

**Faculty Council Meeting  
Draft Meeting Minutes  
June 17, 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 shared the sad news that past Dean, Nathan Berger, MD had passed away over the weekend (see announcement this afternoon recognizing his service and accomplishments). A letter is posted in BOX thanking the University Senate Leadership for their extensive work on the issue of tenure of faculty who are primarily employed at our affiliate hospitals. Standing committee elections will be open to midnight July 1. The ballot was sent out at 2:00PM on June 14. FCSC and Chair-Elect Election results will be announced during today's meeting.</p> <p>Dr. Buck also thanked the 32 Faculty Council representatives whose terms are finishing; thank you for your service. The FCSC has a new composition with those coming off and new coming on.</p>   |                             |
| 4:05-4:09PM | DEI Engagement Survey             | Adrienne Fletcher | <p>Dr. Fletcher thanked everyone for their participation in the DEI Engagement Survey. 2,176 out of 11,000 participated in the survey. Faculty represented about 28% of that total number weighing in on how we engage as the SOM exceeded benchmarks above and some below (CWRU sits right in the middle of all other academic medical centers who participated (about 80 other schools). There will be a brief summary of overall results -- areas of strength and areas of challenge. We will take time to celebrate the areas that are strong, and problem solve around areas having challenges. This will take place as town halls and you will receive information on that soon. In academia we do know that the landscape around diversity is becoming more and more hostile and diversity is becoming a four-letter dirty word. Perhaps we can consider diversity as an invitation to pivot toward personal growth, professional growth, and engagement, establishing a connection between people and</p> |                             |

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|             | DEI Engagement Survey<br>(continued)                            |               | groups and help us and others to stay connected. We are hoping that we can really push this forward and the DEI group looks forward to engaging with you in the fall.  |  |
| 4:09-4:10PM | Approval of May Faculty Council Minutes                         | Matthias Buck | When polled, there were no edits or corrections suggested to the May 20 Faculty Council Meeting minutes.   | The May 20 Faculty Council Meeting Minutes were approved by general consensus. |
| 4:10-4:13PM | Dean's Announcements  | Stan Gerson   | <p>Dean Gerson has been meeting with medical students regarding the unexpected passing of second-year medical student and athlete Victoria Zhao, as well as noting the passing over the weekend of Nathan Berger, former dean. An obituary will be coming out from the SOM tomorrow in the Daily and in the Cancer Center newsletter.</p> <p>This week, the university and broader Cleveland community are mourning the loss Dr. Nathan Berger, a Distinguished University Professor, former School of Medicine dean and founding director of what is now the Case Comprehensive Cancer Center. Since stepping down as dean, Dr. Berger has been running a center of health and society-maintained activities. As a leader he was one of the best; well-regarded. His passing will be a loss to the school, to the university and the city.</p> <p>We have many more comments on APT and the promotion process and will wait our turn.</p> |  |
| 4:13-4:19PM | Introducing Research Faculty Title to Harmonize with University | Nicole Deming | <p>Nicole Deming promoted this change to introduce the title of research faculty with the goal of harmonizing the university. If a faculty member is employed by Case and starts before the BOT approves them, they are not eligible for retirement benefits. There is a research faculty that is eligible for retirement benefits and other health benefits that fall under a special category. From the time they start until they are approved by BOT and their full-time appointment title is approved that faculty member still gets retirement benefits. The bylaws title of research needs to be included in the bylaws. It is a key piece under classification of appointments. We are introducing this and it is an interim title for an interim period. People with the title of research faculty should not be on it so we did not include it.</p>  |  |

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|             |   |              | When it was noted that a faculty member could hold this interim title for up to one year, and that sometimes it takes quite a long time to get the letters and papers through, Dean Deming explained that it could be extended beyond the year. If the year is up, they lose retirement benefits. However, we do have an option that allows us to have no gap in retirement. If there is a need to extend, we would know early on to change the title to a visiting appointment. After one year they would be eligible for retirement benefits. We are mandated to comply with the retirement plan. This is the research faculty that we are adding, and at the bottom lecturers and visiting faculty of any rank in subsequent years of service. This is a very practical solution when it takes longer to get those completed packets for an appointment. | A motion was made by a Faculty Council member and seconded by a Faculty Council member to introduce the title of Research Faculty (vote to send to faculty).<br><br>Vote: 52 were in favor, 1 were against, and 3 abstained.<br><br>The motion is approved.         |
| 4:19-4:22PM | Revision of Section 6 of Bylaws re. Bylaws Amendments                   | Piet De Boer | Regarding revision of Section 6 of the Bylaws re. Bylaws Amendments, Dr. De Boer believes that the new text is more informative so that the process is easier to understand. The other point introduced, as far as the Office of Faculty and students are concerned is that the last 5-10 years proposals approved by the Bylaws Committee and Faculty Council languished for a very long time before being presented on a ballot to the faculty of medicine. It is now suggested that this be done within 12 weeks.  | A motion was made by a Faculty Council member and seconded by a Faculty Council member to Revise Section 6 of Bylaws re. Bylaws Amendments (vote to send to faculty).<br><br>Vote: 39 were in favor, 8 were against, and 0 abstained.<br><br>The motion is approved |
| 4:22-4:22PM | Senate/ExCom Report   | Elvera Baron | We do not have a report from the Senate or ExCom since they completed their meetings for this academic year in May and will resume in September.  |   |
| 4:22-4:27PM | Vote to Change the Charge for the Medical Students Admissions Committee | Lina Mehta   | Dr. Mehta stated that the change to the charge of the Medical Students Admissions Committee is the result of periodically reevaluating the processes to make sure there isn't drift and that it accurately demonstrates what they do. There are no large changes simply a clarification of the language that we are one medical school with one admissions governing body and it clarifies the final authority of the MSAC for all medical school admissions-related processes and decisions. As there no longer is an Assistant Dean of Admissions, that text was removed. The committee will have four medical student members. On a rotating basis, and dependent on their temporary availability, two of these student members will have voting privileges at   |   |

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|             |             |             | <p>each meeting. Student members will be in their third and fourth medical student body.</p> <p>These are the major changes and while not large in terms of process, it will underscore to the LCME that we want a clear process.</p>  | <p>A motion was made by a Faculty Council member and seconded by a Faculty Council member accept the edits made to the Medical Students Admissions Committee Charge.</p> <p>Vote: 52 were in favor, 0 were against, and 5 abstained.</p> <p>The motion is approved</p> |
| 4:27-4:32PM | FCSC Report | Alan Levine | <p>Usually, this report is at the beginning of the agenda. Coming in at the end of this discussion many events of FCSC have already been addressed. The change in research faculty, approved decision to come forward already voted and approved. The changes in the wording of the student committee were just voted on as well. FCSC also recommended the agenda for today.</p> <p>FCSC had a long discussion regarding the APT which has been worked by the Dean, his staff, and faculty, for many, many months. Ending the 23-24 year, it was discussed how the CAPT responded to the change and recommendations will be forthcoming to support the concept behind the Dean's new APT report and to bring this forward to the Bylaws Committee so that they can begin to think about how this fits in, the legal approach, and how to encourage departmental CAPT as to how this report will be used with their faculty in the upcoming year.</p> <p>FCSC also discussed the tenure track position, academic track and clinical track. FCSC felt very strongly that there must also be an education track and voted to bring this forward to the Dean. The Dean asked them to do a bit more research and have this conversation again as it moves forward.</p> <p>Dr. Levine recognized the hard work put in by the FCSC over the last year ensuring Faculty Council addressed some very important issues. While Dr. Buck previously thanked each of those members who have rotated off, Dr. Levine wanted to also thank the current members, and recognize Matthias Buck's marvelous job as Chair of Faculty Council this year.</p> |  |

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| <p>i4:32-5:29PM</p> | <p>Discussion on APT Reform - new guideline and chair's/FCSC process documents* (introduced by Darin Croft). We will likely vote to have 1) a general endorsement of this working draft for partial use in AY25 by DCAPT and SOM CAPT, 2) for ongoing communication between Faculty and the Dean and 3) to advance it to Bylaws for their feedback.</p> | <p>Matthias Buck</p> | <p>The process document for the APT Reform is uploaded to BOX. Dr. Buck stated that they would basically like to open with the discussion points that flow from these items that were highlighted or other issues that were brought forth. We do want to vote on what the FCSC proposed which was to send this material on to the CAPT, DCAPTs and Bylaws Committee for feedback and consideration to jumpstart the process of getting people used to this new framework.</p> <p>Dr. Merrick stated that there are four different categories of track and each track has different requirements for advancement (a description given for each of those tracks and as to what serves for promotion and the granting of tenure).</p> <p>Piet de Boer volunteered that more research needs to be done on this matter. He felt that this was quite a different proposal from what the Dean's team had been working on. To basically have a research track, educational track, clinical track, and tenure track somewhat departs from the CAPT's more holistic picture of the applicants. Putting them into these tracks and maybe providing a check box to advise what people should be doing goes against teaching. Communicating is what we do in research. It is part of our activity as a professor and to put that into a separate track is a dangerous endeavor.</p> <p>Darin Croft noted that this will greatly recognize the value of clinicians. We pulled out this clinical track to acknowledge their teaching and scholarly activities. We have an opportunity here to point out that we have two essential types of faculty, primarily research and primarily education.</p> <p>The comment was made that this was an excellent initiative and that clinical faculty do feel a little disconnected and under-appreciated. Acknowledging their work will do a lot to elevate the morale of all the faculty working in these institutes.</p> <p>However, a distinction should be made between teaching and education. Those doing educational research may not have those same kinds of criteria but they are making an impact and we need to honor and recognize them.</p> |  |
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|  |  |  | <p>Anastasia Rowland-Seymour felt that many people who are educators or clinician educators feel that their efforts are not being recognized, that they aren't being celebrated and not being understood as this is their niche, their contribution to the institution. If we have a home for clinician educators, academicians for educators, I think we will level the playing field somewhat. There is always dichotomy between NTT and TT. There are three homes in NTT – feel like their contribution is meaningful.</p> <p>Matthias Buck noted that this document is a living document and, consequently, still being worked on. It is certainly true that education is a component and is emphasized most strongly but it can be done in a way so that it is integrated and does not need to be a separate track.</p> <p>Tani Malhotra felt that the bullet points are where the meat of this is. To have categories where you have to meet x number of these criteria and x number of categories spells out what excellence and scholarship are. Having a table would allow applicants/candidates the ability to review their criteria on their own. An additional benefit would be that before they submit their application to the department they will understand where they lie in the process, creating more transparency.</p> <p>Erin Lamb stated that several members of her department had expressed concerns about the new guidelines but she felt that in this category would alleviate the concerns that were raised.</p> <p>Anastasia Rowland-Seymour pointed out that the bullet points in this document actually were pulled from the main document that the CAPT and Dean Gerson and his team have been working on since last year. It has simply been parsed out into each of these categories to provide a little more understanding of where people might have the best fit.</p> <p>The Dean thanked the Faculty Council members for a very vigorous discussion. He highlighted the importance of faculty input and expressed confidence in the revisions and asked that faculty, DCAPT and CAPT give careful consideration to the</p> |  |
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|  |  |  | <p>adjustments of the outline. The proposal should no longer be considered the Dean's document; it has become a faculty document. The Dean felt strongly for the need for a quick push. He advised this committee, and whoever takes this over, to give strong listening to the perspectives of the individuals on the CAPT because of their understanding and appreciation of the documents they receive. Make sure that perspective of each of our hospitals and major departments is included to get a full range or perspective.</p> <p>Every one of us who has served on the CAPT have recognized that there is always play and perspective in how to achieve academic goals. It is very easy to count numbers; it is more important to count academic progress.</p> <p>Dr. Levine stated that in response to concerns he and Dr. Rowland-Seymour have, they have started the process of communicating with clinical leadership and hospital affiliates to talk to them about these tracks. That process is ongoing and will take several weeks. Dr. Levine proposed to Faculty Council not to add a track until they have spoken to the other critical players but to vigorously pursue that the academic education track should be added.</p> <p>A motion was made and seconded to continue vigorously discussing and pursue editing this fourth track. Discussion continued.</p> <p>A description needs to be provided that defines what will be evaluated. Not the number of papers published but the areas that they are going to evaluate. There are certain things in the promotion packet that are able to be minimized subjectively limiting the number of subjective evaluations or points of assessment and improve the diversity of your promoted population. It was noted that there are significant discrepancies based on gender.</p> <p>Regardless of the terms of the faculty handbook, the schools each create their standard for promotion and for those individuals (12-15%) in the tenure track for tenure.</p> |  |
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|  |  |  | <p>A motion was made to end the discussion. We are voting on the proposal to continue discussion on this topic to the next academic year.</p> <p>Even with flushed out descriptors for all four tracks, it is premature to have the DCAPTs go ahead and use this. They will start work in September and we don't think we will have a final document for them to base their decisions on at this point in time. Also, we just voted to continue discussion so how could we implement something we are still discussing. The working draft is for partial use – those going through the process right now and going through old criteria, getting the DCAPT to think of new processes.</p> <p>Dr. de Boer noted that it may be somewhat premature to send to the Bylaws Committee as well. It is a large document and even if you make four tracks there are probably some issues that Bylaws could form an opinion on.</p> <p>Nicole Deming informed the members that when she advises faculty department committees and works with the SOM CAPT, until you have packets in front of you and are looking at existing and proposed guidelines, it is very hard to make recommendations and identify all issues. The proposal that is in front of the committee would be of great help to the departments and faculty in helping with the transition.</p> <p>Applying the current guidelines, while taking another look at this second document, will allow us get feedback from candidates, departments and the committees having to apply them. Until you are actually asked to do it, it is hard to obtain accurate feedback. This will also allow us to make real advances with this document as they go forward in a meaningful way.</p> <p>It was suggested that as we are transitioning as applicants being reviewed, to have the DCAPTs and SOM CAPT assess how candidates would be evaluated under the new appointment, promotion and tenure guidelines compared to the old guidelines.</p> |  |
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|             |              |  | A motion was made to close discussion. There was no opposition so discussion is closed.<br><br>A motion was made and a vote was called. | A motion was made by a Faculty Council member and seconded by a Faculty Council member to continue ongoing communication and discussion on this topic to the next academic year.<br><br>Vote: 34 were in favor, 7 were against, and 5 abstained.<br><br>The motion is approved |
| 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**

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| Robert Abouassaly | Darin Croft       | Sadashiva Karnik | James Martin              | Bryan Singelyn      |
| Joshua Arbesman   | Margot Damaser    | Gaby Khoury      | Raman Marwaha             | Courtney Smalley    |
| Moises Auron      | Piet de Boer      | Christina Krudy  | Christopher McFarland     | Phoebe Stewart      |
| Abigail Basson    | David DiLorenzo   | Erin Lamb        | William Merrick           | Ben Strowbridge     |
| Maura Berkelhamer | Jonathan Emery    | Stephen Leb      | David Mihal               | Nami Tajima         |
| Neil Bruce        | Jessica Fesler    | Alan Levine      | Dean Nakamoto             | Patricia Taylor     |
| Matthias Buck     | Stephen Fink      | Jennifer Li      | Attila Nemeth             | George Videtic      |
| Dan Cai           | Lisa Gelles       | Shawn Li         | Rebecca Obeng             | Johannes von Lintig |
| Adrienne Callahan | Stan Gerson       | Lia Logio        | Cyrus Rabbani             | Mark Walker         |
| Francis Caputo    | Ramy Ghayda       | David Ludlow     | Anastasia Rowland-Seymour | Scott Williams      |
| Aleece Caron      | Matthew Grabowski | Janice Lyons     | Hemalatha Senthilkumar    | Wei Xiong           |
| Patrick Collier   | Alia Hdeib        | Tani Malhotra    | Paul Shaniuk              | Raed Zuhour         |
| Marta Couce       | Hung-Ying Kao     |                  |                           |                     |

**Absent**

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| Blaine (Todd) Bafus | Mackenzie Deighen   | Peter K. Kaiser    | Rocio Moran      | Usha Stiefel         |
| Elvera Baron        | Corinna Falck-Ytter | Eric W. Kaler      | Neal Peachey     | James (Jim) Strainic |
| Corinne Bazella     | Bahar Bassiri Gharb | Vijaya Kosaraju    | Abigail Raffner  | Joseph Tagliaferro   |
| Melissa Bonner      | Rachael Gowen       | Sangeeta Krishna   | Deven Reddy      | Ari Wachsman         |
| Mohamad Chaaban     | Amy Hise            | Dan Ma             | Tamer Said       | Robert Wetzel        |
| Andrew Crofton      | Jason Ho            | Mariel Manlapaz    | Matthew Sikora   | Samina Yunus         |
| Meelie DebRoy       | Jessie Jean-Claude  | Gillian Michaelson | Jacek Skowronski |                      |

**Others Present**

Josh Artbesman

Nicole Deming

Jimmy Efird

Jeremiah Escajeda

Attendance will be added.

Adrienne Fletcher

Anantha Harijith

Joyce Helton

Joshua Henning

Sheronica James

Angela Jia

Cynthia Kubu

Bret Lashner

Donald Mann

Lina Mehta

Tyler Miller

Karen Mulloy

Stacey O'Neill

Rania Rayer

Lila Robinson

Brian Trail

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Draft Meeting Minutes  
May 20, 2024**

| <b>Timing</b> | <b>Agenda Item</b>                        | <b>Presenter</b> | <b>Summary of discussion</b>  | <b>Action items/Motions/ Votes</b>   |
|---------------|---|------------------|---|--|
| 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  |  |

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|             | 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>   |  |

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|             | 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>  |

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|             | Vote on Name Change of CME (continued)     |  |  | Vote: 32 were in favor, 0 were against, and 3 abstained.<br><br>The motion is approved. |
| 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<br>Alicia Santin<br>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.  |   |

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|  | <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> |  |
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| 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   | 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. |  |
| 5:27-5:29PM | Discussion of APT reform                                 | Matthias Buck | 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.   |  |



|             |              |  |   |  |
|-------------|--------------|--|---|--|
| 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   | Marta Couce       | Amy Hise           | James Martin              | Courtney Smalley |
| Joshua Arbesman     | Darin Croft       | Jessie Jean-Claude | William Merrick           | Phoebe Stewart   |
| Blaine (Todd) Bafus | Margot Damaser    | Hung-Ying Kao      | Gillian Michaelson        | Usha Stiefel     |
| Elvera Baron        | Piet de Boer      | Sadashiva Karnik   | David Mihal               | Ben Strowbridge  |
| Corinne Bazella     | Jessica Fesler    | Gaby Khoury        | Attila Nemeth             | Nami Tajima      |
| Maura Berkelhamer   | Stephen Fink      | Erin Lamb          | Rebecca Obeng             | Geroge Videtic   |
| Melissa Bonner      | Lisa Gelles       | Alan Levine        | Anastasia Rowland-Seymour | Mark Walker      |
| Neil Bruce          | Stan Gerson       | Shawn Li           | Hemalatha Senthilkumar    | Robert Wetzel    |
| Matthias Buck       | Ramy Ghayda       | David Ludlow       | Paul Shaniuk              | Scott Williams   |
| Adrienne Callahan   | Matthew Grabowski | Janice Lyons       | Bryan Singelyn            | Wei Xiong        |
| Francis Caputo      | Alia Hdeib        | Tani Malhotra      | Jacek Skowronski          | Raed Zuhour      |

**Absent**

|                   |                     |                  |                       |                      |
|-------------------|---------------------|------------------|-----------------------|----------------------|
| Moises Auron      | David DiLorenzo     | Vijaya Kosaraju  | Raman Marwaha         | Tamer Said           |
| Dan Cai           | Jonathan Emery      | Sangeeta Krishna | Christopher McFarland | Matthew Sikora       |
| Aleece Caron      | Corinna Falck-Ytter | Christina Krudy  | Rocio Moran           | James (Jim) Strainic |
| Mohamad Chaaban   | Bahar Bassiri Gharb | Stephen Leb      | Dean Nakamoto         | Joseph Tagliaferro   |
| Patrick Collier   | Rachael Gowen       | Jennifer Li      | Neal Peachey          | Patricia Taylor      |
| Andrew Crofton    | Jason Ho            | Lia Logio        | Cyrus Rabbani         | Johannes von Lintig  |
| Meelie DebRoy     | Peter K. Kaiser     | Dan Ma           | Abigail Raffner       | Ari Wachsman         |
| Mackenzie Deighen | Eric W. Kaler       | Mariel Manlapaz  | Deven Reddy           | Samina Yunus         |

**Others Present**

|                   |                 |              |               |                  |
|-------------------|-----------------|--------------|---------------|------------------|
| John Chae         | Trish Gallagher | Cynthia Kubu | Marvin Nieman | Dan Simon        |
| Nicole Deming     | Joyce Helton    | Brad Lashner | Lila Robinson | Xiaomei Song     |
| Agata Exner       | Hitoshi Hirose  | Donald Mann  | Alicia Santin | Nicholas Zaorsky |
| Adrienne Fletcher | Alyssa Hubal    |              |               |                  |



# CASE WESTERN RESERVE UNIVERSITY

| Faculty Name              | Awarded Seat     |
|---------------------------|------------------|
| Anastasia Rowland-Seymour | Yes, CHAIR-ELECT |
|                           |                  |
| Tani Malhotra             | Yes, FCSC        |
| Scott Williams            | Yes, FCSC        |
| Elvera Baron              | Yes, FCSC        |
| Janice Lyons              | Yes, FCSC        |
| Hemalatha Senthikumar     | Yes, FCSC        |
|                           |                  |
|                           |                  |



Case Western Reserve University  
School of Medicine  
Diversity Engagement Survey (DES) Dissemination

# Diversity Engagement Survey (DES)

- The DES was developed by the University of Massachusetts Medical School Office of Diversity in collaboration with the Association of American Medical Colleges.
- Data specific to the CWRU School of Medicine were collected on 2,176 people from an available pool of 11,219 resulting in a 19% response rate.
- The survey was administered at SOM in September and October 2023 as an online survey.
- Tremendous response across age groups



# Diversity Engagement Survey (DES)

- **Areas of strength-**

- I feel that my work or studies contributes to the mission of the institution.
- This last year, I have had opportunities at work/school to develop professionally.
- Someone at work/school seems to care about me as an individual.

- **Areas of challenge-**

- I believe my institution manages diversity effectively
- If I raised a concern about discrimination, I am confident my institution would do what is right
- In my institution, I receive support for working with diverse groups and working in cross-cultural situations







## Diversity Engagement Survey (DES)

- Town Hall discussions will commence Fall 2024
  - Embrace and celebrate strengths
    - Keep them going...
  - Brainstorm challenges
    - Mitigate
- Provide granular data for respective groups prior Town Halls
  - faculty
  - Staff
  - Students
- Develop recommendations and strategies

Proposal to add a special faculty category “research” to the SOM Bylaws, to facilitate the SOM's ability to grant full benefits to new full-time faculty between the dates of hire and of approval by the Board of Trustees.

New text in blue

### 2.1: Membership of the Faculty of Medicine

The Faculty of Medicine shall consist of (1) regular faculty, defined as all persons who hold full-time appointments in the School of Medicine and who have unmodified titles at the rank of professor, associate professor, assistant professor, senior instructor, instructor, and (2) special faculty, those who hold these ranks modified by the adjective clinical, adjunct, **research**, visiting, or emeritus/a.

### 2.5: Voting Privileges

c. Special faculty whose titles are modified by the adjectives adjunct or clinical may vote at meetings only on matters concerning the planning, approval or execution of educational programs, the formulation of policies with regard to student affairs, appointment and promotion of special faculty, the election of members of committees dealing with such issues, and the election of their two representatives to the Faculty Council.

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

### 5.1: Classification of Appointments

An appointment shall be classified by academic title (instructor, senior instructor, assistant professor, associate professor, professor) and whether the appointment is (a) with tenure, (b) without tenure but leading to tenure consideration (tenure-track), (c) without tenure and not leading to tenure consideration (non-tenure track); or (d) special, which will include the prefix adjunct, clinical, **research**, visiting, or emeritus. If the appointment leads to consideration for tenure, the appointment letter shall specify clearly the academic year in which this consideration will become mandatory. With regard to special faculty appointments, adjunct appointments usually refer to part-time faculty members devoting their time to research and/or teaching in the basic science departments. Clinical appointments usually refer to faculty members devoting their time to patient care and teaching. **Research faculty appointments are issued for CWRU employed full-time faculty at the time of their initial hire for an interim period up to one year until approval of the full appointment by the Board of Trustees.** Visiting faculty appointments are issued for specified terms of one year or less than one year and can be full- or part-time. Special faculty are not eligible for tenure.

*Rationale:*

*All new text: (Initiated by Nicole Demming and BC, BC-approved: 4/13/24):*

*Official appointment of a new full-time faculty member requires approval by the university's Board of Trustees. There can be a significant time delay between the start of professional activities by a newly hired full-time faculty member at the SOM and the Board's consideration/approval of that individual being appointed to the new position. Currently, such new full-time faculty members are classified as 'visiting' special faculty during the interim, as the appointment of special faculty does not require the Board's approval. As a consequence, however, the SOM cannot provide the full benefits commensurate with a regular full-time faculty position during this interim, in particular a normal contribution to retirement plan A. Obviously, this is a financial disadvantage to the eager new hire.*

*The proposal provides a work-around since under the university retirement plan A agreement there is but one specific category of special faculty (named 'research' faculty) that is eligible for participation in Plan A. Assurances were obtained from HR that classifying newly hired full-time faculty as special 'research' faculty during the interim period should solve this issue.*



## CASE WESTERN RESERVE UNIVERSITY MEDICAL STUDENT ADMISSIONS COMMITTEE

### Charge:

The Medical Student Admissions Committee (MSAC) ~~participates has final authority in both~~ annual decision- making regarding individual applicants and in the establishment of admissions policy and procedure. The committee ~~will recommend~~ defines standards of Medical School admission ~~and renders acceptance decisions for all MD programs of Case Western Reserve University (CWRU) School of Medicine, which include for undergraduate medical students and M.D./Ph.D. candidates, assist in the interview process, and approve candidates for;~~ 1) the ~~traditional~~ CWRU MD program (“the WR2/University Program”), 2) the Cleveland Clinic Lerner College of Medicine of CWRU program (“the Lerner College Program”), and 3) the Medical Scientist Training program (“the MSTP program”) for admission.

**Commented [LM1]:** Clarifies final authority of the MSAC for all medical school admissions-related processes and decisions

**Commented [LM2]:** Program titles iterated for consistency

### Membership:

The committee will have nine members elected from among the full-time faculty. Three of the elected members shall be from basic science departments and six of the elected members shall be from clinical departments. The dean may appoint up to four additional full-time faculty to serve as members of the committee. These elected and appointed faculty committee members will have voting privileges and each shall serve a five-year term. Members may serve a maximum of two consecutive terms, but are eligible to rejoin following a one-year hiatus from the committee.

One Society Dean, appointed by the Chair of Faculty Council in consultation with the Associate Dean for Admissions, and the Medical Education Director of Diversity Initiatives and Community Outreach Programs or their designees, shall serve ex officio with voting privileges. The Associate Dean for Admissions, Senior Associate Director of Admissions and Financial Aid, and Assistant Director ~~Dean~~ for Admissions, will serve ex officio without voting privileges.

**Commented [LM3]:** We do not have an Assistant Dean. This must have been an error

The committee will have four medical student members. On a rotating basis, and dependent on their temporary availability, two of these student members will have voting privileges at each meeting. Student members will be in their third and fourth years of the curriculum, and elected by the medical student body ~~two voting student members, one from the second-year class and one from the fourth-year class. Given the nature of medical student commitments, two students from each class will be eligible to vote, ensuring that student participation will be maximized.~~

~~For the first half of the admissions cycle, one student from the second-year Student Committee on Admissions (SCA) group will vote at each meeting. Permanent student committee members will then be elected near the end of the first semester by the medical student body, normally from members of the SCA who wish to be considered. Certain situations may lead to non SCA members being considered for election. These elected second-year student members will serve as eligible voting members of the committee for the duration of this admissions cycle, with one voting at each meeting. In the third year, these elected student members will not attend admissions committee meetings and will serve as application screeners, returning as voting members in their fourth year. Fourth year medical students may also serve as application~~

**Formatted:** Right: 0", Space Before: 7.7 pt

CASE WESTERN RESERVE UNIVERSITY MEDICAL STUDENT  
ADMISSIONS COMMITTEE

~~screeners, based on their availability.~~

The MSAC Chair will be appointed from amongst elected or appointed faculty committee members by the Chair of the Faculty Council upon recommendation by the Associate Dean for

**Commented [LM4]:** We have iterated and streamlined our medical student participation

## CASE WESTERN RESERVE UNIVERSITY MEDICAL STUDENT ADMISSIONS COMMITTEE

Admissions, with interest solicited from current committee members. Chair selection will be based on several criteria including: years of service on the committee, familiarity with medical school admissions processes, leadership skills, organizational skills, and commitment to diversity and inclusion. The appointed Chair will serve a five-year term, unless deemed otherwise by the Chair of the Faculty Council and/or upon recommendation by the Associate Dean for Admissions. The MSAC Chair may serve a maximum of two consecutive terms, and is eligible to rejoin the committee as a regular member or chair following a one-year hiatus.

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.

The Medical Student Admissions Committee of the School of Medicine has final authority for the University Program, the College Program, and the MSTP Program all medical - admissions student admissions decisions. The MSAC oversees works with two admissions subcommittees which oversee admissions, one for from the Lerner College Program and one for from the MSTP Program, both of whom submit recommendations for acceptance of candidates with final approval made by the MSAC. The subcommittees may appeal to the MSAC for formal reconsideration of a negative acceptance decision by the MSAC; the MSAC vote on reconsideration represents the final decision and will prevail. Once the interview season ends, the MSAC gives delegated authority to a specific subgroup from within the MSAC itself to make waitlist decisions from a pool of candidates who it has deemed acceptable for admission.

Due to the sensitive nature of the admission process, faculty and students serving on the committee and subcommittees must maintain the highest levels of confidentiality and professionalism. Alleged breaches of these standards will be reviewed by the committee and by the Associate Dean for Admissions, and may be referred to other administrative offices as required by Faculty Handbook and University Policy, with appropriate action taken at their discretion.

*May 15, 2023, amended by the Faculty Council*  
*April 18, 2022, amended by the Faculty Council*  
*September 21, 2015, amended by the Faculty Council*  
*April 1, 2013, amended by Faculty Council*  
*May 15, 2007, amended by Faculty Council*  
*April 25, 2003, amended by Faculty Council*  
*October 19, 2001, approved by Faculty of Medicine*  
*December 11, 2000, amended by Faculty Council*  
*December 19, 1983, amended by Steering Committee of Faculty Council*  
*October 11, 1982, original charge approved by Faculty Council*

**Commented [LM5]:** Removes confusion about three programs and underscores that we are one school

**Commented [LM6]:** Clarifies MSAC authority

**Commented [LM7]:** We have streamlined this process. They do not make recommendations. They simply present their most competitive candidates and MSAC makes the decisions

**Commented [LM8]:** Clarifies waitlist process, which was not previously done.

Old: (Note that text in blue is largely retained in the proposed new version)

#### ARTICLE 6 - AMENDMENT OF THE BYLAWS

An amendment of the bylaws may be proposed by majority vote of the Faculty Council, by the dean, or by written petition of 20 or more faculty members, or by the Bylaws Committee. The amendment must be accompanied by a rationale for the proposed change. All proposed amendments shall be submitted to the Chair of Faculty Council, the Secretary of the Faculty of Medicine and the Chair of the Bylaws Committee. The Bylaws Committee shall review each proposed amendment and report its recommendation to Faculty Council. All proposed amendments will be considered and voted on by the Faculty Council within the same academic year if submitted prior to March 1 of that year. All proposed amendments, their rationale, and the recommendations of the Faculty Council will then be sent by mail to full-time members of the faculty and may be discussed at a regularly scheduled meeting of the faculty held at least four weeks after notification. During discussion of proposed amendments at a faculty meeting, non-substantive changes in the proposed amendments may be made by majority vote. The organization and justification of proposed amendments on the ballot shall be approved by the Nomination and Elections Committee prior to distribution to the Faculty. The vote on any proposed amendment shall be by electronic ballot of the full-time faculty. Approval shall require an affirmative vote by a majority of those faculty members returning ballots. Ballots shall remain open for three weeks. At least once every five years, the Bylaws Committee shall conduct a full review of these Bylaws and forward its recommendations to the Faculty Council for consideration by the procedures described above.

New proposed (BC\_version 5/22/24):

#### ARTICLE 6 - AMENDMENT OF THE BYLAWS

Amendment of these bylaws requires review by the Bylaws Committee of the Faculty of Medicine, a positive recommendation by the Faculty Council, an affirmative vote by regular members of the Faculty of Medicine, the Dean's recommendation, and ratification by the University Faculty Senate.

a) Drafting a proposed bylaws amendment. An amendment of the bylaws may be proposed by majority vote of the Faculty Council, by the dean, by written petition of 20 or more faculty members, or by the Bylaws Committee. The proposed amendment must be accompanied by a rationale for the proposed change, and both shall be submitted to the Chair of the Faculty Council, the Secretary of the Faculty of Medicine, and the Chair of the Bylaws Committee.

b) Review for compliance with the Faculty Handbook and Faculty of Medicine bylaws. The Bylaws Committee shall review each proposed amendment and its rationale, and report its recommendation to the Faculty Council.

c) Review by the Faculty Council. Proposed amendments and recommendations by the Bylaws Committee shall be discussed and voted on during a meeting of the Faculty Council. During such meeting, the Faculty Council chair may permit non-substantive changes in a proposed amendment text to be considered and adopted by majority vote. However, substantive changes suggested by meeting participants shall require additional review and recommendation by the Bylaws Committee before a modified amendment proposal is reconsidered at a subsequent Faculty Council meeting. All proposed amendments shall be considered and voted on by the Faculty Council within the same academic year if submitted prior to March 1, or within the same calendar year if submitted between March 1 and June 30.

d) Faculty of Medicine vote. Upon approval by the Faculty Council, proposed amendments shall be considered and voted on by the full-time members of the faculty. To this end, the School of Medicine (SOM) Faculty Affairs Office shall prepare an electronic ballot listing the current proposals and their corresponding rationales. Prior to distribution to the Faculty, the Nomination and Elections Committee (NEC) shall approve the organization of proposed amendments and their rationales on the ballot page(s) and ensure that their content matches that approved by the Faculty Council. Such a ballot shall be presented to the NEC for review and approval no later than twelve weeks after approval of the proposed amendment by the Faculty Council. Ballots shall remain open for three weeks and the NEC shall certify the results. Approval of amendments shall require an affirmative vote by a majority of those faculty members returning ballots.

e) The Dean. Once an affirmative vote on a proposed bylaws amendment by the Faculty of Medicine is certified by the NEC, the dean will forward the proposed amendment and its rationale, together with any of the dean's comments concerning the proposed amendment, to the Chair of the University Faculty Senate as expeditiously as possible.

f) Faculty Senate. The Constitution of the University Faculty (Article VII, Sec. A, Par.1) mandates that the bylaws of constituent faculties be ratified by the Faculty Senate. Hence, any amendment to the Faculty of Medicine bylaws also requires ratification by the Faculty Senate before it can be officially adopted into the bylaws text. Ratification involves scrutiny of a proposed amendment, its rationale, and any dean's comments by the Bylaws Committee of the Faculty Senate, and an affirmative vote by the full senate. Upon ratification of an amendment by the Faculty Senate, the SOM Faculty Affairs Office shall disseminate an updated bylaws text within four weeks.

At least once every five years, the Bylaws Committee shall conduct a full review of these bylaws and forward its recommendations to the Faculty Council for consideration by the procedures described above.

*Rationales:*

*All new text: (Initiated by Darin Croft and BC, BC-approved: 5/23/24 6yes\_0 no):*

- 1) The existing old text fails to clearly mention/describe established practice and all the steps involved in amending the SOM bylaws text. The proposed new text describes the whole procedure in a step-wise fashion, is more informative, and is expected to give the reader a more comprehensive understanding of the entire process.*
- 2) The proposed new text clarifies that new amendment proposals that are submitted to the Chair of the Faculty Council, the Secretary of the Faculty of Medicine, and the Chair of the Bylaws Committee after March 1 shall be considered and voted on by the Faculty Council either in the same calendar year (if submitted before June 30) or in the same academic year (if submitted after June 30).*
- 3) In the past decade or so, a rate-limiting step in the bylaws amendment process has been the 'Faculty of Medicine vote' (section d, above). It is not uncommon for proposed bylaws amendments approved by the Faculty Council to languish in purgatory for a year or longer before they are presented to the Faculty of Medicine for a vote. This renders it difficult to track the progress of each amendment, especially when multiple amendments concerning the same section of text linger in different stages of the approval process, and unnecessarily prolongs the time needed for amendments to become 'officially' part of the bylaws text. The proposed new text prescribes in section d that the Faculty Affairs Office shall present a ballot with a proposed bylaws amendment to the NEC, for its review and approval to distribute to SOM Faculty for a vote, no later than twelve weeks after approval of the amendment by the Faculty Council.*
- 4) In addition, the proposed new text prescribes in section f that the Faculty Affairs Office shall disseminate an updated official bylaws text within four weeks after ratification of a bylaws amendment by the Faculty Senate.*

Cleveland 6/12/24

To Drs. Steven Eppell, Maureen McEnery, and Janet McGrath as Chairs of CWRU's Faculty Senate:

On behalf of Faculty Council (FC) of the School of Medicine, we thank you, the two hospital-tenure committees, the Personnel and Bylaws committees, and Senate ExCom representatives for your extensive work on the issue of tenure of faculty who are primarily employed at our affiliate hospitals. Dr. McEnery had to navigate the bulk of this process and deserves special thanks. As you recall the issue was forwarded to the Senate in June 2022. Via continuous communication through the Senate Chairs' letters to the Chair of FC and our Dean, as well as SOM's ExCom representatives reports to Faculty Council, we were glad to receive updates at key points as you made your way through this complex topic.

The outcome speaks for itself – a first CWRU-wide definition in the faculty handbook of a base salary associated with tenure, recommendations for faculty at both University Hospitals and MetroHealth affiliates on what to expect in their offer letters, and last, but not least, the recommendations passed by the Senate this April on how to prevent similar issues in the future. Indeed, the manner in which the practice of side-letters (asking faculty to waive the benefits which come with tenure) arose appeared to be a grave violation of transparency and trust of faculty in shared governance. It is clear that University and School Leadership, new at all levels, recognized the issues and helped to correct them. For this our SOM Faculty should also be very grateful.

Now it is up to the Schools to adjust their Bylaws accordingly. This has begun in the School of Medicine with the 5 year Bylaw review. Moreover, the Senate will soon hear more about the reform of our guidelines for Appointments, Promotion and Tenure. We are pleased to report that the dialogue with Dean Gerson and his team has been very productive and that, while some key parts of the text of the recommendations, i.e. the transfer process, is not yet in that reform document, the requirement for tenure track and tenured faculty to have secondary appointments in basic science departments has been widened to all faculty at the affiliates. SOM's FC leadership is also working with our school's finance committee and the council of basic science chairs on producing a guideline document for the division of salary into base, incentive, and supplement and how the incentive portion, which is unique to the medical school, can increase or decrease. Finally, we have formed a FC *ad hoc* committee on Faculty – Administration interactions, Co-governance and Engagement (aka FACE), which is following up on some of the issues which arose from the affiliate's 'side letters', related to the topics of shared governance and transparency.

With best regards and again with many thanks,

Matthias Buck and Alan Levine  
FY24 and FY25 FC Chairs on behalf of the School of Medicine Faculty Council

cc. President Kaler, Provost Ward, Dean Gerson

# Qualifications, Standards, and Guidelines for Faculty Appointments, Promotion and Granting of Tenure for the CWRU School of Medicine

ADOPTED BY THE FACULTY: OCTOBER 20,  
1982; FEBURARY 27, 2006 & OCTOBER 4, 2021

PROPOSED AMENDMENTS MAY 20, 2024



CASE WESTERN RESERVE  
UNIVERSITY  
School of Medicine



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## **1. Introduction: School of Medicine Faculty**

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

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

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

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

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

Part-time “special” faculty, as defined in the CWRU Faculty Handbook, includes the appointment of individuals who participate in the mission of the SOM through their activities and contributions to education, research, service, and or excellence in clinical scholarship that contributes to and impacts the SOM. These individuals may have another full-time appointment at another institution, be employed by an affiliated health system outside of the Cleveland health care ecosystem or make

special research collaborations with our faculty. They may be educators, collaborators, or independent researchers linked by collaboration and project or program to an academic department or center (basic science or hospital-based) of the SOM.

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

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

## **2. Classification of Appointments**

An appointment shall be classified as initial, renewal, or continuing (nontenure appointments are renewed annually). An appointment shall be classified as full-time or part-time and is aligned with the Faculty Handbook.

### **A. Full-time Faculty Appointments and Titles**

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

To accommodate the spectrum of faculty scholarship that contributes to the fabric of the SOM, there are three tracks: Academic Tenure Track<sup>1</sup>, Academic Track<sup>2</sup>, and Clinical Academic Track<sup>2</sup>.

Faculty Titles for all tracks include: Professor, Associate Professor, Assistant Professor, Senior Instructor and Instructor. Academic Tenured and Tenure Track, Academic Track and Clinical Academic Track do not appear in faculty titles.

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

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

Appointments may be made at any level, and promotions must proceed sequentially with one exception--a faculty member serving as an instructor may skip over the move to senior instructor and move directly from instructor to assistant professor.

Appointment to a. Instructor: For appointment to the rank of instructor or senior instructor (by definition a non-tenure track appointment) the candidate should hold a Master's degree or higher, often plus a practice certification (such as physician assistant, genetic counselor, registered dietician). The candidate should have evidence of at least one of the following: competence in teaching, practice/professional expertise, or research, potentially including holding a training grant. For the senior instructor position, the candidate should demonstrate evidence of providing teaching, research or service beyond the entry-level.

#### **a. Academic Tenured and Tenure Track**

The Academic Tenured and Tenure track (Tenure Track) is currently described and available to faculty who engage in sustained and cumulative discovery, innovation, and/or translational research-focused activities that impact the field of medicine with peer reviewed publications, external grant support, recognition for expertise in research or education in areas of the biomedical disciplines.

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<sup>1</sup> Faculty Handbook: Article I Membership of the University Faculty Section A. Tenured or tenure-track faculty members

<sup>2</sup> Faculty Handbook: Article I Membership of the University Faculty Section B. Non-tenure track faculty members

i. Tenure Track Faculty Defined

Tenured faculty appointments, although affirmed by the dean and faculty member annually, are of indefinite duration until retirement. Tenure Track appointments are typically guided by the career status at the time of appointment or promotion such as:

- Discovery research into basic mechanisms of biology, physiology, the basis of disease, diagnosis and treatment, and population health.
- Sustained efforts in clinical investigation including for example externally supported investigator-initiated, national, or industry supported clinical trials; that may include therapeutic, diagnostic, and interventional methods.
- Population-oriented implementation science and evaluation of health-related topics in populations.
- Scholarship contributions of educators who advance methods and content of teaching and education programs through the continuum of medical careers.
- Mentoring activities, especially in the context of career advancement.
- Service in the form of participation and leadership in institutional and regional and national committees, review bodies, invited and elected positions, other activities in the appropriate specialty area, study section, boards, and editorial activities contribute to the academic impact of faculty performance and contributions.

ii. Required SOM Basic Science appointment for all Tenure Track Faculty:

PhDs, and MDs and related terminal degree holders in basic and clinical departments may be appointed into this track upon the recommendation of their department chair and review by the SOM Appointment Promotion and Tenure (APT) committee. All tenure track appointments based in a hospital department are required to be recruited in a manner compliant with CWRU SOM and University recruitment policies. All tenure track appointments recruited into a clinical department are required to secure a secondary appointment in a SOM basic science department approved in writing by the basic science chair as a co-signatory of the offer letter.

**b. Academic Track (Non-tenure Track)**

Academically oriented investigators in the academic track pursue the same level of scholarship focused activities, but without the tenure expectations noted in Section A. Faculty in the Academic Track are experts in their field committed to the development and advancement of the field through their contributions in research, education, and service.

i. Academic Track Faculty Defined

Metrics for Academic Track faculty include peer reviewed publications, external grant support, and a sustained effort to promote innovation in their field, including performance as exemplary teachers and educators and leaders to advance local and global health. Evidence of substantial teaching can be recognized through authorship and development of educational materials, electronic media, lectures, simulations, and preclinical and bedside teaching, with evidence of excellence and impact in training through trainee reviews, teaching awards, excellence in clinical practice with evidence of regional and national recognition.

ii. Service Expectations

This may be in the form of participation in institutional, regional, and national committees, review bodies, invited and elected positions, other activities in the appropriate specialty area, study section, boards, and editorial activities that contribute to the academic impact of faculty performance and contributions.

iii. Clinical Scholarship

When clinical scholarship (refer to Clinical Academic Track) contributes to an individual's accomplishments in the academic track, it should be noted.

c. Clinical Academic Track (Non-Tenure Track)

i. Clinical Academic Track Faculty Defined

The Clinical Academic Track intentionally supports the career advancement of faculty who focus predominantly on excellence in clinical medicine, and contribute to scholarship through participation in clinical innovation, quality improvement and education programs of medical students, residents, fellows, and colleagues; and are recognized for clinical excellence in their field of practice. These faculty have responsibilities in the practice of medicine and participate in scholarship through their practice as educators, leaders, coordinators, as experts to whom patients are referred from a large geographic area or are recognized innovators in developing improvements of the practice in their specialty. Faculty may exhibit excellence in clinical research, but typically not as an independent investigator. Eligible professionals include physicians, PhDs, and other similar positions with "terminal" advanced degrees in disciplines who focus on clinical and educational activities such as Psychologists, Medical Physicists, Physician Assistants, Nurses (DNP), and with appointments in a SOM department, etc.

ii. Distinctions between Academic and Clinical Tracks

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

The descriptions below provide examples of activities contributing to excellence in the Clinical Academic Track, guided by the career status at the time of appointment or promotion. The primary distinctive of the Clinical Academic Track is the emphasis on clinical and educational **impact** with reduced focus on research at the level of independent investigation, peer-reviewed publications, and extramural grants. Thus, the following activities and metrics may be considered to evaluate the clinical and educational impact of faculty with primary medical center-based appointments:

- [leadership of and supervision of, committees, tumor boards, review panels, and](#)

- education programs;
- authorship contributions to books, book chapters, clinical reviews, policies, procedures, clinical guidelines, care maps or plans, or podcasts;
- teaching that includes authorship and development of educational materials, electronic media, lectures, simulations, and preclinical and bedside teaching, leadership of SOM “Blocks;”
- excellence in training through trainee reviews, teaching awards;
- excellence in clinical practice with evidence of regional and national or international referral base;
- service in the form of participation in and leadership of institutional and regional and national committees, review bodies, invited and elected positions, other activities in the appropriate specialty area, study section, boards, and editorial activities;
- involvement and leadership in developing innovations in care, participation in national efforts to develop innovation in care through participation, leadership and decision making, including FDA testimony, industry medical advisory boards, national specialty treatment guidance boards within one’s specialty, participation in and PI status of clinical trials (commercially supported, nationally driven and investigator initiated); and
- evidence-based presentations that promote quality, share clinical practice standards, introduce novel approaches, teach others, and provide reviews of the evidence behind best practices;
- and mentoring activities, especially in the context of career advancement.

#### **d. Selection of Track**

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

#### **e. Transfer between Tenure and Non-Tenure Tracks**

##### **i. Transfer from the Non-Tenure track to the Tenure Track**

The appointment into the tenure track should normally occur at the time of appointment at the level of assistant professor and may occur at the rank of associate professor or professor. The date of appointment closest to July 1 of the year signifies the start of the “tenure clock”. If transfer to the tenure track takes place later, the initial faculty appointment date at the rank of assistant professor or higher becomes the default start of the tenure clock, and requests for extension must be made to the Dean for consideration and must be approved by the Provost.

##### **ii. Transfer from the Tenure Track to the Non-Tenure Track.**

**Faculty on the Tenure Track may transfer to the Non-tenure Track any time before the start**



of their 9<sup>th</sup> pretenure year (also referred to as the mandatory tenure year). Faculty are required to state in writing to their department chair and the dean. Once this letter is received, the faculty will be issued a new appointment on the non-tenure track. Once a faculty transfers from the tenure track to the non-tenure track, they are ineligible to transfer back to the tenure track.

## **B. Tenure**

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

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

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

The award of academic tenure to a faculty member is a career commitment which grants that faculty member the right to retain their appointment without term until retirement. The appointment of a tenured faculty member may be terminated only for just cause. In the event that a tenured faculty member's school, department, or other unit of the university in which the faculty member's appointment rests is closed or reduced in size, the university shall make all reasonable attempts to provide a tenured faculty member with an appointment of

unlimited duration until retirement.

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

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

**a. The Pre-Tenure Period**

The pre-tenure period in the School of Medicine is nine years. Each faculty member whose appointment leads to tenure consideration shall be considered for tenure no later than in the ninth year after the date of initial appointment at the rank of assistant professor or higher. For faculty in the Academic Tenure Track, the final year of eligibility for SOM tenure is in the 8<sup>th</sup> year of appointment so that a decision by the SOM CAPT can be rendered and if tenure is not awarded, a final year of appointment letter can be transmitted by June 30. Should a faculty member request tenure review in their ninth year, and not receive tenure recommendation, their faculty appointment terminates on June 30 of that year.

A faculty member in the tenure track may request extensions to the pre-tenure period. The extensions may be (1) requested by exceptionally worthy candidates in the event of unusual constraints in the university, or part or parts thereof, which would prevent tenure award at the end of the normal period; or (2) requested for the purpose of compensating special earlier circumstances disadvantageous to a candidate's tenure consideration (such as serious illness family emergency, maternity, or extraordinary teaching or administrative assignments, or national events such as COVID); or (3) upon written request by the faculty member within one year after each live birth or after each adoption, an extension of one year shall be granted by the provost to any faculty member who will be the primary care giving parent.

Extensions should be requested as soon after the occurrence of the relevant circumstances as practicable [practical], ordinarily not later than one year prior to the normally scheduled expiration of the pre-tenure period. Extensions requested under (1) or (2) above require request by the faculty member, review, and a recommendation by the department's committee on appointments, promotions, and tenure, the department chair, and the dean, and approval by the provost. Pre-tenure extensions may not be used to defer tenure consideration of a faculty member more than three years beyond the normal pre-tenure

period except for extensions made under (3) above.

For faculty members whose tenure consideration has not produced a tenure award during the pre-tenure period, further appointment is normally restricted to one year. In exceptional cases, individuals who failed to receive tenure may be converted to the non-tenure eligible track on recommendation of the department Committee on Appointments, Promotions, and Tenure, the department chair, the Committee on Appointments, Promotions and Tenure of the School of Medicine, the dean of the School of Medicine, and the approval of the provost. Such appointments will specify financial support for the position.

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

### **b. Tenure Guarantee**

When awarded, academic tenure rests at the constituent faculty level rather than at the departmental level. The award of academic tenure to a faculty member is a career commitment which grants that faculty member the right to retain their appointment without term until retirement. This commitment includes a salary guarantee to which the University obligates itself. The salary shall be at a level determined by the dean of the relevant school or college to be reasonable compensation for the roles and responsibilities of the tenured faculty member. The appointment of a tenured faculty member may be terminated only for just cause. In the event that a tenured faculty member's school, department, or other unit of the University in which the faculty member's primary appointment rests is closed or reduced in size, the University shall make all reasonable attempts to provide a tenured faculty member with an appointment of unlimited duration until retirement. Award of tenure for faculty based in the School of Medicine who have 100% salary sourced by the SOM will have three components to their salary: base, merit, and incentive. These components will be adjusted by annual performance review, but the base salary will not be reduced.

### **c. Special Faculty Appointments and Titles**

Special Faculty Appointments include a prefix and must be included when referencing the CWRU appointment publicly. Special Faculty are ineligible for tenure.

#### **i. Adjunct Clinical Part-Time Faculty**

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

The term "part-time" is a CWRU designation of participation in the activities of the university

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

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

Part-time Faculty titles include: Adjunct Clinical Professor, Adjunct Clinical Associate Professor, Adjunct Clinical Assistant Professor and Adjunct Clinical Instructor

ii. Research Faculty

Research faculty appointments are issued for CWRU employed full-time faculty at the time of their initial hire for an interim period up to one year until approval of the full appointment by the Board of Trustees. Titles for these appointments are based on the proposed rank of the faculty member as specified in the CWRU offer letter.

iii. Visiting Faculty

Visiting faculty appointments are issued for specified terms of one year or less than one year and can be full- or part-time. Rank is determined at the request by the chair, support of the dean and approval by the University.

iv. Emeritus Faculty

Emeritus faculty are appointed by the Board of Trustees as described in the Faculty Handbook, Chapter 3, Part II, Articles VI. In the School of Medicine, faculty that have held the rank of assistant professor, associate professor, or professor or at these ranks modified by the term clinical adjunct are eligible for emeritus appointment. Meritorious service in CWRU activities benefiting the School and their field for at least ten years is required.

**d. Multiple Appointments**

Within the confines of CWRU, faculty appointment that applies to more than one constituent faculty (School or College of CWRU), or to more than one department, or to an administrative office as well as an academic unit, the appointment may be identified either (1) as a primary-secondary constituent faculty appointment or (2) as a joint appointment.

i. Primary-Secondary Appointments.

For a primary-secondary appointment arrangement, one constituent faculty or department shall be identified as the primary appointment and the other as secondary. Responsibility for the initiation of consideration of re-appointment, promotion, award of tenure, or termination shall rest with the primary unit.

a. Secondary Appointments and Promotions

Secondary appointments at all ranks shall be recommended by the chair of the secondary department, require the concurrence of the primary department chair, and may be made at

the discretion of the dean.

b. Secondary Appointments in the Division of General Medical Science

For secondary appointments and promotions in the Division of General Medical Sciences for Type A Centers (DGMS), the dean shall, prior to reaching a decision, also consider the recommendation of the Divisions committee on appointments, promotions, and tenure. This paragraph will govern secondary appointments in the department of biomedical engineering principally based in the School of Medicine and promotions of faculty holding such secondary appointments. The dean shall inform the Dean of Case School of Engineering of any such appointments and promotions.

ii. Joint Appointments

Faculty with joint appointments have full rights as a faculty member in both constituent faculties and departments. The notice of appointment shall be issued jointly by the two constituent faculties or departments. Consideration of appointment, reappointment, promotion, and/or tenure for joint appointment arrangements shall be as described in the Faculty Handbook sections pertaining to such appointments.

e. Appointment Terms

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

**3. Qualifications for Appointments and Promotions in all Tracks**

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

**A. Professionalism**

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

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

## **B. Evaluating Faculty scholarship, authorship, and impact to determine rank**

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

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

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

guidance, as to the applicability of appointment or promotion.

**a. Academic Tenured and Tenure Track**

- i. Assistant professor presents evidence of a record of scholarly activity and the potential to advance in a field of research. Generally, the candidate should have received a doctoral degree and completed at least several post-doctoral or fellowship years. Assistant professors in the tenure track should have some teaching experience and show a commitment to assuming teaching duties.
- ii. Associate professor presents evidence of excellent research and recognition of the research program at a national level. Candidates must demonstrate an established reputation, as individual investigators or within a research team, for original ideas, innovations, and contributions. A high level of teaching effectiveness and service contributions is also required.
- iii. Professor presents evidence of sustained excellence, enhanced recognition of research contributions, and a national or international reputation. Candidates must demonstrate an established reputation, as individual investigators or within a research team, for original ideas, innovations, and contributions. A high level of teaching effectiveness and service contributions in the medical school's educational programs and in service on SOM or CWRU committees is also required.

**b. Academic Track (Non-Tenure Track)**

- i. Assistant Professors presents evidence of expertise in their field of study and should have received a doctoral degree and completed several postdoctoral or fellowship years. Individuals should have some teaching experience and show a commitment to assuming teaching responsibilities. Faculty in clinical practice should be board-certified or board eligible.
- ii. Associate professors present evidence of considerable recognition locally, and regionally as a clinical expert and prominent referral resource in their clinical area of expertise with considerable evidence of scholarship and educational activity using the components of evidence outlined above.
- iii. Professors would fulfill the expectations of associate professor level appointments or promotion and have evidence of more mature and durable, local, regional, national, and even international impact in their area of expertise, both by written documentation in their CV (including positions, presentations, publications, and external support), as well as arm's length external letters and support letters from prior trainees.

**c. Clinical Academic Track (Non-Tenure Track)**

- i. Assistant Professors presents evidence of expertise in their field of study and should have received a doctoral degree and completed several postdoctoral or



fellowship years. Individuals should have some teaching experience and show a commitment to assuming teaching responsibilities. Faculty in clinical practice should be board-certified or board eligible.

- ii. Associate Professor places greater emphasis on the mature and durable recognition of clinical, education and/or service excellence and ongoing contributions and impact to clinical scholarship and/or educational activity. Commonly, such evidence of contributions to the field includes regional or broader recognition which may be noted in multiple ways. The APT committee will consider local and/or regional recognition as reflected in leadership roles, high impact clinical programs, regional referral pattern, including education programs (including program directors), and or advancement of the field. When presenting local impact as the primary consideration for promotion, the magnitude and likely durability of the impact will be especially important factors. This may be reflected in statements by the candidate and their chair and corroborated by external reviewers.
- iii. Professors in the Clinical Academic Track should include a record of continued interval excellence in their field with ongoing interval contributions to excellence in education and/or clinical practice service in their area of expertise with examples of impact on their field in domains such as:
  - Internal reviews of educational accomplishments and/or leadership roles
  - External letters indicating support for clinical expertise
  - Clinical practice referral breadth
  - Contributions, local, regional, and national to advances in clinical medicine in their discipline
  - Other examples of significant clinical impact

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

### **C. Evaluations of part-time faculty scholarship, authorship, and impact to determine rank**

The School of Medicine values the contributions to clinical excellence, clinical training, contributions to the advancement of medicine and improvements in health and prevention for humankind locally, regionally, and across the world. Placing such activities in the context of an academic school of medicine, and its surrounding academic medical centers in Cleveland, creates the dichotomy of expectations that is best managed through a part-time appointment for those outside of the immediate medical centers in Cleveland. The majority of



individuals will have a clinical appointment **outside** one of the four affiliated hospitals of the School of Medicine of CWRU (CC, UH, MH, VA) yet may be part of the health systems of these hospitals and are welcomed members of the faculty for their contributions in clinical excellence and clinical training (including MD, MS, MSA, PA and similar tracks). In some instances, expertise will extend to impact on policy, national standards for medical care, medical and healthcare leadership, and health outcomes, training, and practice. Other individuals may participate in specific research projects or programs. Some may have part-time appointments with the SOM to fulfill specific activities in service or education. Often, individuals will have a primary full-time appointment at another institution.

Part-time Faculty may align with either the academic track or clinical academic track. Appointment and promotion criteria will be similar to that of full-time academic track in terms of reputation, peer review publications and grant support, and other reputational accomplishments but, since most of these activities will take place outside of the purview of the SOM, attestation of these accomplishments will be reviewed on the basis of the CV, personal statement, and chair recommendation. Similarly, Appointment and promotion criteria will be similar to that of full-time Clinical Academic Track in terms of local and regional recognition as a clinical expert and have evidence of participation in education and service activities, with supportive evidence of verbal and written scholarship. Since these activities will take place outside of the purview of the SOM, attestation of these accomplishments will be reviewed based on the CV, personal statement, and chair recommendation. Documentation in the CV of scholarship in education and field of practice will be the basis of review.

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

#### **4. Process for Full-time Faculty Appointment and Promotion**

All appointment and promotion assessments begin with a request made by the faculty candidate to the department chair.

##### **A. Process for Full-time Faculty Appointments and Promotions**

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

academic chair of the candidate's department. The candidate shall be informed by the academic chair of the committee's recommendation. The academic chair or other nominator may appeal a negative recommendation by notifying the chair of the Committee on Appointments, Promotions, and Tenure (CAPT) of the School of Medicine. Appeals may be made in writing or in person. Written documentation of the appeal and the response of the Committee on Appointments, Promotions, and Tenure must be appended to the candidate's file. If the appeal to the Committee on Appointments, Promotions and Tenure is not successful, the academic chair or other nominator or the affected faculty member may bring to the attention of the Steering Committee of the Faculty Council, through a detailed, written submission, any alleged errors in procedure or non-adherence to the current published guidelines for appointments, promotions, and tenure. The Steering Committee of The Faculty Council may investigate the allegations to the extent it deems appropriate, may review all other candidates' files as it deems necessary, and may request the appearance of persons with knowledge of current and prior procedures and policies of the CAPT. A written report of the results of any investigation by the Steering Committee shall be appended to the candidate's file. All files will be forwarded to the dean after the Committee on Appointments, Promotions and Tenure, and, if applicable, the Steering Committee of the Faculty Council have discharged their responsibilities as specified above. The dean shall transmit the file, with added comments if desired, to the president of the university; for informational purposes, the dean will also provide the Dean of the Case School of Engineering with complete copies of the files of candidates in the Department of Biomedical Engineering with appointments principally based in the School of Medicine.

**B. Process for Part-time Faculty Appointments and Promotions**

Special faculty appointments and promotions modified by the prefix adjunct clinical shall be recommended by the department chair and may be granted by the dean. For these adjunct appointments and promotions at the ranks of assistant professor, associate professor, and professor, the dean shall, prior to reaching a decision, also consider the recommendation of the department's committee on appointments, promotions, and tenure. The dean shall also consider letters of reference concerning the appointment and promotion of faculty to the ranks of adjunct associate professor and adjunct professor.

**C. Department and Medical Center Review**

The packet is reviewed and voted on with tally and comment by the departmental or medical center-based APT committee. An affirmative vote by the dCAPT is required for an appointment to advance. If the dCAPT is not supportive of a faculty's promotion, the faculty may elect to self-initiate per the Faculty Handbook. With an affirmative vote, this committee and Office of Faculty (with assistance in identifying appropriate external reviewers from the candidate screened by the department chair) will solicit letters from institutional colleagues, secondary department chairs, trainees and other independent external evaluation letters from arm's length senior faculty or experts who can comment on candidate trajectory and as well as reflect on research, academic and or clinical impact. External referees will be asked to review the candidate's scholarship, authorship and impact outside CWRU and in the field. Local service and CWRU educational activities will be reviewed by the DCAPT and SOM CAPT.

Details on the scope of external reviews are noted below “under external letters of evaluation.” External reviewers may be solicited by the departmental chair, dean and from the SOM APT, but letters, for which confidentiality will be maintained, should be addressed to, and seen only by the SOM APT and the dean.

#### **D. Referee Letters**

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

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

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

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

Letter requests:

- Request in coordination with DCAPT review
- Referee review format to include brief description in bullet or paragraph responses:
  - state own status in the field as a reviewer
  - state knowledge of candidate and prior association
  - review of scholarship, authorship and impact and the expected trajectory
  - request 1 page review
  - for out of country candidates at least one letter from a US reviewer

#### a. For Academic Tenured and Tenure Track Appointments

Assistant: 3 letters from mentors and advisors

Associate: 6 letters external letters

Professor: 6 letters external letters

#### b. For Academic Track Appointments

Assistant: 3 letters from mentors and advisors

Associate: 6 letters external letters

Professor: 6 letters external letters

c. For Clinical Academic Track Appointments

Assistant: 3 letters from mentors and advisors

Associate: 6 letters external letters

Professor: 6 letters external letters

d. For Adjunct Clinical Part-time Appointments

Assistant: 3 letters from mentors and advisors

Associate and Professor: 3 letters

1 letter from a colleague currently at a different institution

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

1 letter from a US based clinician in the field

**5. Documentation for consideration of advancement Request for appointment and promotion**

a. Faculty Request for Appointment or Promotion.

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

b. CV:

The SOM CV categories include all elements of scholarship, authorship and impact and will be used as the primary evidence, substantiated by documentation of education quantity and quality, leadership positions, lists of presentations and reviews, contributions to policies and educational materials.

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

For the Clinical Academic Track, contributions to the area of clinical specialty and education within that specialty should be highlighted. Authorship of all clinical trials should be included, noting principal investigator role and whether the trial is investigator initiated as appropriate. Educators will complete the Educators Portfolio to accompany the CV. Honors, awards, and recognitions should be included.

A preferred CV style sheet with categories and order is provided to each applicant and available on the Office of Faculty website. [Curriculum Vitae \(CV\) Template](#)

c. Educator Portfolio.

While teaching for the CWRU School of Medicine is an expectation of all faculty. Those faculty know for their education scholarship and leadership must complete the Educators Portfolio to accompany the CV. It is highly recommended that all educators submit an Educator Portfolio to effectively convey the scholarship, authorship and impact of contributions in education at CWRU and beyond.

o Sample Education Portfolio

d. Personal Statement:

In 3 pages, the candidate should identify their key area of expertise, their accomplishments in scholarship, authorship, and impact (citing publications, internal hospital documents, web sites and the like) and their view of how the contributions they have made impact in their area of expertise. They should also comment in a forward-looking manner their strategic trajectory and priorities for academic/clinical and scholarship performance that extends their area of expertise more broadly over time and expanding from local to regional, and when applicable national, and perhaps international recognition and impact. When appropriate, ~~and~~ for team science consideration indicate instances of collaborators who are key to expectations and goals. In addition, faculty may highlight their involvement and contributions to diversity, equity and inclusion. Faculty should note the value of such specific contributions (select up to 5 high-impact contributions – authorship, guidelines, peer reviewed publications, inventions, commercialization efforts, and when achieved, paradigm shifting discoveries, practice changing observations and policy impacting findings).

For the Academic Track, faculty should include an up-to-date citation index and H factor which will be assessed by the committee within the considerations of rank, discipline of record and roles in teaching and service.

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

e. Additional Statements

From time to time the Provost or Dean may request or provide an option for additional statements regarding special circumstances.

## **6. Special Process Considerations**

### **A. Transfer of Senior Rank Faculty (Non-Tenure Track)**

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

- Current information from the candidate, including CV, personal statement, and letter

- from the incoming chair as noted above
- Request for updated letters from the same individuals who provided independent external review for promotion at the prior institution. Additional letters will benefit and expedite review
  - Letters from prior trainees
  - Summary information regarding quality (with reviews) and quantity of educational performance activities at the prior institution

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

**B. Reinstatement of CWRU appointment within two years**

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

**7. Review of Qualifications and Standards for Appointments, Promotions and the Award of Tenure**

Qualifications and standards for faculty appointments, reappointments, promotions, and granting of tenure shall be generally as stated in the Faculty Handbook of Case Western Reserve University. Specific qualifications and standards applicable to the School of Medicine shall be determined by the Faculty of Medicine and appended to these bylaws. These qualifications and standards shall be reviewed every five years by the Faculty Council.

Faculty ranks approved by the Board of Trustees will not be changed as a result of a change to these Qualifications and Standards.

This document summarizes the input received via <som\_apt\_feedback> (some 30+ emails), corridor/ watercooler conversations and other input to the FC chair. It is updated after discussion with Dean and FCSC and with reference to newest document May 20<sup>th</sup>., 2024- which is also in Box.

Blue – items that may be actionable by consensus/majority vote of FCSC to advance to discussion at FC.  
**Blue – 10 issues voted for by a majority at FCSC as a priority**, 14 non-bold items that are of lesser priority, some of which are deferred to the next academic year for discussion.

Green: feedback from discussion with Stan

Note: Page numbers refer to previous document (end March), **whereas page numbers in red are to the new document (May 20<sup>th</sup>).**

Most of the 10 issues have been resolved except perhaps #4, #10, #11, #23.

**A new issue #25 has been added by FCSC and will likely be discussed at FC.**

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Definition of academic tracks:

- 1) p.5 (or p.14?) on tenure track (and possibly academic track) **include explicitly expectation of sustained funding as a criterion?** – **This is indicated on bot. of p. 6**
- 2) **add to p.5/6 academic tenure and tenure track “Apart from impact in research and/or innovation in education, participation of tenure track and later tenured faculty is typically expected in the medical school’s educational programs and/or in service on SOM or CWRU committees”.** } **now included on p. 16 middle.**
- 3) **{p.5 add sentence after “MD and MD, PhD faculty are formally exempt from this requirement at appointment, but research and education focused faculty in the academic tenure track are strongly encouraged to seek such a secondary appointment, if necessary in the Division of General Medicine”}**. **Fine with deletion suggested by Dean. Dean/Nicole went beyond this – now secondary appointments are required for all tenure track/tenured hospital faculty, see p. 7, section ii.**
- 4) **The word Team Scientist in the document, but is not explained. Suggestion: p.6, add “team scientist” as a category to the academic track and define.** – p.6 says criteria for team scientist (as defined below)...but below there is little more (e.g. section ii and iii on p.16) – I am beginning to appreciate that perhaps team scientists on the tenure track are still not something to encourage (or easy to evaluate).
- 5) Suggestion p.5, 6, and 7 add the phrase, **“Listed below are activities, a subset of which typically qualifies a candidate for promotion in this track”.**
- 6) on p.6 and 7 academic and clinical academic track add phrase **“peer reviewed accreditation reports and site visits”}**
- 7) p.7. say explicitly that in the clinical academic track authorship criteria **are expanded** and include...policies, procedures etc.?)
- 8) add to p.8 – selection of track. **“Desire on part of the faculty member to change track may be considered**



by the departmental CAPT and DCAPT and approved by the Dean”

- 9) **The title Instructor is mentioned 5 times throughout the document, but there is no description what this is, what the qualifications for appointment are or how one gets promoted from the level of instructor upwards: the *ad hoc* APT committee made a proposal on this: specifically suggest to add text as a separate section:**

Copying from ad hoc committee suggestions to amend Bylaws, p.40

“Appointments can be made at any level, but promotions must proceed sequentially; the only rank that can be skipped is for a faculty member with a doctoral degree to move from instructor to assistant professor (skipping senior instructor). Appointment to a. Instructor: For appointment to the rank of instructor or senior instructor (by definition a non-tenure track appointment) the candidate should have received a Master’s degree or higher, often plus a practice certification (such as physician assistant, genetic counselor, registered dietician). The candidate should have evidence of at least one of: competence in teaching, practice/professional expertise, or research, potentially including holding a training grant. For the senior instructor position, the candidate should demonstrate evidence of providing teaching, research or service beyond the entry-level.”

Dean (in meeting with FC Chair): criteria for appointment are implied by those for promotion, at least for the higher levels. Dean felt that for appointment as instructor and assistant professor accomplishment is a lesser criterion and desire by faculty search committee, DCAPT and Dept. Chair plays a bigger role. Oversight by DCAPT, CAPT also seems ok – still could be explicitly mentioned that appointments at higher levels follow the criteria for promotion)

This text in “ “ above has been added verbatim on p. 16 middle.

- 10) **The same (point 9) actually applies to not having any text for qualifications for appointments as assistant professors and the text for promotion from associate to full professor is also very sparse- see also re “mature and durable”}**

Rationale: As point 9, these sections were at the end of appendix 1, but have disappeared.

Not really reintroduced as a separate section, but seems to interwoven throughout document.

- 11) **add on p.13 “While most of these documents will be accessible within the public domain or in the institutions, in the rare case that verification is needed, the candidate should compile a portfolio of documents which are not in these two categories. While it is not expected that they be provided at the time of application they may need to be made available later for the deliberations of CAPT and above”.**

Rationale: with the expanded scope for demonstrating accomplishments, this seems warranted but may come across as petty. Still, as we have seen examples in the public sphere, some people just make stuff up. Not really addressed, but spelling this out might seem “petty”.

- 12) 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} – This requirement/guidance has been deleted from the new document.

- 13) 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 a major point, not addressed



14) {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? No, tenure clock stays at 9 yrs.

15) **Tweak rules to allow more flexibility on the tenure clock?**

**Rationale: Other top medical schools have more latitude for life events which can affect those on the tenure track. Our tenure clock stops are limited to just a few situations and a few years. Up to 3 yrs. p.9 and p.11 suggest that transfer out of tenure track is possible until year 8 and that faculty may be retained even if he/she failed to get tenure.**

16) 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. – see point 15, above

17) {add to page p.15, Section F “Promotion to Professors in the Academic/Academic Tenure Track are expected to present evidence for sustained excellence, enhanced recognition for research contributions or innovation in education”}

Phrase “enhanced recognition” has been reintroduced on p.16, section iii.

18) p.16 It should be explained what “arms-length” means, or rather what is not arms-length. – not done, but maybe done elsewhere.

19) 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.  
Beyond to scope/and financial considerations in the foreseeable future.

20) p.18 Section H, Tenure: add “**Significant contributions also include either teaching or mentoring directly for SOM educational activities, and/or committee service directly at SOM, Faculty council or its committees or at the University committees. Only in exceptional circumstances will research accomplishments alone be deemed sufficient for the award of tenure.**”

Rationale: there is no free lunch- we should be more deliberate/intentional. Essentially same point as #2. **Has been addressed.**

21) 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!}

Rationale: probably political/unlikely, but we should try!

Not done, but beyond scope of document at present, maybe something to think about/propose through bylaws in the future.

22) 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}

At their June 3<sup>rd</sup>, meeting FCSC voted that we can take on this task, assuming that such cases are very rare.

- 23) **p.21 add underlined text to sentence “These components are defined in the document on SOMs compensation practice, linked here/appendix 2, and will be adjusted by annual performance review, but the base salary will not be reduced.”**

Rationale: merit, incentive and supplement are mentioned but defined. These are unique to SOM and there should be some guidelines how much incentive can increase and decrease. {Reversing his earlier stance, Dean seems to be resistant to have salary plan be part of bylaws or an appendix; a new document may eventually be put together, but right now there seems to be some disagreement between chairs and Dean re. how quantitatively Deptl. metrics should be used: Dean agreed to remove any mention of incentive, base etc, from document, **however as of now this is still mentioned on p.12**}.

- 24) 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 the committee or a separate CAPT for clinical academic track.

This was one of the 9 items (in non-bold) which was not prioritized by FCSC and included in the list of items to be tabled. It might come back in future discussions, but right now is a bit of a distraction to the APT reform document.

- 25) **FCSC suggests (by a 6:1 vote) on June 3<sup>rd</sup>. to have 4 tracks: Academic Tenure, Research Academic, Education Academic and Clinical Academic Track.**

Rationale: Emphasis on a pathway to appointment and promotion due to accomplishments in the education space appears diminished in current document compared to current appendix 1. **We will likely discuss at FC but research and consultation with stake-holders is ongoing. This is a late but fundamentally different formulation of the APT framework.**