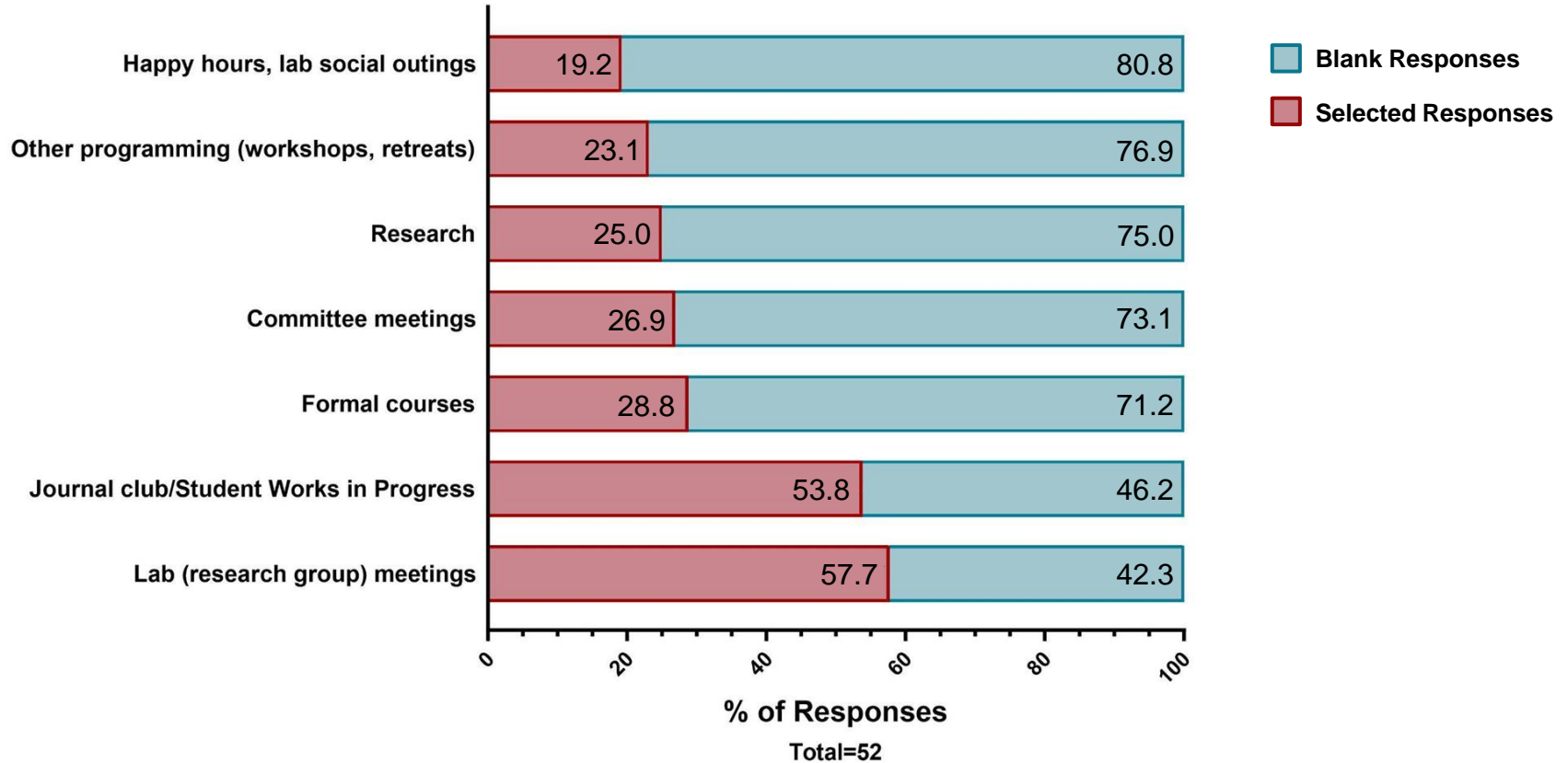


Have you ever witnessed, heard of, or experienced any of the following at CWRU?

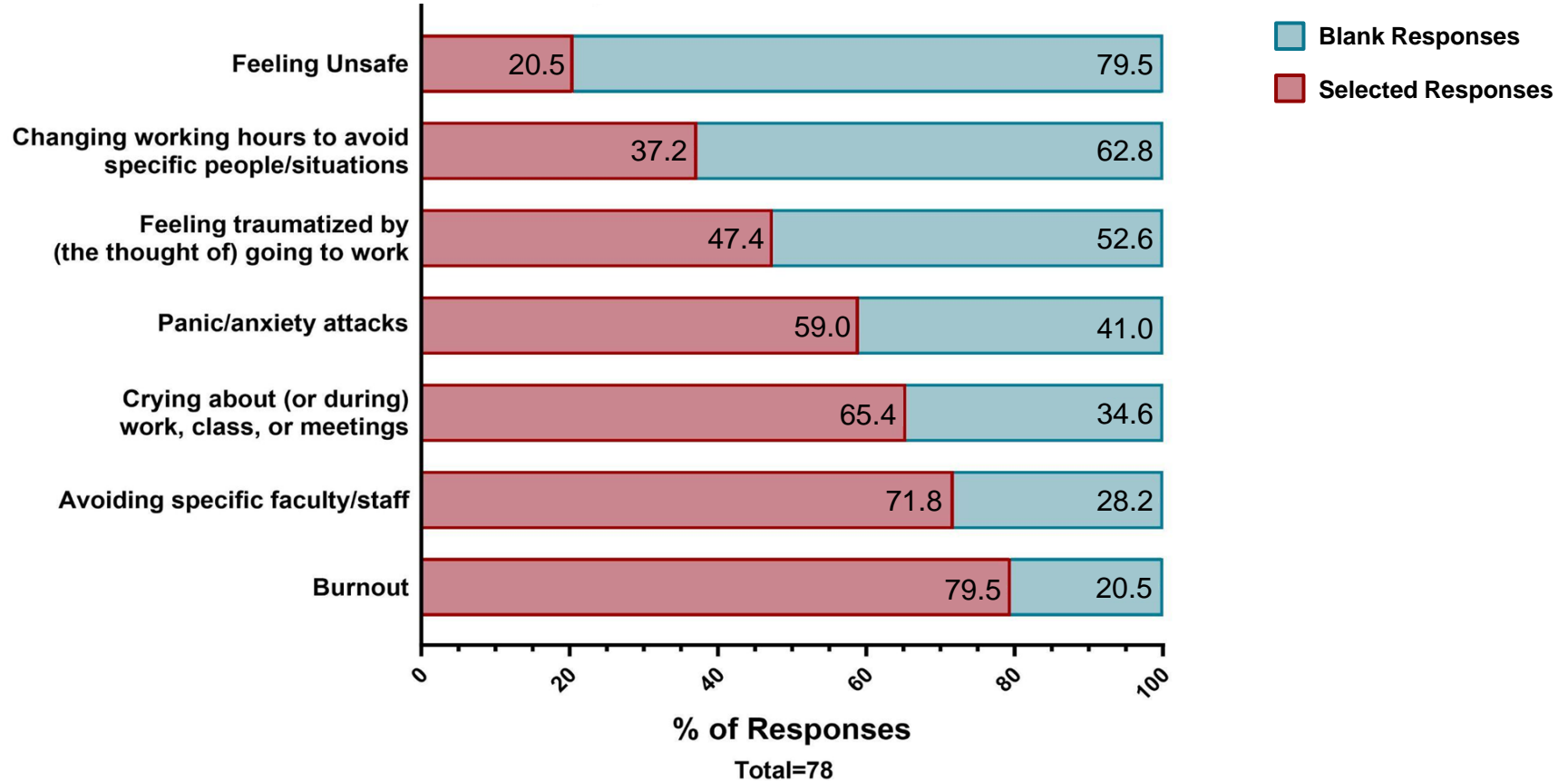
(Multiple Choice)



Where/When do adverse events occur? (Multiple Choice)

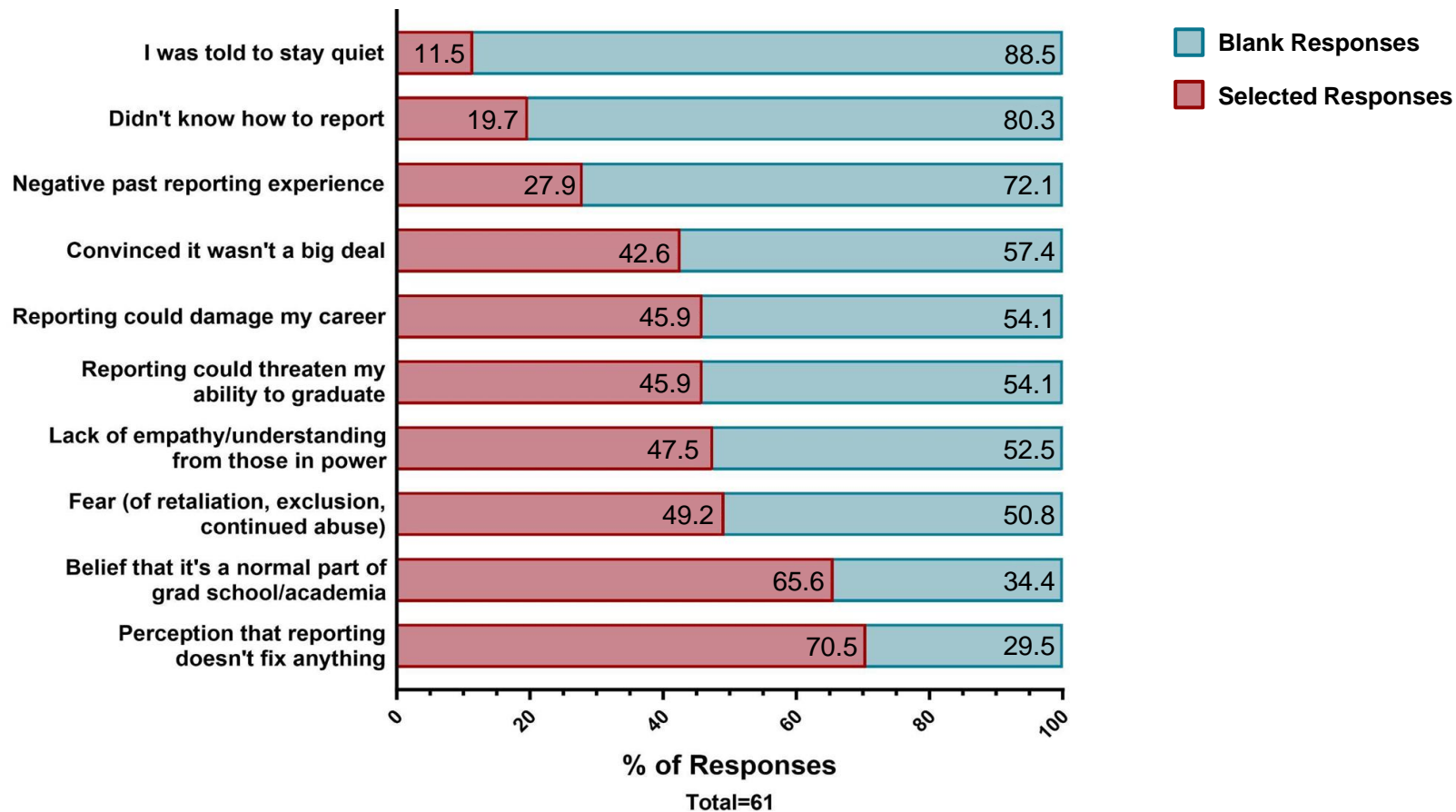


Have you ever experienced any of the following as a result of adverse events? (Multiple Choice)

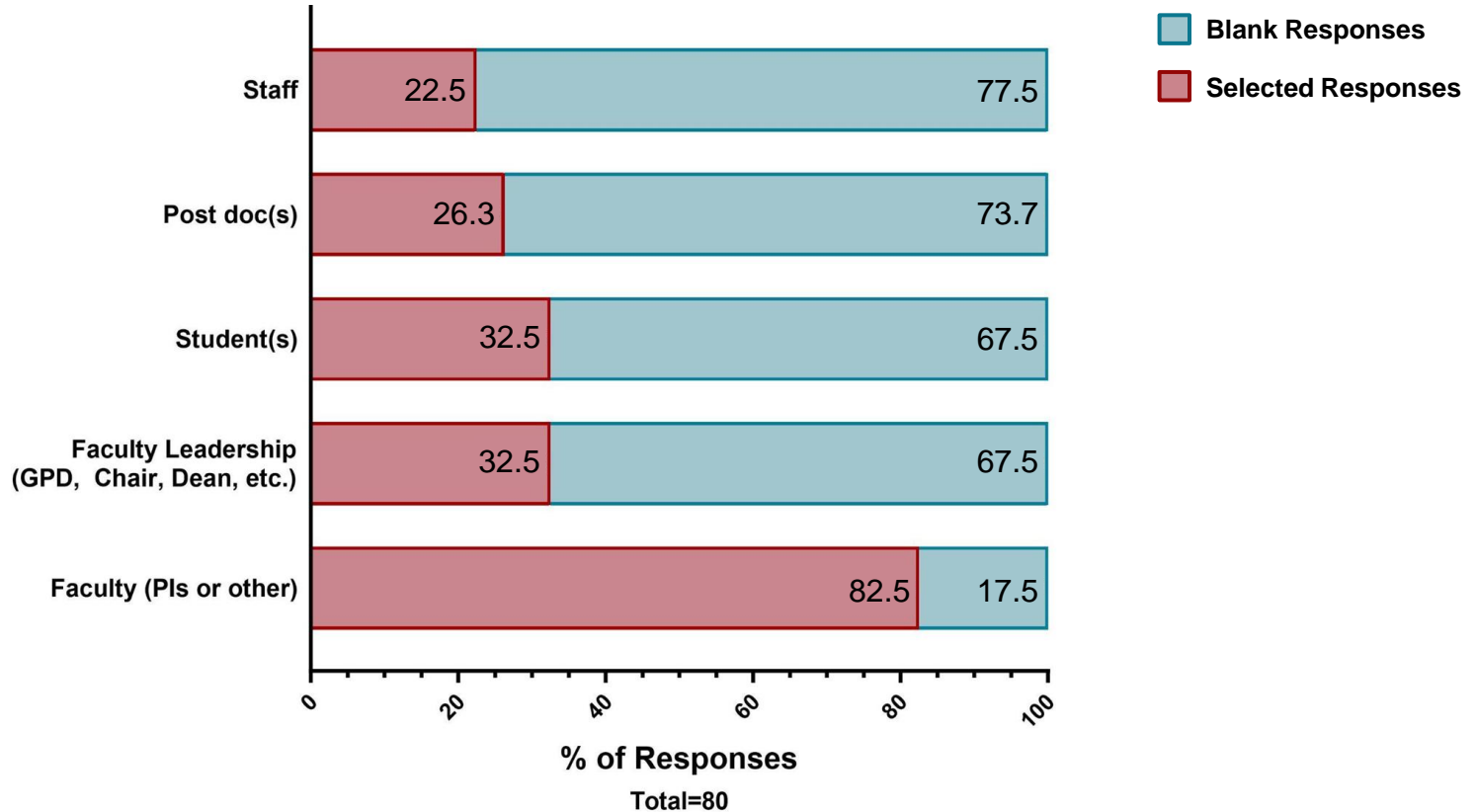


If you have experienced an egregious adverse event AND did not report it to a university employee/office, why?

(Multiple Choice)



From whom do adverse events come from? (Multiple Choice)



The following is the contents of the survey for your reference in examining the results.

Survey Intro (Part 3)

Faculty have an easier time understanding the extent of the situation when we provide examples, quotes, and anecdotes. **If you would like to provide a short quote/anecdote for us to share with faculty and staff please feel free to do so below.**

An example of a short anecdote for gaslighting is "That just means they like you." Brief stories to describe a situation are also welcome. **In an effort to keep anecdotes anonymous, we will remove all names, pronouns, departments, and affiliations (if they are provided) as well as any other identifiable information.**

Please note, this is not a formal report nor will this trigger an investigation. Stories submitted here will only be used as data to support our work. If you want to learn more about the process of filing a formal grievance, please [click here](#)."

Part 3 – **Optional Anonymous Anecdotes - Long-form response**

Q15. Please provide any anecdotes you are willing to share below.

Q16. Please share any feedback/thoughts/ideas you would like the Student Faculty Relations Committee **[now known as the Trainee Empowerment & Advocacy Committee]** to know.

Anecdotes Summary

Selected anecdotes will be shared during our presentation and will not be distributed to ensure the anonymity and protection of the students.

Institutional Failings

- Inadequate training for faculty & staff
 - DEI - Lack of diversity and cultural competence
 - Mentoring
 - Reporting
 - Title IX
 - Bystander
- Lack of policies/PI oversight/neutral arbitration
 - Issues with the Office of Equity and their policies (confidentiality, retaliation, failure of mandatory reporting)
 - Dismissing reports or students facing consequences for reporting
 - Lack of protection for students at the Cleveland Clinic
- Poor academic guidance & organization
 - Program heads wear too many hats
 - Conflicts of interests
 - Lack of power and transparency
 - Lack of protective action (editing trainer lists, making lab switching safe)

Anecdotes Summary

Selected anecdotes will be shared during our presentation and will not be distributed to ensure the anonymity and protection of the students.

Individual Failings

- Abuse of power
 - Academic misconduct
 - Stealing intellectual property (IP)
 - Punishing trainees for career development activities or taking time off
 - Holding back publications
 - Delaying graduation as punishment
 - Ghosting students
 - Gossiping about trainees
 - Sexual Harassment
- Dismissal
 - Minimization of the psychological & physical effects of microaggressions and hostile environments
 - Normalization/ignoring or defending inappropriate behavior

#1 theme: PIs who are abusive are not held accountable. They face no consequences and continually get awards, students, and tenure.

Dear Faculty Council Member:

We thank the faculty who commented and provided suggestions of the draft APT reform. In total > 30 emails were received via <som_apr_feedback>, collated and those which had actionable suggestions were prioritized by the faculty council steering committee at their May 6th. meeting.

The 9 Items below did not get a good number of votes (i.e. at least 5 out of 8) and will be offered to FC for a vote to table them (as a group unless one or several are rescued for discussion at the FC meeting on May 20th). {Rationale/comments are mine}.

While worthwhile for discussion at some point in the future, most of these items were felt to be outside the scope of the present reform which is focused on the new tracks and qualifications for them/promotions within them.

Matthias Buck,
FY24 Chair of FC on behalf of FCSC

- 1) p.5 (or p.14?) on tenure track (and possibly academic track) [include explicitly expectation of sustained funding as a criterion?](#) – [Dean points to p.17 where this is indicated](#)

Rationale: we should be explicit what it takes to receive tenure when the primary focus is research. Before, 20 yrs ago the “unwritten rule” was to renew a major grant or to get a second one.

- 2) [p.13. Vote on 5 year minimum rule between levels, esp. associate to full? {Nicole to present data to FCSC/FC and then FC should vote}](#) – [Data likely not ready/straightforward. Point dropped from Document by Dean](#)

Rationale: Basic science faculty disagreed, saying that why should clinicians have much faster promotions than basic scientists where the average between levels has been around 6-7 yrs. on average.

- 3) To what extent should departments have different standards/criteria for APT?
[p.13 under Process: add: “While Chairs and DCAPT members have some latitude in interpreting the criteria for promotion and tenure, they are usually aware of standards in the discipline-neighboring departments. The CAPT, if necessary in dialogue with the chair of the candidate’s department will want to understand that departures from a school wide standard have a good rationale and will communicate this in their letter to the Dean”. – Not needed.](#)

- 4) [{p. 14 top. Change tenure clock to 10 years, instead of 9?}](#)

Rationale: Going back to demonstrating sustained funding, right now many TT faculty get their first grant in year 3-4, which means their first grant is just up for renewal in year 8/9. Extending the clock will give more time to demonstrate their research productivity in the long run. Dean

commented along these lines: we are making a decision whether to have a faculty for 40 years based on 6?

5) Expand option to retain faculty and let “up or out” go, esp. for team scientists/educators

Rationale: while not receiving tenure, faculty are still precious in a large number of settings and should not be kicked out.

6) p.18 top Individuals who obtained tenure should be considered to receive full CWRU benefits regardless of clinical location of employment (i.e. regardless if <50% salary comes to CWRU).

Rationale: benefits should be expanded not just retirement and “economic safety” but also tuition waivers etc.; This is more in line with other academic institutions.

7) p.20 add to section on academic freedom “Academic freedom also extends to giving faculty an internal institutional voice in their capacity to participate in shared governance of SOM/CWRU, allowing them to provide timely and considerate advisory input to leadership.” {exact words are important here!}

8) Page 20: Appeal to FCSC post appeal denial at CAPT: As mentioned, I am not sure FCSC can add much – but I will discuss with FCSC. Meanwhile the role of FCSC in reviewing the activities of the CAPT for equity and consistency in process is not mentioned in appendix 1 (or in the APT reform document) but is part of the charge of FCSC. Why not mention this also in the APT guidelines? {add latter to p.21, delete part about section of FCSC having to deal with appeals}

9) p.22 Participation at CAPT: In the CAPT charge document is just says they need a quorum at 50% (12 of 24 members) but 70% attendance rule could be introduced.

Rationale: participation at CAPT is a problem. One radical suggestion is to have either different membership composition to CPAT or a separate CAPT for clinical academic track, since that is > 10x the volume.