

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

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:02-4:12PM	Chair's Remarks and Announcements	Alan Levine Chair of Faculty Council	<p>The chair called the meeting to order at 4:02PM. Dr. Levine noted that on several occasions Faculty Council was ready to take a vote, near the end of the meeting, only to discover they no longer had quorum. It is imperative that Faculty Council representatives remain until the end of the meeting in order to participate as vigorously as they can. Matthias Buck is now Chair for the FACE Committee, replacing Dr. Levine who chaired the committee for its first year. FACE stands for Faculty Administration, Interactions, Co-Governance, and Engagement.</p> <p>Next month, Drs. Buck and Levine will provide a summary of the last 14 months of activity and would like to emphasize to everyone the climate survey participation from basic sciences, from the SOM and clinical at the various affiliates</p> <p>It was suggested that if we reissue the survey, we should make it half the size of the original, possibly send it to the clinical email address, and endeavor to make the questions more relevant. When the council was asked for recommendations for increasing the number of participants from those represented by Faculty Council it was suggested that if the clinical chairs send out the survey it would perhaps have a bigger impact and encourage participation. Dr. Levine will report back with an update next month.</p>	
4:12-4:14PM	Approval of October 21 Faculty Council Meeting Minutes	Alan Levine	When polled, there were no edits to the October 21 Faculty Council Meeting minutes as posted in BOX.	With no objections, the October Faculty Council Meeting Minutes were approved by general consensus.

4:14-4:17PM	FCSC Report	Anastasia Rowland-Seymour	<p>Dr. Rowland-Seymour provided an overview of topics discussed at the November 4 Faculty Council Steering Committee Meeting. The meeting began with a review and approval of the October meeting minutes. The chair provided announcements and remarks, and Darin Croft and Al Connors gave a summary of the Mistreatment Group presentation they will give to Faculty Council at the November meeting. Dr. Adrienne Fletcher presented the data analysis of the Climate Survey to FCSC and will follow that with a presentation to Faculty Council. The dates for the Faculty Council Meetings to be held at the affiliates were confirmed: December 16 – MHMC; January 27 -- VA; February 17 at CCLCM, and March 24 at UH.</p> <p>The Steering Committee approved the agenda for the November 18 Faculty Council meeting.</p>	
4:17-4:49PM	DEI Climate Survey	Adrienne Fletcher	<p>Dr. Fletcher provided a summary report on the DEI Climate Survey, conducted within the last year, that assessed institutional culture and climate.</p> <p>The Diversity Engagement Survey (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 was collected from 2,176 people from an available pool of 11,219 (a 19% response rate). The survey was administered at SOM in September and October of 2023 as an online survey.</p> <p>The SOM's three-fold mission is to provide excellence in medical education through our unique curriculum, advance discoveries from our laboratories to patients, and improve the health of our community.</p> <p>Generally speaking, overall, the CWRU SOM and its affiliate hospitals sit in the middle third of the responses regarding culture and climate as compared to other medical schools (right at the 2nd and 3rd quartiles). The middle third is about the same place as most medical schools.</p> <p>The SOM faculty data had input from a total of 626 respondents. Inclusion factors were: common purpose, respect, sense of</p>	

DEI Climate Survey
(continued)

belonging, access to opportunity, cultural competence, appreciation of individual attributes, trust, and equitable reward and recognition. Trust factors were a consideration for each of the four hospitals and the SOM. The overall inclusion factors benchmark was 74.2 and the SOM was at 71.9 with a mean difference of 2.3. How do we continue this momentum and build on it? In areas of challenge – the lowest benchmark was 51.9 and we are at 49.7 – “in my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals”.

CCF faculty data had input from a total of 253 respondents. Inclusion factors were the same for every group. The benchmark was 74.5 and CCF scored 80.7, above the benchmark. All CCF scores were above the benchmark with the inclusion factors.

The top three strengths were above the benchmark with each of these questions – “I feel that my work or studies contributes to the mission of the institution; I believe that my institution reflects a culture of civility; this last year I have had opportunities at work/school to develop professionally”.

It was noted that in the areas of challenge everything is above the benchmark. “If I raise a concern about discrimination, I am confident that my institution would do what is right” – was the lowest rated favorable question.

MHMC faculty data had input from a total of 100 respondents with the inclusion factors the same for every group. The benchmark is 74.5 – and MHMC came in at 74.5

There are a few areas where MHMC is below the benchmark – as we meet with the individual hospitals, we will have the opportunity to unpack. In areas of strength – the benchmark is 79.0 and MHMC scored 80.9. The lowest scoring area of challenge was “in my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals”.

DEI Climate Survey
(continued)

The VA faculty data had input from a total of 32 respondents. Inclusion factors being the same for every group, the overall favorable benchmark is 74.5; data from the VA came in at 71.8. Dr. Fletcher noted that a handful of areas are below the benchmark. The areas of strength benchmark were at 90.1 -- “I feel that my work or studies contributes to the mission of the institution” was highly ranked. The areas of challenge were still above the benchmark – “if I raised the concern about discrimination, I am confident my institution would do what is right”.

The UH faculty data had input from a total of 224 respondents with the inclusion factors the same for every group. The overall favorable benchmark is 74.5; UH scored at 75.7. While the areas of strength were a little bit below the benchmark, the scores were still high. “I feel that my work or studies contributes to the mission of the institution”. In the areas of challenge, the lowest rated question was “in my institution I am confident that my accomplishments are compensated similarly to others who have achieved their goals”.

The floor was opened for discussion, and Dr. Levine noted that while it’s good that we are in the middle third (doing fine and not offensive at any level), our goal is to be in the upper third. He challenged the council to go back to the people they represent and determine what we need to do to go above the benchmark. Faculty Council represents faculty and not the institution.

It was acknowledged that compensation was consistently the largest deviation from the benchmark in the high problem areas. It is difficult to address because there are discrepancies as to how faculty are compensated for their time.

Faculty Council cannot control compensation. Dr. Kubu noted that primarily Case compensated faculty distrust or are concerned that people in leadership are not going to do the right thing which speaks to professionalism or communication. A way to move forward would be to focus on professionalism and reshape a trust of leadership dialogue in terms of increasing engagement. It was rated lowest in the climate survey

	DEI Climate Survey (continued)		<p>at three of the sites.</p> <p>Out of the SOM and affiliates, CCLCM seems to be doing the best with their numbers probably putting them in the top tier. Dr. Fletcher offered to provide percentages instead of numbers to avoid the sample size kind of bias.</p> <p>The comment was made that it seemed to be a universal concern that leadership will not do the right thing. It might be a communication problem, but then it may be because they won't do the right thing. The possibility exists that we may have to accept the fact that a bias towards the negative exists. As a positive step, Faculty Council should look for commonalities and address those first.</p> <p>It was suggested that a box be added to the survey for comments on what kinds of changes faculty would like to see in the future. That could bring forth issues not previously addressed. Keeping communication open helps the comfort level.</p> <p>Dr. Fletcher suggested that Faculty Council chart cross cutting similarities. She will be reaching out to these individual groups in order to have these conversations. What is good? How do we keep the momentum going? Focus on opportunities instead of challenges. Faculty Council can ensure getting an audience with members at the affiliate hospitals and at the SOM. Faculty Council will help to organize a road show audience of the appropriate individuals. This conversation will be put on hold for a time.</p>	
4:49-4:54PM	Dean Gerson's Remarks	Stan Gerson	Two internal searches are currently being held: Chair, Department of Anatomy, and Director of Community Health Integration. At the State of the School, President Kaler mentioned that the Institute for Population and Community Health would be opening a search for a Director Type B Center in the SOM which would involve any and each of the major schools who currently have involvement from each of the hospital sites and partner institutions. The community is looking at education research activities that are cross cutting.	
4:54-5:34PM	Mistreatment Working Group	Darin Croft Al Connors	Darin Croft and Al Connors have been co-chairs of the Mistreatment Working Group since the spring. The Mistreatment Working Group is a standing committee of the	

	<p>Mistreatment Working Group (continued)</p>		<p>SOM's Office of Medical Education primarily concerned with medical students. The committee addresses concerns related to mistreatment of medical students (MD, MD/PhD) by reviewing, investigating, and responding to reports of mistreatment or neglect. The committee helps ensure CWRU adheres to LCME element 3.6 (Student Mistreatment) and reviews and approves learning environment policy annually.</p> <p>The Learning Environment Policy, Including Mistreatment and Neglect (previously Teacher-Lerner Relationship Policy) was disseminated to all faculty and updated in 2024. They start from the assumption that teachers are not intentionally mistreating or neglecting students., and include a clear statement of purpose and scope: a safe, respectful, supportive, and inclusive learning environment (and specifies the teachers and students included in the policy). The policy defines mistreatment and neglect and lists options for reporting mistreatment or neglect with the preferred choice being the new professionalism reporting portal.</p> <p>Next to tackle is the streamlining and improvement of the process. Providing samples of mistreatment proved to be useful. The committee reviews and decides a problem exists and communicates with the resident with the goal of helping them to become better teachers in the medical school environment. There are a lot of situations, in addition to grey areas, that fall under the umbrella of mistreatment. The clinical environment is inherently stressful and steps should be taken to make it the optimum learning environment.</p> <p>In an effort to assess our efforts to reduce mistreatment in the SOM, conclusions were based on data from the 2013-2024 AAMC Graduation Questionnaire (17 mistreatment questions plus 3 added-in questions). Dr. Croft reviewed the types of questions that were included in the questionnaire. Unfortunately, overall, mistreatment has not decreased from 2013-2014. During the last five years, CWRU has underperformed (based on the mean value) relative to other schools. Students report a higher occurrence of mistreatment than indicated as the national average. In spite of a slight decrease over the last four years, no real progress was made. The message here is that we are not any better now than 10 years ago, and we are performing</p>	
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	<p>Mistreatment Working Group (continued)</p>	<p>at a level below the national average. Dr. Croft wanted faculty to be cognizant of that statistic. It should be helpful to determine the sources of mistreatment experienced by CWRU students. It is not apparent that the situation is significantly improving. Faculty are responsible for most of the reporting that we see.</p> <p>85% of mistreatment events occurred during clinical clerkships. 170 students have experienced 266 events during clerkships. The fact that all clerkships were reported for mistreatment may help us in determining how to address and correct this.</p> <p>The Icahn School of Medicine, Mt. Sinai Health System, New York, New York implemented an online system for reporting mistreatment of students, trainees and residents. There were 2900 faculty who interact with students/trainees. There were 196 total reports with 173 indicating unprofessional behavior. There were 104 reports of faculty mistreatment of students over a 2-year period. Twenty faculty (less than 1%) accounted for 52 of these reports (50%). Less than 2.5%. It is important to note that 97% of faculty had no reports of student mistreatment. A small subset of faculty was responsible for the reported mistreatment complaints.</p> <p>It is suspected that something similar has happened here. Forty percent report that they have experienced mistreatment at least once, and about half of them more than once. We should remember that most faculty seem to be doing a good job. There is a specific subset of faculty that we need to address.</p> <p>Next steps: present the mistreatment data information directly to the faculty and engage their help and participation in addressing this problem. Faculty need to know what is going on and that this is a real problem.</p> <p>Dr. Croft felt it was important to emphasize the goals and expected behaviors which ensure that the learning environment is safe, respectful, supportive and inclusive. It is important to acknowledge that most faculty are performing well and celebrate excellence. Those who fall short of expectations should receive coaching, and focused training modules should be required for all faculty who teach students or trainees in our</p>	
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	<p>Mistreatment Working Group (continued)</p>		<p>learning environment. Faculty members who need this training the most are probably not getting it. Protect the learning environment. If you “see something, say something” regarding mistreatment and neglect. Everyone benefits from a positive and supportive learning environment.</p> <p>Dr. Fletcher agreed that this material corroborates with DEI and the climate survey. She, and Dr. Connors, both reiterated that this must be a campaign of respect. We recognize that it will look different, but thinking about it out loud can help us to be our best selves. When students matriculate, they become part of the physician community and should be treated as colleagues. We learned when we spoke to faculty that they generally believe they are helping the students by being firm.</p> <p>Dr. Lyons felt that most faculty don’t realize the impact their words have on trainees. With each generation the learning environment changes and they may not be best equipped to teach the next generation of learners. Feedback, and meeting with students when they start the rotation, are helpful in providing insight into the various learning styles. Different learners present different challenges. Sitting down with each of them will assist in determining how to meet their individual needs.</p> <p>Dr. Kubu wanted to highlight one of the upcoming initiatives through the Dean’s Significant Conversations and Office of Faculty. The February topic will address how to talk with five generations. Next month the Professional Conduct Committee may be presenting at Faculty Council. They are a resource for faculty and address the fact that teaching is a privilege, and not all faculty will continue to have the privilege to teach if there is a pattern of mistreatment.</p> <p>While faculty have been removed from teaching students it is the hope that it will be done infrequently.</p> <p>Tina Lining noted that the Accountability Management System has the ability to track. Soon faculty and students will have the opportunity to also celebrate outstanding experiences that they are having with faculty. 97% of our faculty are doing a great</p>	
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	<p>Mistreatment Working Group (continued)</p>		<p>job and need to be recognized for doing the right thing.</p> <p>Both Dr. Croft and Connors felt that it was important to disseminate this information through the chairs. Until this analysis, we had no way of knowing where we were over the past 12 years; faculty will be surprised to see this. We need to determine how we celebrate people who are doing well and the appropriate course of action for those people who need coaching (not punitive).</p> <p>Our job as protectors of students is to make sure that they are in a safe learning environment. We can do that by helping faculty have access to some kind of training. A buy-in on this is required so that those who have been affected can feel that the appropriate steps are being taken to address their complaint.</p> <p>Dr. Croft stated that they had reached out to the four affiliates (no clinicians) soliciting suggestions as to how this important information can be shared with their colleagues. Is there a mechanism at each of the institutions to do this? Dr. Kubu suggested using the senior associate deans through the clinical chairs, leveraging the fact that physicians are highly competitive and won't want to be called out if they are not performing as well as anyone else.</p> <p>Dr. Frolkis agreed with everything that had been said and noted that at MHMC there exists a Patient Safety Conference. If you have a positive learning environment it may be through patient safety. If contacting that office, it would be helpful to disseminate this doing equity and assessment as well. Refining the measurement tool for both faculty and residents and see the overlap there. Assess learner work with learner and understand how it applies to your own goals as an educator.</p> <p>Dr. Connors noted that students greatly fear recrimination for making a report. The advantage of surveying graduating 4-year students after they have left the school is that they are more likely to supply an accurate and honest reporting.</p> <p>Faculty Council would like to work with Drs. Croft and Connors to disseminate the Mistreatment Group information out to all</p>	
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	Mistreatment Working Group (continued)		faculty. The appropriate people at the four affiliates organizations will be contacted tapping different representatives for suggestions as to how to best get involved with this training. It was suggested that Dr. Kubu could assist with this.	
	Introductory Conversation on Teaching, Education and Scholarship as Defined in the Faculty Handbook	Alan Levine	Due to time constraints, this topic will be addressed at a future meeting	
5:34PM	New Business		There were no new business items to be addressed.	
5:35PM	Adjourn			

Present

Joshua Arbesman	Stan Gerson	Susan Linder	Abigail Raffner (Basson)	Bryan Singelyn
Blaine (Todd) Bafus	Ramy Ghayda	David Ludlow	Elizabeth Rainbolt	Simi Singh
Stephanie Barnes	Keshava Gowda	Janice Lyons	Rania Rayes-Danan	Michael Staudt
Elvera L. Baron	Maeve Hopkins	Tani Malhotra	Ann Rivera	Phoebe Stewart
Kavita Bhatt	Sheronica James	Raman Marwaha	Anastasia Rowland-Seymour	Nami Tajima
Matthias Buck	Sadu Karnik	Gillian Michaelson	Ben Schwan	Patricia Taylor
Adrienne Callahan	Gaby Khoury	Claudio Milstein	Hemalatha Senthilkumar	Gregory Videtic
Patrick Collier	Qingzhong Kong	Michael Moffitt	Demitre Serletis	Scott Williams
Calen Frolkis	Bret Lashner	Rebecca Obeng	Paul Shaniuk	Raed Zuhour
Lisa Gelles	Jennifer Li	Sarah Ondrejka	Matthew Sikora	

Not Present

Robert Abouassaly	Wayne Cohen-Levy	Emily Hamburg-Shields	Sandeep Khanna	Amy McDonald
Mohammad Ansari	Thomas Collins	Andrew Harris	Camilla Kilbane	Christopher McFarland
Bahar Bassiri Gharb	Marta Couce	Amy Hise	Christina Krudy	Elizabeth Painter
Corinne Bazella	Meelie DeRoy	Jason Ho	Stephen Leb	Neal Peachey
Maura Berkelhamer	Mackenzie Deighen	Vanessa Ho	Ang Li	Cyrus Rabbani
Melissa Bonner	Nadim El Chakhtoura	Eric W. Kaler	Shawn Li	Deven Reddy
Hulya Bukulmez	Jeremiah Escajeda	Venkatesh Kambhampati	Lia Logio	Tamer Said
Francis Caputo	Jessica Fesler	Hung -Ying Kao	Dan Ma	James (Jim) Strainic
Andy Chen	Rachael Gowen	Sadashiva Karnik	James Martin	

Others Present

Thomas Collins
Al Connors
Darin Croft
Nicole Deming

Adrienne Fletcher
Trish Gallagher
Joyce Helton
Vijaya Krishna Kosaraju

Cynthia Kubu
Lia Logio
William Merrick
Monica Montano

Nona Nichols
Ruben Olivares
John Pink

Lila Robinson
Kiaomei Song
Saba Valadhkan

**Faculty Council Meeting
Draft Meeting Minutes
October 21, 2024**

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:00-4:10PM	Chair's Remarks and Announcements	Alan Levine Chair of Faculty Council	<p>The chair called the meeting to order at 4:00PM. Dr. Levine reminded everyone that signing into the chat verifies your attendance and ensures that you are a voting member. No official business should take place in the chat.</p> <p>The position of Faculty Council Parliamentarian for this year is still available. Anyone who is interested should contact Dr. Levine.</p> <p>While many members of Faculty Council use their institutional email, and the FIS asks faculty to indicate their preferred email, your preferred email is not being recorded by the Faculty Senate. Please disseminate this information to your departments. Having your Case email forwarded to your preferred email will enable you to stay in communication with the Faculty Senate and the university in general. For now, please forward your email. Dr. Levine, as a member of Faculty Council, brought this to the attention of the Faculty Senate, whose policy remains unchanged and will continue to use the Case email address. The Faculty Council Steering Committee will write the Senate to make this aware of this situation.</p> <p>Dr. Kubu noted that she is required to use CCF email. We need to be in touch with the university, the people we represent, and the university. For now, forward to Case email and proceed to see if the Faculty Senate can be persuaded to use the preferred FIS emails.</p> <p>All of the documents pertinent to the Faculty Council meetings are loaded in the meeting folders in BOX. If you are still experiencing difficulty accessing these documents, please email Joyce Helton at jmh291@case.edu.</p>	

			<p>Documents will be uploaded by Joyce Helton to the Faculty Council Meeting BOX folders and should be received a week prior to the meeting date. This applies to both the Faculty Council Steering Committee and Faculty Council.</p> <p>There are ten monthly Faculty Council Meetings each year. Dr. Levine would like to rotate four of the in-person meetings to the four affiliate hospitals. He is asking for a volunteer from each affiliate to work with him and Joyce Helton to get that arranged. A month needs to be chosen, a room selected, and arrangements made for SOM IT support ensuring the Zoom link works for everyone and we can run the polls. Dr. Levine will be at the affiliate locations to see people face to face with time to chat before the meeting.</p> <p>Going forward, every Faculty Council agenda will end with good and welfare.</p>	
4:10-4:15PM	Remarks by Dean Gerson	Stan Gerson	<p>Dean Gerson is scheduled to deliver the State of the School address on Wednesday, November 6, 10:00-11:30AM, live at Wolstein Auditorium and via Zoom. This will be the first faculty meeting of the fall and will include discussion and productive conversation about the innovation coming out of the school's many centers and institutes. He noted that November 13-15 are the dates for homecoming this year</p> <p>We have experienced an incredibly strong start for training post graduates. All of our applicant pools increased this year which frankly is amazing, and we hope leads to matriculations. We are appreciative of the mountain of time and effort (over 9,000 to review). This is the way we bring quality individuals in. The current PhD class is large this year. Support is needed for IQ sessions as we enter into the fall. Even a few additional folks who partake of preceptorships in IQ sessions may get in touch with anyone in the Med Ed program and help identify an opportunity for you, yourself or pass along to another faculty member.</p> <p>In the recent Faculty Senate Meeting, discussion centered around citations and the confusion regarding how we are referenced and ranked locally, nationally, and internationally when we publish and present. Either CWRU SOM or hospital</p>	

			of interest followed by CWRU SOM. Just including those components will help us uncover 40% of the citations that ought to be attributed to our school but are currently lacking. This was brought forward as an agenda item. All of our peer institutions follow that format.	
4:15-4:17PM	Approval of September Faculty Council Meeting Minutes	Alan Levine	When polled, there were no changes to the September 30 Faculty Council Meeting minutes posted in BOX.	With no objections, the September Faculty Council Meeting Minutes were approved by acclamation.
4:17-4:23PM	Faculty Council Steering Committee Report	Anastasia Rowland-Seymour	<p>Dr. Rowland Seymour gave a brief summary of the October 7 Faculty Council Steering Committee Meeting at which there were no major chair announcements. The committee approved the June Steering Committee Meeting minutes and reviewed an interim chair appointment and eight emeritus appointments which were submitted to the provost with the faculty's favorable recommendation. The outgoing chair of the Steering Committee, Matthias Buck, presented an overview of the Faculty Council Annual report. Dr. Pamela Wearsch outlined the Pathology master's program in more detail and will present their proposal at the October Faculty Council meeting.</p> <p>The logistics of holding Faculty Council meetings at the affiliates is moving forward and Dr. Levine is seeking assistance from individuals from each affiliate institution to assist in making that happen. The proposal changes around the CAPT documents were discussed as was the financial report that happened shortly before the Steering Committee meeting as was the premise whether Faculty Council should have broader conversations about what this means to the SOM.</p> <p>At the end of the Faculty Council Meeting on Monday, October 21, the committee no longer had a quorum, precluding a vote. The Steering Committee, on behalf of Faculty Council, was requested to vote by email on the Program Action Form PAF-PAT-MS Molecular and Cellular Biology of Disease in the interim period between meetings.</p>	<p>Email vote: 8 were in favor, 0 were against, and 0 abstained.</p> <p>The motion is approved.</p>
4:23-4:33PM	Senate/ExCom Report	Elvera Baron	Dr. Baron stated that she would be reporting on only those Faculty Senate updates pertinent to faculty. Dr. Levine noted that the climate survey (which took place six or seven months ago) is publicly available and posted on BOX. The FACE Committee (Faculty Administration Interactions, Co-Governance, and Engagement) was established more than a	

	Senate/ExCom Report (continued)	Elvera Baron	<p>year ago, and focuses on shared governance.</p> <p>Engagement scored poorly on the climate survey. Climate survey discussion will continue through the Faculty Council Steering Committee, and through a Faculty Senate Committee on wellbeing/engagement of which Dr. Levine is a member. There are a number of outlets on campus and at the SOM to discuss this survey. As Faculty Council reviews the climate survey, they should report any concerns or identified hot spot issues important to faculty to Dr. Levine. It is Faculty Council's responsibility to report back to those they represent and bring back issues in which faculty are particularly concerned. We are going to have to review the survey based on more of a majority of our faculty than 3-8% of faculty making decisions. The FACE Committee can address incredibly important issues, which the Faculty Council representatives, who are in touch with the faculty, can bring to their attention.</p> <p>Dr. Levine is on the Faculty Senate Engagement Committee and will ask the person who crunched the numbers if we could be provided the entire distribution.</p> <p>Dr Buck posted a link in chat to the climate survey: https://case.edu/ir/sites/default/files/2024-08/2024_Facult_Climate_Survey_Report_Final.pdf</p> <p>Today Dr. Buck will be presenting Faculty Council's Annual Report. Last month the Bylaws Committee presented their annual report. If the chairs of the standing committee think a former chair could do a better summary, reach out to Dr. Levine to discuss a hand-off to the chair.</p>	
4:33-4:40PM	Faculty Council Annual Report of Activities 2023-2024	Matthias Buck Past-Chair of Faculty Council	<p>Dr. Buck provided an overview of the Faculty Council's activities for the 2023-2024 academic year. They will reach out to the new chair of the Bylaws Committee on the outstanding item of salary guarantee, which did not get resolved last cycle. Faculty Council passed a resolution on P&T proposal to advance to the Bylaws Committee for their feedback then move it on to the CAPT and DCAPT committees.</p> <p>Faculty Council approved the formation of the FACE Committee, and changes in the charge of the Committee on</p>	

	<p>Faculty Council Annual Report of Activities 2023-2024 (continued)</p>		<p>Medical Education & Student Admissions and the Name of the Committee on Students to the Committee on Medical Students Promotion & Advancement (COMSPA). Three new educational programs were approved as well as the department status of the Department of Radiation Oncology at MHMC. Dr. Buck briefly highlighted the motions brought before Faculty Council over the past academic year and their resolutions.</p> <p>In mid-March, Faculty Council voted on the topics for the 3rd Meeting of Faculty with Dean Gerson. Other topics will require follow-ups e.g. Student Organization Survey Results. Dr. Levine will report back later on the task force they formed. The Faculty Council Steering Committee members from last year were thanked for their service.</p> <p>Faculty Council had great attendance for most of the meetings. Dr. Buck thanked the Dean, Nicole Deming, Joyce Helton, and Lila Robinson for working with faculty</p> <p>Dr. Levine noted that there are a number of activities from last year, still undefined, affecting the Bylaws Committee. The Bylaws Committee has a new chair this year and the committee is somewhat new to the Bylaws process. Dr. Buck and Dr. Levine will write to offer the chair of bylaws their attendance, together or in tandem, at the Bylaws meetings. There is a lot of university and Faculty Council history that might assist in the Bylaws Committee moving forward then allowing them to address what was not yet completed.</p>	
<p>4:40-5:03PM</p>	<p>Discussion on APT Reform</p>	<p>Anastasia Rowland-Seymour</p>	<p>Dr. Rowland-Seymour noted that as a living document the APR Reform is constantly changing. As discussed at our last meeting, it was learned from conversations with some of the hospital leaders that some of them were of the opinion that having three tracks was confusing and did not provide a clear path for moving forward in the clinician track. Within the academic track there would be more defined ways that clinicians, educators, and researchers (but not PI's involved in research) would be able to indicate their impact while moving the university forward. This approach appears to be more palatable to a greater number of people and we think that this may actually make the pathways a little bit clearer for people in the academic track to move forward in pursuit of their</p>	

Discussion on APT Reform (continued)

promotion. There still needs to be conversation around how this impacts faculty at the affiliates while being very clear about creating a clear delineation for clinicians and academicians to know how to move forward. While a checklist is not favored, it imperative that there are clear markers as to what constitutes having an impact.

The key message garnered from the APT proposal is that the impact and the meaning of scholarship was found to be confusing, and that it needs to be made clear in the bylaws how we name tracks or pathways. There was also a fair amount of conversation around the influence that the departmental P&T committees have and whether or not there is anything that can, or needs, to be done from a central university standpoint with respect to how promotions are addressed at other institutions.

It was suggested that everyone take a look at the most recent version of the Dean's living document because it is a document about faculty.

The comment was made that it feels like some providers get protected time for teaching and research while other providers or clinicians spend 40 hours seeing patients while being held to the same standards for promotion. Every faculty member should be given some protected time (2-4 hours per week) and mentored and helped so they can do research and/or teaching. If a year goes by and the provider is not doing academic work at all then they lose the protected time that was given to them. Dr. Levine noted that he has received a number of emails that concur.

One of the major objectives of the new APT is to recognize that a national and international reputation is not the only way to contribute to the SOM; this is underscored by faculty comments and emails. Protected time can only be given by the employer/institution; the SOM is not your paymaster. If the affiliates wish to have academicians on their staff, this is a commitment they will need to make. The Dean understands the concerns and appreciates the suggestions coming from education leaders at the affiliates. He has tasked Dr. Levine and Nicole Deming to work together to fuse the two documents. There are some very

	Discussion on APT Reform (continued)		<p>important ideas in the Faculty Council Steering Committee document to incorporate into the Dean’s living document ending up with fusion that addresses as many concerns as possible.</p> <p>The most recent draft will be posted in BOX for review and to share with everyone. Two issues that are key are impact at the SOM (locally) and scholarship. Department chairs need to be convinced to move this forward in a meaningful way. We need to discuss a mutually beneficial arrangement between the clinical institutions and the SOM. Currently, it feels like more of a one-way street with the hospitals not being convinced. Only 4% of clinicians responded to the survey.</p>	
5:03-5:21PM	Approval of Program Action Form PAF-PAT-MS Molecular and Cellular Biology of Disease MS	Dr. Pamela Wearsch	<p>Dr. Wearsch presented the proposed program changes to the Faculty Council Steering Committee. They noted that the changes are not grandiose in scope, but substantive. The Pathology MS programs are basic science degrees that provide additional training for students working toward an advanced degree program (MD, DO, or PhD), US Pathology residency, or employment in the research sector. The core curriculum and the educational mission remain unchanged. The changes that are being made are more strategic.</p> <p>The student demographic consists of employees, post-bacc students (requiring additional preparation for medical school, PhD programs, residency programs, etc.), and part-time. As a culminating experience, there is a Capstone final project which includes a 20-page “review article” written in conjunction with a faculty member. Research papers and case reports are also accepted. Many of their students publish their papers in peer-reviewed journals. Publication is not required but often happens.</p> <p>Four proposals are related to this action form:</p> <p>Proposed revision #1 – Change the degree name from MS in Pathology to MS in Molecular and Cellular Biology of Disease.</p> <p>Proposed revision #2 – (applies to MS-B only) and will replace the PATH 650 course requirement with two new graded courses for the Capstone project (PATH 630/PATH 640).</p>	

	Approval of Program Action Form PAF-PAT-MS Molecular and Cellular Biology of Disease MS (continued)		<p>Grading provides latitude to avoid plagiarism or AI violations. It will allow PATH 650 listing to be used for its intended purpose. Pass/no pass for students is not making much of an impact on their transcript. At the same time pass/no pass does not allow proper credit to students investing a lot of time not getting rewarded for their effort. The grading allows to reward students and be more accountable.</p> <p>Proposed revision #3 – (applies to MS-A only) will allow MS-A students to have the same options for the Molecular & Cellular Biology course requirement as the MS-B students. Provides career support (MCAT prep) and will boost enrollment.</p> <p>Proposed revision #4 – (applies to MS-B only) request to participate in the CBM (Combined Bachelor’s/Master’s Dual Degree Program). In essence, this proposal is simply requesting that we provide the same Cell and Molecular Biology course options for the MS-A students that are already approved and offered for the MS-B students. The Healthcare and Research Tracks are a way to appeal to students with different career directions.</p>	<p>A motion was made and seconded by Faculty Council members to approve the Program Action Form PAF-PAT-MS Molecular and Cellular Biology of Disease MS</p> <p>At this time Faculty Council no longer has a quorum so a vote cannot be recorded.</p>
5:21-5:22PM	New Business		<p>Dr. Levine has received the names of volunteers who will assist in the Faculty Council site meeting: Sheronica James – CCLCM, Janice Lyons – UH, Calen Frolkis – MHMC. A volunteer for the VA is still required.</p> <p>When polled, there were no other new business topics to be addressed.</p>	
5:22-5:26PM	Good and Welfare		<p>Dr. Levine wanted to recognize and say thank you to Jason Tall for working with the students (mentored 7) that applied for the ASP grant student run pop clinic at various institutions.</p> <p>Dr. Levine asked Faculty Council to take a moment of silence in remembrance of Dr. Robert Salata, a great mentor and researcher, who passed away 5-6 weeks ago.</p>	
5:26PM	Adjourn		There being no further agenda items to be addressed, the chair adjourned the meeting at 5:26PM.	

Present

Robert Abouassaly
Joshua Arbesman
Blaine (Todd) Bafus
Stephanie Barnes
Elvera L. Baron
Kavita Bhatt
Hulya Bukulmez
Matthias Buck
Adrienne Callahan
Wayne Cohen-Levy
Patrick Collier

Nadim El Chakhtoura
Calen Frolkis
Lisa Gelles
Stan Gerson
Ramy Ghayda
Keshava Gowda
Emily Hamburg-Shields
Andrew Harris
Maeve Hopkins
Sheronica James
Venkatesh Kambhampati

Hung -Ying Kao
Gaby Khoury
Camilla Kilbane
Qingzhong Kong
Jennifer Li
Shawn Li
Susan Linder
Janice Lyons
Tani Malhotra
Claudio Milstein
Michael Moffitt

Rebecca Obeng
Sarah Ondrejka
Elizabeth Painter
Cyrus Rabbani
Abigaill Raffner (Basson)
Rania Rayes-Danan
Deven Reddy
Ann Rivera
Anastasia Rowland-Seymour
Ben Schwan

Hemalatha Senthilkumar
Paul Shaniuk
Demetre Serletis
Bryan Singelyn
Simi Singh
Michael Staudt
Phoebe Stewart
Gregory Videtic
Scott Williams
Raed Zuhour

Not Present

Mohammad Ansari
Bahar Bassiri Gharb
Corinne Bazella
Maura Berkelhamer
Melissa Bonner
Francis Caputo
Andy Chen
Thomas Collins

Marta Couce
Meelie DebRoy
Mackenzie Deighen
Jeremiah Escajeda
Jessica Fesler
Rachael Gowen
Amy Hise
Jason Ho

Vanessa Ho
Eric W. Kaler
Sadashiva Karnik
Sandeep Khanna
Christina Krudy
Bret Lashner
Stephen Leb
Alan Levine

Ang Li
Lia Logio
David Ludlow
Dan Ma
Raman Marwaha
James Martin
Amy McDonald
Christopher McFarland

Gillian Michaelson
Neal Peachey
Elizabeth Rainbolt
Tamer Said
Matthew Sikora
James (Jim) Strainic
Nami Tajima
Patricia Taylor

Others Present

Nicole Deming
Trish Gallagher

Joyce Helton
Vijaya Krishna Kosaraju

Cynthia Kubu
Lila Robinson

Kiaomei Song

Pamela Wearsch

Mistreatment Working Group

Charge and Composition

- A standing committee of the SOM's Office of Medical Education
- Addresses concerns related to mistreatment of medical students (MD, MD/PhD) by reviewing, investigating, and responding to reports of mistreatment or neglect
 - Here is the link to the reporting site: [Accountability Management System](#)
- Helps ensure CWRU adheres to LCME element 3.6 (Student Mistreatment)
- Reviews and approves learning environment policy annually
- Co-chairs: Darin Croft, PhD and Alfred F. Connors, Jr., MD
- Twelve additional members (including teachers and administrators)

Learning Environment policy, including Mistreatment and Neglect

- Sent to all faculty; updated in 2024
- Includes clear statements of purpose and scope: "A safe, respectful, supportive, and inclusive learning environment"
- Specifies which teachers and students are included in the policy
- Describes behaviors and responsibilities expected in the learning environment
- Discusses specific threats to the learning environment: drug use, intimate relationships, lack of confidentiality, lack of impartiality
- Defines mistreatment and neglect
- Lists options for reporting mistreatment or neglect
- Details processes for handling and evaluating reports
- You can see all School of Medicine Policies and Procedures here: <https://case.edu/medicine/curriculum/curriculum-overview/policies-and-procedures>

How are we doing in our efforts to reduce mistreatment in the SOM?

- Based on data from of 2013-2024 AAMC Graduation Questionnaire
 - Includes 17 mistreatment questions + 3 questions that were added in 2024
- Overall mistreatment has not decreased from 2013 to 2024
- During the last 5 years, CWRU has underperformed relative to other schools (based on the mean value)

What are the possible next steps?

- Present mistreatment data directly to the faculty and engage their help in addressing this problem.
- Emphasize the goals and expected behaviors to ensure that the learning environment is safe, respectful, supportive and inclusive.
- Acknowledge that most faculty are performing well. Celebrate excellent teachers and coach those who fall short of expectations.
- Require focused training modules for all faculty who teach students or trainees in our learning environment.
- If you "see something, say something" regarding mistreatment and neglect. We should all protect the learning environment.
- **We all benefit from a positive and supportive learning environment!**

School Administration, Student Affairs, and Student Services

School Policies Regarding Mistreatment

	Yes	No
1. Are you aware that your school has policies regarding the mistreatment of medical students?	<input type="radio"/>	<input type="radio"/>
2. Do you know the procedures at your school for reporting the mistreatment of medical students?	<input type="radio"/>	<input type="radio"/>



Behaviors Experienced During Medical School

Your responses to the following questions about behaviors or experiences during medical school might be sensitive. Because of this they will be released to schools only in a form aggregated to the medical school or campus level and after review by AAMC staff to reduce the probability that you could be identified by your responses.

Behaviors Directed at You

For each of the following behaviors, please indicate the frequency you personally experienced that behavior during medical school. Include in your response any behaviors performed by faculty, nurses, residents/interns, other institution employees or staff, and other students. Please do not include behaviors performed by patients.

During medical school, how frequently have you...

	Never	Once	Occasionally	Frequently
Been publicly embarrassed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been publicly humiliated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been threatened with physical harm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been physically harmed (e.g., hit, slapped, kicked)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been required to perform personal services (e.g., shopping, babysitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Been subjected to unwanted sexual advances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been asked to exchange sexual favors for grades or other rewards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

on gender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive sexist remarks/names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of gender rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Been denied opportunities for training or rewards based on race or ethnicity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to racially or ethnically offensive remarks/names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of race or ethnicity rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names related to sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Once	Occasionally	Frequently
Received lower evaluations or grades solely because of sexual orientation rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been denied opportunities for training or rewards based on a disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to offensive remarks/names related to a disability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received lower evaluations or grades solely because of a disability rather than performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been subjected to negative or offensive behavior(s) based on your personal beliefs or personal characteristics other than your gender, race/ethnicity,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



sexual orientation, or disability?



Mistreatment Working Group

Co-chairs:

Darin Croft, PhD

and

Alfred F. Connors, Jr., MD

What is the Mistreatment Working Group?

- Standing committee of the SOM's Office of Medical Education
- Addresses concerns related to mistreatment of medical students by reviewing, investigating, and responding to reports of mistreatment or neglect
- Helps ensure CWRU adheres to LCME element 3.6 (Student Mistreatment)
- Reviews and approves learning environment policy annually
- We start from the assumption that teachers are not intentionally mistreating or neglecting students
 - Request more information and provide feedback via appropriate institutional representatives

Members of the Mistreatment Working Group

Member	Affiliation	Relevant Position
Robert Bonomo, MD	VAMC	Chief Academic Officer
Nicole Deming, JD	CWRU	Asst. Dean, Faculty Affairs
Jessie Jean-Claude, MD	VAMC	Surgery Chief
Ronda Mourad, MD	VAMC	Clerkship Director, Medicine
Angelique Redus-McCoy, MD	UH	Asst. Dean, Student Affairs
Phillip Rowland-Seymour	CWRU	Director, DEI for Students
Simran Singh, MD	VAMC	Asst. Dean, Clerkship Education, VAMC
Adele Viguera, MD	CCF	Clerkship Director, Psychiatry
Christine Warren, MD, MS	CCF	Assoc. Dean, Admissions and Student Affairs
Rob Wilson, DO	CCF	Physician Advisor Chair, Clerkship Dir., Neurology
Amy Wilson-Delfosse, PhD	CWRU	Assoc. Dean, Curriculum
Monica Yepes-Rios, MD	CWRU, CCF	Asst. Dean for DEI for Students

Updated 2024: Learning Environment Policy, including Mistreatment and Neglect

- Previously: “Teacher-Learner Relationship Policy”
- Includes clear statements of purpose and scope:
 - “A safe, respectful, supportive, and inclusive learning environment”
 - Specifies the teachers and students included in the policy
- Describes behaviors and responsibilities expected in the learning environment
- Discusses specific threats to the learning environment: drug use, intimate relationships, lack of confidentiality, lack of impartiality
- Defines mistreatment and neglect
- Lists options for reporting mistreatment or neglect
- Details processes for handling and evaluating reports

Example report:

“The senior resident brought in a garbage bag of junk mail, and one of my expected duties was to shred the contents. The bag contained trash such as candy wrappers and used Q-tips in addition to junk mail. There were also old patient lists from other rotations that contained HIPPA-sensitive information. I felt very pressured to comply with the demands because the resident’s feedback would be in my LOR that I planned to get from this rotation.”

Example report:

“I was on service with Dr. X, and I asked for end of week feedback. Initially, I asked if we could do it after rounds for privacy. However, the physician proceeded to tell me negative comments about my performance in front of the residents. I would have been fine with this, but the fact that they did not pull me aside for these comments was humiliating.”

Example report:

“This morning in IQ, my facilitator made a joke about how the case used "they/them" pronouns to refer to a non-binary patient. The joke was that the facilitator was confused because s/he thought the case was referring to multiple people, when "they" was just referring to the one patient. Someone had to explain to the facilitator that they/them are preferred pronouns, even though we had JUST read the clinical reasoning with this patient's pronouns.”

Example report:

“This mistreatment was not necessarily directed at me but was more targeted at the residents on the team, especially the resident I've been paired to work with. Dr. X spoke condescendingly to residents and was quite short on multiple occasions with them during rounds... I understand that the patient list that morning had gotten much longer and that Dr. X and the residents were stressed by this. Several team members wrote off the behavior saying that the doctor "treats everyone this way".”

AAMC Graduation Questionnaire 2013-2024

“During medical school, how frequently have you ...”

N	Topics	Questions
2	Harassment	“been publicly embarrassed?” “been publicly humiliated?”
1	Service	“been required to perform personal services?”
2	Sexual harassment	“been subjected to unwanted sexual advances?” “been asked to exchange sexual favors for grades or rewards?”
2	Harm	“been threatened with physical harm?” “been physically harmed?”

*See file in Box for exact wordings of questions

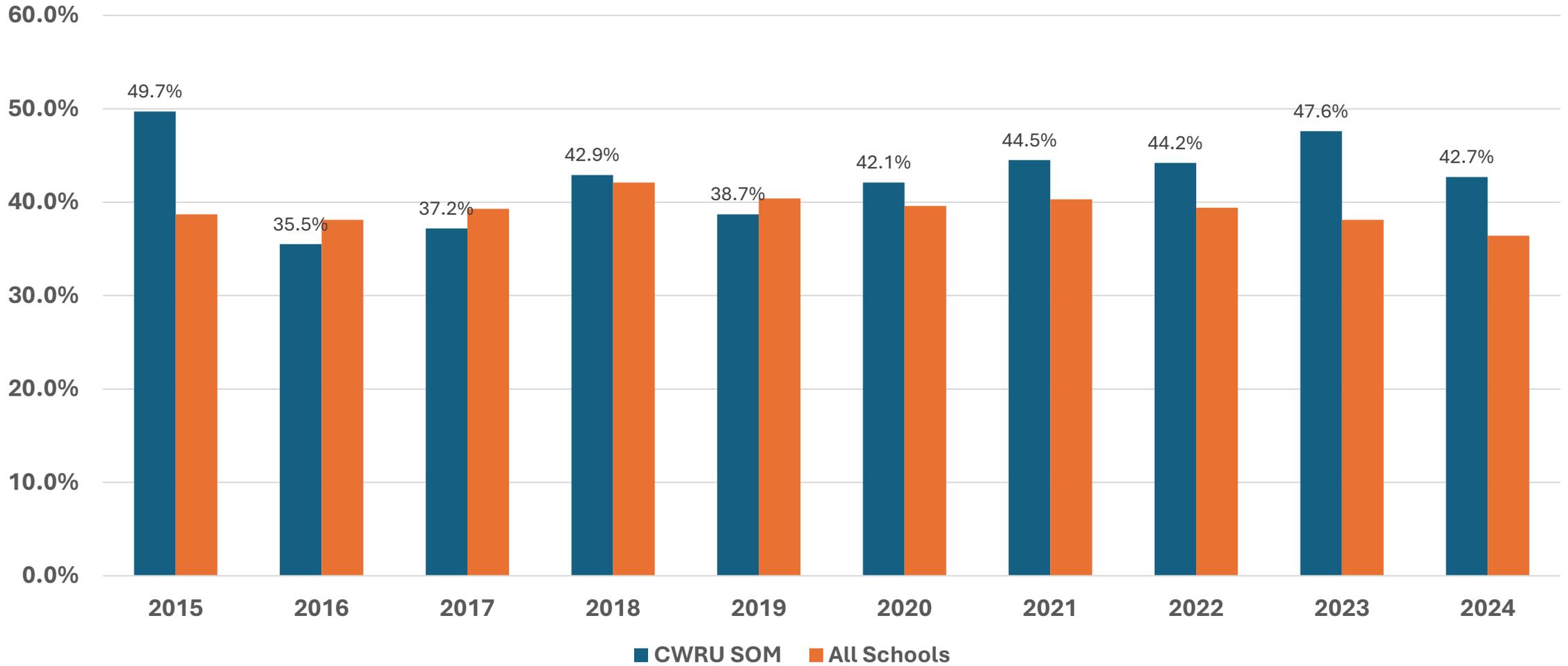
AAMC Graduation Questionnaire 2013-2024

“During medical school, how frequently have you ...”

N	Topics	Questions
4	Harassment	“Been subject to offensive remarks or names ... based on gender, race or ethnicity, sexual orientation, or disability?”
4	Discrimination	“Been denied opportunities for training or rewards ... based on gender, race or ethnicity, sexual orientation, or disability?”
4	Discrimination	“Been given lower evaluations or grades ... based on gender, race or ethnicity, sexual orientation, or disability?”
1	Other harassment or discrimination	“Been subjected to negative or offensive behaviors based on personal beliefs or personal characteristics?”

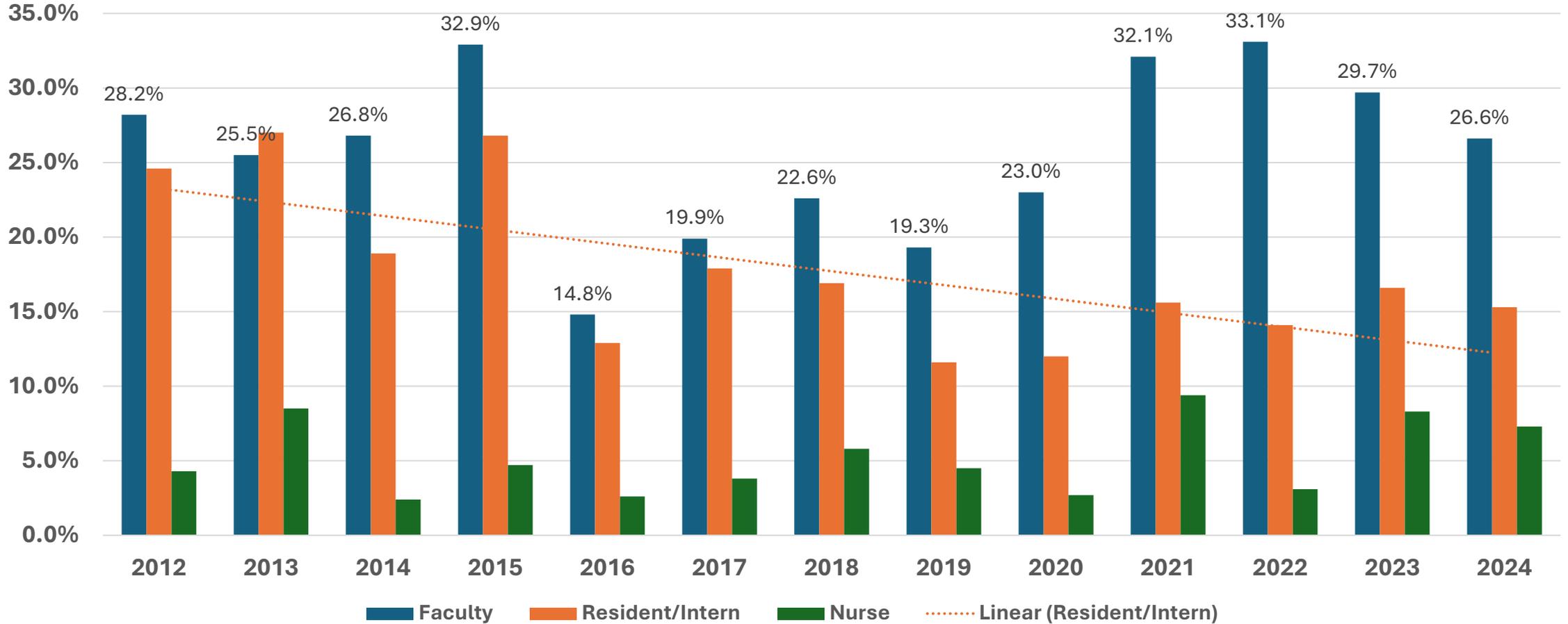
% of students who reported experiencing mistreatment at least once

Excluding "publicly embarrassed," (AAMC GQ Q46 2015-2024)



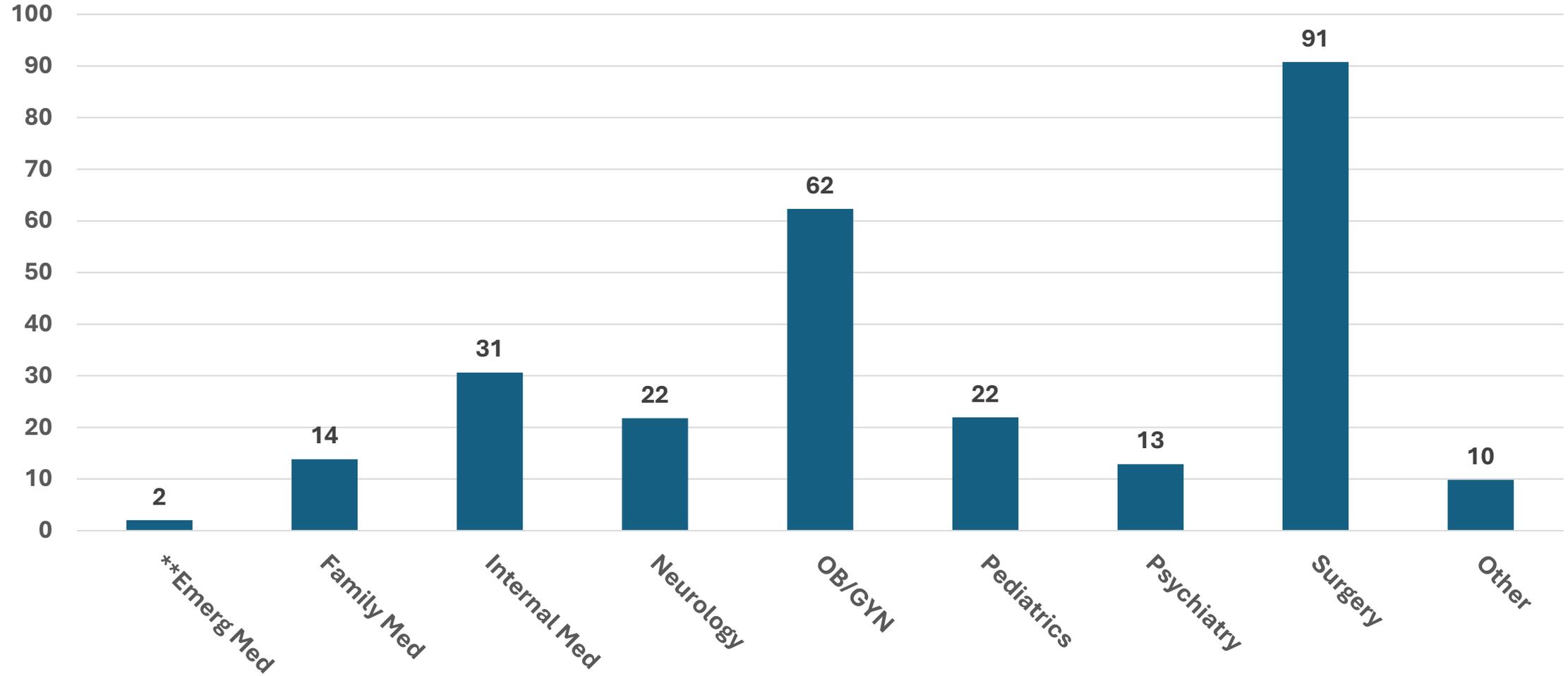
Sources of mistreatment experienced personally by CWRU SOM students,

Excluding "publicly embarrassed or humiliated," (AAMC GQ Q48, 2012-2024)



Clerkships on which CWRU SOM students reported mistreatment,

170 students, excluding "publically humiliated," (AAMC GQ Q50, 2022-2024)



Proportion of Faculty involved in Mistreatment

Leitman et al., Online reporting system JAMA 2022;5(12):e2244661.

- Icahn School of Medicine, Mt. Sinai Health System, New York, NY
- Implementation of an online system for reporting mistreatment of students, trainees and residents
- 2900 faculty who interact with students/trainees
- 196 total reports, 173 reporting unprofessional behavior.
- 104 reports of **faculty** mistreatment of students over a 2-yr period
- **20 faculty (0.69%) accounted for 52 of these reports (50%).**
- **97% of faculty had no reports of student mistreatment**
- A small subset of faculty were responsible for the reported mistreatment complaints

What should we do?

- **Present the mistreatment data information directly to the faculty** and engage their help and participation in addressing this problem.
- **Emphasize the goals and expected behaviors** to ensure that the learning environment is safe, respectful, supportive and inclusive.
- Acknowledge that **most faculty are performing well**. Celebrate excellence and coach and those who fall short of expectations.
- **Require focused training modules** for all faculty who teach students or trainees in our learning environment.
- If you “**see something, say something**” regarding mistreatment and neglect. We should all protect the learning environment.
- **We all benefit from a positive and supportive learning environment!**

Assessing Institutional Culture and Climate

FACULTY

School of Medicine

University Hospitals

MetroHealth

Veterans Administration

Cleveland Clinic Foundation

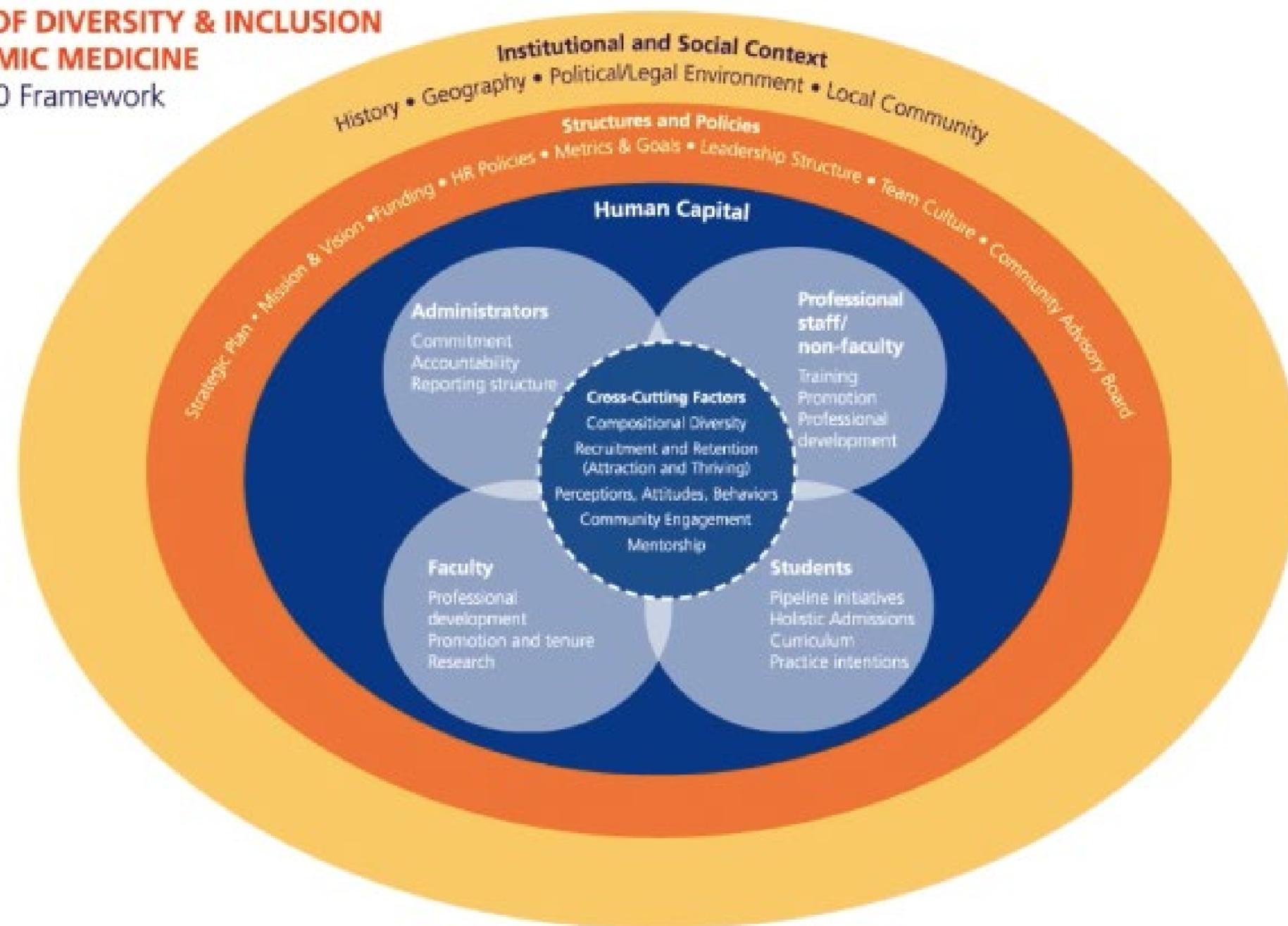
SOM Office of Diversity Equity and Inclusive Excellence

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.



**CULTURE OF DIVERSITY & INCLUSION
IN ACADEMIC MEDICINE**
Diversity 3.0 Framework



OUR MISSION

SOM's three-fold mission:

- Providing excellence in medical education through our unique curriculum
- Advancing discoveries from our laboratories to patients
- Improving the health of our community.

DATA

- SOM Faculty
- Cleveland Clinic
- Metro Health
- Veterans Administration
- University Hospitals

SOM Faculty DATA

Total Number of Respondents: 626

SOM Faculty DATA

Inclusion Factors

- Common purpose
- Respect
- Sense of Belonging
- Access to opportunity
- Cultural Competence
- Appreciation of Individual Attributes
- Trust
- Equitable Reward & Recognition

Overall % Favorable

71.9

74.2

-2.3

Inclusion Factors

Common Purpose: Connection to the mission, vision, and values of the organization. (Q4,Q17)	82.4	83.6	-1.2
Respect: Individual experiences a culture of civility and positive regard for diverse perspectives and ways of knowing. (Q2,Q12,Q18)	78.3	80.8	-2.5
Sense of Belonging: Individual experiences their social group identity as being connected and accepted in the organization. (Q6,Q14,Q21)	74.7	77.0	-2.3
Access to Opportunity: Individual is able to find and use support for their professional development and advancement. (Q5,Q9)	73.1	77.1	-4.0
Cultural Competence: Individual believes the institution has the capacity to make creative use of its diverse workforce in a way that meets business goals and enhances performance. (Q7,Q11,Q15,Q20)	71.8	71.1	0.7
Appreciation of Individual Attributes: Individual is valued and can successfully navigate the organizational structure in their expressed group identity. (Q3,Q8,Q22)	70.7	73.7	-3.0
Trust: Confidence that the policies, practices, and procedures of the organization will allow the individual to bring their best and full self to work. (Q1,Q13,Q19)	66.9	71.0	-4.2
Equitable Reward and Recognition: Individual perceives the organization as having equitable compensation practices and nonfinancial incentives. (Q10,Q16)	56.1	59.3	-3.2

Survey Questions

I feel that my work or studies contributes to the mission of the institution.(Q4)	92.5	93.7	-1.3
I consider at least one of my co-workers or fellow students to be a trusted friend.(Q14)	84.2	86.7	-2.5
In this institution, I have opportunities to work successfully in settings with diverse colleagues.(Q7)	83.0	80.7	2.3

Top Three Strengths



Survey Questions

I receive recognition and praise for my good work similarly to others who do good work at this institution.(Q10)	62.6	66.8	-4.2
If I raised a concern about discrimination, I am confident my institution would do what is right.(Q13)	57.4	64.3	-7.0
I believe my institution manages diversity effectively.(Q11)	55.9	59.8	-3.9
In my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals.(Q16)	49.7	51.9	-2.2

Areas of Challenges

CCF DATA

Total Number of Respondents: 253

Cleveland Clinic DATA

Inclusion Factors

- Common purpose
- Respect
- Sense of Belonging
- Access to opportunity
- Cultural Competence
- Appreciation of Individual Attributes
- Trust
- Equitable Reward & Recognition

Overall % Favorable	80.7	74.5	6.2
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Inclusion Factors

Common Purpose: Connection to the mission, vision, and values of the organization. (Q4,Q17)	86.7	81.8	4.9
Respect: Individual experiences a culture of civility and positive regard for diverse perspectives and ways of knowing. (Q2,Q12,Q18)	86.6	80.8	5.9
Access to Opportunity: Individual is able to find and use support for their professional development and advancement. (Q5,Q9)	86.2	76.0	10.3
Appreciation of Individual Attributes: Individual is valued and can successfully navigate the organizational structure in their expressed group identity. (Q3,Q8,Q22)	80.0	75.1	4.9
Cultural Competence: Individual believes the institution has the capacity to make creative use of its diverse workforce in a way that meets business goals and enhances performance. (Q7,Q11,Q15,Q20)	79.3	72.1	7.2
Sense of Belonging: Individual experiences their social group identity as being connected and accepted in the organization. (Q6,Q14,Q21)	77.9	75.2	2.6
Trust: Confidence that the policies, practices, and procedures of the organization will allow the individual to bring their best and full self to work. (Q1,Q13,Q19)	76.9	72.3	4.6
Equitable Reward and Recognition: Individual perceives the	74.4	62.1	12.2

Survey Questions

I feel that my work or studies contributes to the mission of the institution.(Q4)	91.6	90.1	1.5
I believe that my institution reflects a culture of civility.(Q18)	88.5	80.3	8.2
This last year, I have had opportunities at work/school to develop professionally.(Q5)	88.3	76.1	12.3

Top Three Strengths

Survey Questions

I believe my institution manages diversity effectively.(Q11)	72.2	64.3	7.9
In my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals.(Q16)	71.5	56.1	15.5
At work/school, my opinions matter.(Q6)	69.7	68.0	1.7
If I raised a concern about discrimination, I am confident my institution would do what is right.(Q13)	68.4	66.3	2.1

AREAS of Challenge

MetroHealth DATA

Total Number of Respondents = 100

MetroHealth DATA

Inclusion Factors

- Common purpose
- Respect
- Sense of Belonging
- Access to opportunity
- Cultural Competence
- Appreciation of Individual Attributes
- Trust
- Equitable Reward & Recognition

	Favorable	Favorable ¹	Favorable
Overall % Favorable	74.5	74.5	0.1
Inclusion Factors			
Common Purpose: Connection to the mission, vision, and values of the organization. (Q4,Q17)	83.6	81.8	1.8
Respect: Individual experiences a culture of civility and positive regard for diverse perspectives and ways of knowing. (Q2,Q12,Q18)	80.1	80.8	-0.7
Cultural Competence: Individual believes the institution has the capacity to make creative use of its diverse workforce in a way that meets business goals and enhances performance. (Q7,Q11,Q15,Q20)	79.8	72.1	7.6
Sense of Belonging: Individual experiences their social group identity as being connected and accepted in the organization. (Q6,Q14,Q21)	75.8	75.2	0.5
Trust: Confidence that the policies, practices, and procedures of the organization will allow the individual to bring their best and full self to work. (Q1,Q13,Q19)	72.4	72.3	0.1
Access to Opportunity: Individual is able to find and use support for their professional development and advancement. (Q5,Q9)	72.0	76.0	-3.9
Appreciation of Individual Attributes: Individual is valued and can successfully navigate the organizational structure in their expressed group identity. (Q3,Q8,Q22)	70.8	75.1	-4.2
Equitable Reward and Recognition: Individual perceives the	56.2	62.1	-6.0

Survey Questions

In this institution, there are opportunities for me to engage in service and community outreach.(Q20)	89.9	79.0	10.9
I feel that my work or studies contributes to the mission of the institution.(Q4)	89.8	90.1	-0.3
In this institution, I have opportunities to work successfully in settings with diverse colleagues.(Q7)	89.8	81.0	8.8

AREAS OF STRENGTH

Survey Questions

I believe my institution manages diversity effectively.(Q11)	60.4	64.3	-3.9
I receive recognition and praise for my good work similarly to others who do good work at this institution.(Q10)	59.8	68.2	-8.4
In my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals.(Q16)	52.6	56.1	-3.5

AREAS OF CHALLENGE

VA DATA

Total Number of Respondents = 32

VA DATA

Inclusion Factors

- Common purpose
- Respect
- Sense of Belonging
- Access to opportunity
- Cultural Competence
- Appreciation of Individual Attributes
- Trust
- Equitable Reward & Recognition

Overall % Favorable

71.8

74.5

-2.7

Inclusion Factors

Access to Opportunity: Individual is able to find and use support for their professional development and advancement. (Q5,Q9)	82.3	76.0	6.3
Common Purpose: Connection to the mission, vision, and values of the organization. (Q4,Q17)	76.4	81.8	-5.4
Respect: Individual experiences a culture of civility and positive regard for diverse perspectives and ways of knowing. (Q2,Q12,Q18)	74.5	80.8	-6.3
Sense of Belonging: Individual experiences their social group identity as being connected and accepted in the organization. (Q6,Q14,Q21)	73.6	75.2	-1.6
Appreciation of Individual Attributes: Individual is valued and can successfully navigate the organizational structure in their expressed group identity. (Q3,Q8,Q22)	72.9	75.1	-2.2
Cultural Competence: Individual believes the institution has the capacity to make creative use of its diverse workforce in a way that meets business goals and enhances performance. (Q7,Q11,Q15,Q20)	72.1	72.1	-0.0
Equitable Reward and Recognition: Individual perceives the organization as having equitable compensation practices and nonfinancial incentives. (Q10,Q16)	63.4	62.1	1.3
Trust: Confidence that the policies, practices, and procedures of the organization will allow the individual to bring their best and full self	61.2	72.3	-11.1

AREAS OF STRENGTH

Survey Questions

I feel that my work or studies contributes to the mission of the institution.(Q4)	90.3	90.1	0.2
I consider at least one of my co-workers or fellow students to be a trusted friend.(Q14)	87.5	84.2	3.3
Someone at work/school seems to care about me as an individual.(Q8)	84.4	83.0	1.4

Survey Questions

I believe my institution manages diversity effectively.(Q11)	72.2	64.3	7.9
In my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals.(Q16)	71.5	56.1	15.5
At work/school, my opinions matter.(Q6)	69.7	68.0	1.7
If I raised a concern about discrimination, I am confident my institution would do what is right.(Q13)	68.4	66.3	2.1

AREAS OF CHALLENGE

UH DATA

Total Number of Respondents: 224

UH DATA

Inclusion Factors

- Common purpose
- Respect
- Sense of Belonging
- Access to opportunity
- Cultural Competence
- Appreciation of Individual Attributes
- Trust
- Equitable Reward & Recognition

Overall % Favorable	75.7	74.5	1.2
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Inclusion Factors

Respect: Individual experiences a culture of civility and positive regard for diverse perspectives and ways of knowing. (Q2,Q12,Q18)	82.3	80.8	1.5
Common Purpose: Connection to the mission, vision, and values of the organization. (Q4,Q17)	81.6	81.8	-0.2
Trust: Confidence that the policies, practices, and procedures of the organization will allow the individual to bring their best and full self to work. (Q1,Q13,Q19)	76.3	72.3	4.0
Cultural Competence: Individual believes the institution has the capacity to make creative use of its diverse workforce in a way that meets business goals and enhances performance. (Q7,Q11,Q15,Q20)	75.8	72.1	3.7
Sense of Belonging: Individual experiences their social group identity as being connected and accepted in the organization. (Q6,Q14,Q21)	75.6	75.2	0.4
Access to Opportunity: Individual is able to find and use support for their professional development and advancement. (Q5,Q9)	75.2	76.0	-0.8
Appreciation of Individual Attributes: Individual is valued and can successfully navigate the organizational structure in their expressed group identity. (Q3,Q8,Q22)	73.1	75.1	-2.0
Equitable Reward and Recognition: Individual perceives the organization as having equitable compensation practices and	63.5	62.1	1.4

Survey Questions

I feel that my work or studies contributes to the mission of the institution.(Q4)	88.3	90.1	-1.8
In this institution, I have opportunities to work successfully in settings with diverse colleagues.(Q7)	83.4	81.0	2.4
I consider at least one of my co-workers or fellow students to be a trusted friend.(Q14)	82.8	84.2	-1.4

AREA OF STRENGTH

Survey Questions

I receive recognition and praise for my good work similarly to others who do good work at this institution.(Q10)	68.0	68.2	-0.2
I believe my institution manages diversity effectively.(Q11)	65.4	64.3	1.2
I am valued as an individual by my institution.(Q3)	65.2	70.0	-4.9
In my institution, I am confident that my accomplishments are compensated similarly to others who have achieved their goals.(Q16)	59.0	56.1	2.9

AREAS OF CHALLENGE

Thank you!

Faculty Climate Survey - Results for the School of Medicine

The 2024 Faculty Climate Survey was administered during the spring semester to all board-appointed faculty, full-time lecturers and research faculty hired on or before November 1, 2023. This report provides the responses from faculty with primary appointments in the School of Medicine.

Division	Not Started	Not Started - Opened	Declined Participation	Partially Finished (< 66%)	Survey Finished (67%+)	Grand Total
Basic Sciences*	53 18%	107 37%	1 0%	14 5%	115 40%	290
Clinical	2,263 78%	410 14%	5 0%	94 3%	129 4%	2,901
School of Medicine	2,316 73%	517 16%	6 0%	108 3%	244 8%	3,191

*Includes only faculty paid by CWRU

Faculty from the Basic Sciences departments constituted about 10% of the School of Medicine faculty surveyed. Out of 290 Basic Sciences faculty members surveyed, 115 (40%) provided sufficient responses to be included in this analysis. An additional 129 completed surveys were included from faculty from Clinical departments, which was only about 4% of those surveyed. Overall, faculty from Basic Sciences represent about 47% of the completed surveys from the School of Medicine.

The breakout of results by sex and rank includes only those who are CWRU-paid from the Basic Sciences departments.

Men and women were equally likely to have completed the survey (about 40% response rate), and those from the Professor and Associate Professor ranks were more likely to have completed the survey than their Assistant Professor or Instructor/ Senior Instructor counterparts.

Completed Surveys and Response Rate by group (Basic Sciences only):	Number of Responses	Group Response Rate
Women	45	39%
Men	70	40%
Professor	49	45%
Associate Professor	23	40%
Assistant Professor	34	37%
Instructor and Senior Instructor	9	30%

2024 Faculty Climate Survey – School of Medicine

Overall, how satisfied are you with the following? <i>(% Somewhat/ Extremely Satisfied)</i>	All SOM Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
Overall satisfaction with being a faculty member at CWRU	57%	63%	51%	60%	66%	67%	65%	62%	44%
The ways in which your role as a faculty member CWRU and your life outside of CWRU integrate	54%	61%	48%	64%	59%	65%	65%	59%	33%
Resources to support your teaching	39%	45%	34%	44%	45%	44%	48%	41%	56%
Your ability to find harmony between your work and your family life	49%	51%	46%	51%	51%	61%	48%	41%	44%
Resources to support research and scholarship	41%	41%	40%	42%	41%	40%	52%	35%	44%

% “I would choose CWRU”	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
If you could decide all over again to be a faculty member at CWRU, what would you decide?	50%	49%	50%	53%	46%	44%	43%	59%	56%
% “Definitely yes” or “Probably yes”	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
If you were to begin your career again, would you still want to be a faculty member?	70%	70%	70%	67%	73%	71%	70%	79%	33%

2024 Faculty Climate Survey – School of Medicine

Overall, how satisfied are you with the following? <i>(% Somewhat/ Extremely Satisfied)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
Library resources	71%	71%	71%	76%	68%	67%	82%	73%	57%
Computing support staff	67%	66%	68%	76%	60%	64%	64%	71%	63%
Teaching responsibilities	65%	62%	67%	66%	60%	63%	52%	68%	67%
Office space	65%	70%	59%	59%	77%	73%	65%	74%	43%
Quality of graduate students	63%	62%	65%	59%	64%	63%	65%	61%	50%
Clinical responsibilities	59%	58%	59%	44%	70%	60%	50%	64%	0%
Computing resources	58%	53%	62%	61%	48%	54%	45%	58%	50%
Technical and research staff	58%	65%	51%	62%	66%	58%	78%	71%	33%
Availability of nearby parking	58%	57%	60%	50%	62%	58%	70%	52%	38%
Advising responsibilities	57%	61%	53%	68%	58%	63%	67%	54%	67%
Benefits package (e.g., medical)	55%	58%	51%	60%	57%	52%	70%	59%	63%
Classroom space	54%	52%	56%	41%	60%	53%	41%	57%	63%
Lab or research space	53%	59%	44%	46%	64%	65%	57%	50%	33%
Salary	50%	50%	50%	40%	57%	60%	43%	47%	22%
Clerical and administrative staff	48%	50%	46%	53%	47%	40%	48%	64%	56%
Committee and administrative responsibilities	48%	44%	51%	49%	41%	39%	26%	61%	56%
Recognition of innovative and high-quality teaching	44%	39%	48%	45%	36%	33%	37%	46%	50%
Support for securing grants	40%	43%	37%	54%	37%	40%	41%	52%	40%
Time available for scholarly work	37%	42%	32%	42%	43%	45%	39%	42%	38%
Access to teaching assistants (TAs)	36%	38%	31%	37%	38%	44%	40%	29%	33%
Start-up funds	29%	34%	23%	14%	43%	44%	18%	43%	0%

2024 Faculty Climate Survey – School of Medicine

Engagement <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
I am given the responsibility and freedom to do my job	60%	65%	56%	64%	65%	65%	65%	65%	67%
All things considered, this is a great place to work	54%	59%	50%	56%	61%	56%	57%	62%	67%
I feel CWRU cares about my well-being	38%	38%	38%	36%	40%	34%	43%	41%	33%
My contributions to CWRU are valued	37%	41%	33%	36%	43%	31%	35%	53%	63%
I feel CWRU invests in my development	33%	32%	35%	29%	34%	26%	26%	44%	33%
Our onboarding/hiring processes prepare new faculty to be effective	33%	27%	39%	14%	35%	32%	31%	23%	13%
Our recognition and awards programs are meaningful to me	30%	35%	25%	39%	32%	30%	50%	31%	33%
There's a sense that we are all on the same team at CWRU	28%	28%	28%	18%	34%	20%	22%	38%	44%

2024 Faculty Climate Survey – School of Medicine

Transparency <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
I feel that my chair/director is fully transparent with me	52%	52%	51%	50%	54%	47%	57%	57%	56%
The university is transparent with me about future priorities and plans	44%	46%	42%	45%	47%	39%	60%	50%	44%
I feel that my dean or deans is/are fully transparent with me	40%	39%	40%	38%	41%	40%	43%	39%	33%
I have a clear idea of how equity adjustments in compensation are made in my school/department	24%	21%	27%	13%	25%	23%	30%	13%	11%

I am satisfied with the transparency around... <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
...shared governance	38%	32%	43%	31%	33%	33%	30%	33%	25%
...decision-making at the school level	33%	25%	42%	21%	27%	18%	33%	30%	22%
...decision-making at the university level	28%	20%	37%	22%	19%	18%	24%	22%	11%
...the compensation process	25%	24%	27%	12%	31%	27%	23%	24%	11%
...budgeting in my school	19%	13%	26%	7%	16%	14%	10%	12%	11%

2024 Faculty Climate Survey – School of Medicine

Atmosphere <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
At work, I am treated with respect	75%	73%	78%	62%	80%	73%	74%	71%	78%
My school is a good fit for me	60%	68%	52%	64%	70%	69%	70%	71%	44%
I am satisfied with opportunities to collaborate with faculty in my school	60%	62%	58%	57%	65%	65%	83%	52%	25%
My colleagues value my research/scholarship	59%	59%	59%	48%	66%	57%	70%	56%	43%
My school is a place where individual faculty may comfortably raise personal and/or family responsibilities when scheduling school obligations	49%	56%	43%	45%	62%	48%	59%	68%	44%
I am satisfied with opportunities to collaborate with faculty in other schools at CWRU	49%	52%	47%	45%	56%	63%	52%	45%	13%
Interdisciplinary research is recognized and rewarded by my school	47%	45%	49%	35%	52%	52%	48%	39%	17%
I feel that the climate and opportunities for female faculty in my school are at least as good as those for male faculty	46%	48%	44%	29%	61%	56%	38%	38%	67%

2024 Faculty Climate Survey – School of Medicine

Atmosphere (continued) <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
I feel that the climate and opportunities for minority faculty in my school are at least as good as those for non-minority faculty	44%	49%	40%	32%	59%	60%	35%	32%	78%
I feel faculty and administration within my school work in partnership effectively	39%	39%	39%	34%	43%	39%	27%	47%	44%
I have to work harder than some of my colleagues to be perceived as a legitimate scholar	38%	43%	32%	62%	30%	37%	61%	47%	67%
I have a voice in the decision-making that affects the direction of my school	32%	31%	33%	20%	37%	22%	39%	39%	22%
I feel faculty and administration at the university level work in partnership effectively	32%	26%	38%	21%	29%	18%	24%	35%	33%
I feel excluded from an informal network in my school	27%	23%	31%	28%	19%	21%	23%	28%	13%

2024 Faculty Climate Survey – School of Medicine

Campus Climate <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
A diversity of students enriches the CWRU environment	86%	84%	88%	89%	83%	82%	100%	82%	78%
No one at CWRU harasses me	81%	81%	81%	79%	83%	76%	77%	91%	89%
I have ample opportunities to meet people of different racial, cultural or ethnic backgrounds	81%	79%	83%	79%	79%	78%	91%	70%	89%
The CWRU environment encourages people of diverse racial, cultural, or ethnic backgrounds to meet	69%	71%	66%	61%	78%	70%	70%	76%	67%
CWRU is a comfortable place for me as a faculty member	68%	73%	63%	71%	74%	69%	78%	79%	56%
I know how to seek help if I am discriminated against	65%	69%	61%	66%	72%	70%	81%	67%	50%
I belong at CWRU	62%	66%	59%	60%	71%	58%	78%	73%	56%
We are making good progress toward becoming a more diverse and inclusive institution	61%	60%	61%	56%	63%	59%	55%	61%	78%
Classes/ programs in my discipline adequately discuss cultural diversity	56%	55%	57%	58%	54%	54%	45%	68%	44%
I am satisfied with the ratio of women and men staff members	53%	55%	52%	48%	60%	58%	45%	53%	67%
Classes/ programs in my discipline adequately discuss issues of gender and identity	50%	45%	54%	50%	43%	56%	26%	42%	56%
I am satisfied with the ratio of women and men faculty members	46%	46%	46%	48%	46%	45%	41%	50%	56%

2024 Faculty Climate Survey – School of Medicine

I have felt discriminated against based on my... <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
...gender	25%	24%	26%	43%	11%	15%	35%	27%	25%
...age	18%	24%	13%	37%	14%	20%	29%	23%	33%
...racial, cultural or ethnic background	16%	17%	16%	12%	20%	19%	19%	10%	22%
...political affiliation	14%	14%	14%	16%	12%	10%	12%	18%	22%
...religious affiliation	10%	9%	11%	11%	8%	13%	5%	4%	13%
...socioeconomic status	4%	3%	5%	5%	2%	3%	6%	4%	0%
...disability	3%	6%	1%	10%	3%	3%	9%	5%	17%
...sexual orientation	3%	3%	2%	3%	4%	3%	0%	7%	0%

Workload	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
Overall, how would you rate the reasonableness of your workload during the academic year? <i>(% "Too heavy")</i>	53%	57%	48%	64%	53%	47%	70%	59%	78%
In my department or unit, we have enough faculty to cover curricular requirements. <i>(% Somewhat/ Strongly Agree)</i>	40%	39%	41%	29%	46%	47%	30%	38%	22%

2024 Faculty Climate Survey – School of Medicine

The extent to which each of the following has been a source of stress over the past year: <i>(% Extremely stressful)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
Securing funding for research	50%	50%	50%	50%	50%	48%	64%	32%	100%
Clinical responsibilities	30%	13%	33%	33%	0%	0%	0%	20%	0%
Departmental or campus politics	29%	30%	29%	29%	30%	28%	29%	33%	25%
The review/promotion process	29%	23%	33%	28%	20%	14%	17%	37%	33%
Care of someone who is ill, disabled, or aging	25%	26%	25%	25%	27%	31%	33%	17%	0%
Scholarly productivity	25%	26%	24%	25%	26%	17%	35%	25%	57%
Managing a research group or grant	24%	23%	24%	16%	27%	20%	29%	26%	20%
Childcare	22%	24%	20%	28%	21%	25%	13%	35%	0%
Managing household responsibilities	17%	15%	19%	20%	12%	8%	18%	24%	11%
Cost of living	13%	14%	13%	13%	14%	10%	9%	15%	44%
Your health	13%	15%	12%	21%	10%	10%	32%	9%	25%
Committee and/or administrative responsibilities	11%	14%	9%	19%	10%	15%	2%	22%	0%
Teaching responsibilities	8%	14%	4%	25%	6%	2%	9%	31%	22%
Advising responsibilities	6%	10%	3%	19%	5%	2%	6%	23%	0%

2024 Faculty Climate Survey – School of Medicine

Annual Review <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
Based on my evaluations, I have a clear idea of what I need to do to improve my performance	58%	70%	47%	66%	72%	64%	87%	68%	63%
All of my contributions are considered as part of my annual review	56%	64%	48%	56%	70%	65%	65%	62%	67%
The metrics used in my department/ school to evaluate my performance annually are clear to me	55%	65%	46%	58%	70%	71%	74%	53%	56%
My annual review reflects the value I bring to CWRU	52%	60%	44%	58%	61%	61%	61%	56%	67%
I am paid fairly for my work	38%	35%	40%	32%	38%	42%	30%	36%	11%
I have a clear understanding of how my performance compares to my peers within my department or school	30%	30%	30%	30%	30%	27%	35%	29%	38%

Tenure and Promotion To what extent do you agree... <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
The criteria for tenure are clearly communicated?	74%	72%	78%	70%	76%	74%	78%	44%	n/a
The criteria for promotion are clearly communicated?	61%	61%	61%	62%	60%	69%	70%	21%	0%

To what extent are the following valued in the tenure and promotion process? <i>(% Highly valued)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor
Obtaining grants or funding	83%	90%	71%	94%	88%	90%	87%	98%
Research/ scholarly work	80%	84%	74%	94%	79%	82%	90%	87%
Professional reputation	59%	58%	59%	66%	57%	56%	68%	58%
Assessment by peers outside CWRU	51%	51%	50%	52%	50%	59%	53%	36%
Clinical work	22%	17%	27%	1%	45%	18%	0%	41%
Fit with the department's / school's mission	21%	15%	28%	17%	15%	6%	24%	34%
Teaching contributions	19%	16%	22%	10%	22%	16%	18%	15%
Service (i.e., committee work, etc.)	19%	18%	20%	16%	19%	16%	19%	26%
Collegiality	14%	10%	20%	10%	9%	7%	16%	7%
Contributions to diversity, equity and inclusion	13%	7%	22%	0%	12%	9%	6%	7%
How appropriately are these items valued in the tenure and promotion process? <i>(% Valued appropriately)</i>								
Research/ scholarly work	66%	75%	54%	71%	77%	76%	79%	62%
Assessment by peers outside CWRU	60%	63%	58%	58%	65%	62%	68%	50%
Fit with the department's / school's mission	57%	58%	55%	52%	61%	64%	53%	50%
Professional reputation	51%	53%	47%	48%	55%	56%	60%	38%
Obtaining grants or funding	47%	50%	46%	47%	51%	48%	53%	48%
Service (i.e., committee work, etc.)	46%	43%	53%	37%	46%	50%	26%	42%
Collegiality	39%	39%	38%	36%	42%	50%	28%	33%
Teaching contributions	37%	33%	43%	22%	40%	33%	32%	42%
Clinical work	33%	53%	22%	33%	70%	65%	67%	33%
Contributions to diversity, equity and inclusion	27%	21%	30%	20%	22%	31%	2%	25%

2024 Faculty Climate Survey – School of Medicine

Mentoring <i>(% “Yes”)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
While at CWRU, do you feel as though you have received adequate mentoring?	57%	65%	49%	50%	76%	73%	61%	59%	67%
While at CWRU, have you had one or more formal mentors through programs administered by the university, whether or not the programs are mandatory?	52%	71%	35%	60%	79%	67%	78%	74%	67%
While a faculty member at Case Western Reserve, have you served as a mentor for another faculty member?	70%	77%	64%	69%	81%	98%	91%	47%	33%

Senior Leadership <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
Senior leadership fosters institutional success	50%	47%	54%	41%	50%	47%	40%	50%	50%
The institution is well-run	43%	41%	45%	37%	43%	38%	35%	45%	50%
Senior leadership shows a genuine interest in the well-being of faculty	40%	43%	37%	32%	50%	49%	37%	37%	50%

2024 Faculty Climate Survey – School of Medicine

Leadership of the dean <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
My dean maintains high academic standards	74%	75%	73%	75%	75%	72%	90%	74%	63%
My dean shows commitment to diversity	68%	72%	63%	60%	80%	72%	86%	68%	50%
My dean would do what is right if I raised a concern regarding ethics or integrity	64%	66%	62%	54%	72%	71%	61%	67%	50%
My dean articulates a clear vision	58%	59%	58%	54%	62%	60%	63%	57%	43%
I believe what I am told by my dean(s)	56%	52%	60%	46%	55%	50%	52%	53%	57%
My dean communicates consistently with faculty	55%	55%	55%	53%	57%	55%	64%	48%	57%
My dean is an effective administrator	53%	55%	51%	45%	62%	57%	60%	54%	38%
My dean articulates clear criteria for tenure/ promotion/ evaluation	50%	49%	50%	35%	58%	57%	58%	36%	29%
My dean honors agreements	48%	47%	50%	54%	43%	44%	35%	69%	40%
My dean treats faculty in an even-handed way	47%	47%	46%	33%	55%	50%	45%	48%	33%
My dean(s) create(s) a collegial and supportive environment	41%	44%	38%	40%	47%	41%	48%	50%	33%
My dean is open to constructive criticism	39%	36%	41%	37%	36%	37%	44%	23%	40%
My dean handles disputes / problems effectively	37%	32%	41%	26%	35%	30%	47%	27%	0%
My dean(s) help(s) me obtain the resources I need	28%	27%	29%	27%	27%	18%	30%	39%	22%

2024 Faculty Climate Survey – School of Medicine

Leadership of the department chair <i>(% Somewhat/ Strongly Agree)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
My chair would do what is right if I raised a concern regarding ethics or integrity	77%	77%	78%	75%	78%	82%	80%	65%	86%
My chair maintains high academic standards	74%	75%	73%	82%	70%	66%	80%	81%	86%
My chair honors agreements	74%	76%	71%	72%	79%	79%	85%	64%	83%
My chair shows commitment to diversity	73%	69%	78%	62%	73%	74%	70%	64%	57%
I believe what I am told by my chair	71%	74%	67%	77%	71%	71%	75%	73%	86%
My chair communicates consistently with faculty	70%	70%	70%	76%	67%	63%	75%	77%	71%
My chair gives me useful feedback about my performance	68%	70%	67%	71%	70%	68%	75%	69%	71%
My chair treats faculty in an even-handed way	65%	63%	67%	61%	64%	62%	71%	54%	71%
My chair is an effective administrator	65%	63%	68%	64%	63%	57%	76%	63%	57%
My chair articulates clear criteria for tenure/ promotion/ evaluation	65%	56%	75%	60%	54%	48%	81%	50%	43%
My chair involves me in relevant decision-making processes	64%	65%	63%	66%	64%	59%	76%	62%	71%
My chair is open to constructive criticism	61%	57%	65%	52%	60%	64%	58%	52%	33%
My chair handles disputes / problems effectively	54%	49%	60%	40%	54%	47%	55%	52%	29%

2024 Faculty Climate Survey – School of Medicine

Leadership of the department chair <i>(% Somewhat/ Strongly Agree)</i>	Biochemistry	Bioethics	Nutrition	Pathology	Pharmacology	Physiology and Biophysics	Population & Quant Health Sciences
My chair shows commitment to diversity	70%	57%	73%	67%	86%	50%	79%
My chair maintains high academic standards	90%	71%	73%	50%	71%	43%	93%
I believe what I am told by my chair	60%	71%	91%	58%	57%	43%	92%
My chair honors agreements	78%	71%	80%	67%	83%	29%	85%
My chair would do what is right if I raised a concern regarding ethics or integrity	88%	57%	91%	64%	67%	50%	69%
My chair articulates clear criteria for tenure/ promotion/ evaluation	78%	57%	45%	33%	40%	43%	79%
My chair is an effective administrator	80%	67%	64%	27%	43%	43%	93%
My chair treats faculty in an even-handed way	56%	71%	82%	27%	43%	14%	85%
My chair communicates consistently with faculty	70%	71%	82%	50%	57%	43%	93%
My chair is open to constructive criticism	56%	57%	82%	36%	60%	14%	57%
My chair gives me useful feedback about my performance	70%	71%	73%	83%	57%	14%	79%
My chair involves me in relevant decision-making processes	60%	71%	82%	42%	86%	43%	64%
My chair handles disputes / problems effectively	50%	57%	50%	18%	33%	29%	75%

*Basic sciences departments needed a minimum of 7 completed surveys to be included in this analysis.

2024 Faculty Climate Survey – School of Medicine

Leaving CWRU <i>(% Somewhat/ Extremely likely)</i>	All Faculty	Basic Sciences	Clinical Depts.	Women	Men	Professor	Associate Professor	Assistant Professor	Instructor
In the next three years, how likely do you think you are to leave CWRU?	35%	36%	34%	36%	36%	46%	39%	24%	22%
To what extent have you considered each of the following as a reason to leave? <i>(% To a great extent)</i>									
To enhance your career in other ways	38%	31%	45%	32%	30%	28%	41%	26%	38%
To find a more supportive work environment	35%	33%	37%	34%	32%	33%	45%	24%	38%
To increase your salary	34%	33%	34%	36%	31%	19%	36%	39%	75%
To reduce stress	29%	26%	33%	36%	20%	20%	27%	27%	44%
Something else	23%	22%	23%	27%	20%	25%	20%	21%	20%
To increase your time to do research	18%	18%	18%	11%	23%	16%	32%	10%	29%
Retirement	17%	19%	16%	19%	18%	27%	20%	8%	0%
To improve the employment situation of your spouse or partner	11%	9%	12%	13%	7%	3%	16%	14%	0%
To address child-related issues	10%	11%	10%	18%	6%	4%	6%	21%	0%
To address other family-related issues	9%	9%	10%	13%	7%	3%	11%	13%	17%
To improve your prospects for tenure	8%	7%	9%	7%	7%	0%	0%	10%	40%
To pursue a nonacademic job	7%	5%	10%	6%	5%	5%	0%	10%	0%
To lower your cost of living	4%	6%	2%	8%	5%	3%	10%	7%	13%



Policy Title: Learning Environment Policy, Including Mistreatment and Neglect

Approved By: CME

Date Approved: August 22, 2024

Review Period: Every 3 years

Responsible Office or Committee: Mistreatment Working Group

LCME Affiliated Elements: 3.6, 12.5

Policy Statement:

This policy describes expected professional behaviors of teachers and students that promote a supportive and effective learning environment at the Case Western Reserve University (CWRU) School of Medicine and how to recognize and report mistreatment and neglect when needed.

Purpose of Policy:

CWRU School of Medicine is committed to providing a safe, respectful, supportive, and inclusive learning environment. An underlying principle of the School of Medicine is that students and teachers will work together as colleagues to ensure that students achieve their fullest potential and succeed in all aspects of the educational program.

Scope of Policy:

This policy applies to all teachers and students in the CWRU School of Medicine learning environment. Teachers include all faculty, residents, fellows, near-peer teachers, and other health care and research professionals in the teaching environment. Students include all students in the Lerner College and University programs of the CWRU School of Medicine.

Policy:

Respect

Teachers are expected to treat CWRU students as professional colleagues with delineated privileges and responsibilities throughout their education. Students and teachers are expected to demonstrate respect for one another by maintaining an atmosphere conducive to learning, interacting in a considerate and cooperative manner, judging colleagues fairly, and working to resolve conflicts respectfully. Students and teachers may neither practice nor tolerate discrimination or harassment of any type.

Responsibility

Students and teachers must demonstrate responsibility by striving for excellence and professional growth, by recognizing their own limitations and seeking help when needed, by seeking frequent constructive feedback on their interactions with one another, and by conducting themselves professionally at all times in demeanor, language, and appearance in the classroom, with patients, and in health care settings. Teachers commit their time and effort to ensure appropriate delivery of an interactive curriculum. Students are expected to attend all required sessions for their own learning, to enhance the learning environment for their peers, and out of respect for



their teacher's effort. Teachers and students must demonstrate respect and professional concern by holding each other to the highest standards in learning, without abuse, humiliation, or harassment of any kind, by not exploiting a relationship for personal gain or advantage, and by demonstrating the highest standards of ethical conduct in all settings.

Drug-Free Environment

Using alcohol and other drugs in a way that could interfere with clinical or educational responsibilities of students and teachers is prohibited. For more information on this policy, see the [CWRU Division of Student Affairs website](#).

Intimate Relationships

Romantic or sexual relationships between teachers (including faculty, residents, fellows, near-peer teachers, and other health care and research professionals) and their students are prohibited while the teacher has direct supervision of or any influence on the student's assessment or academic progress. Any relationship which could *reasonably be perceived* as having any influence on the objective assessment of the student by the teacher must be **immediately disclosed** by the teacher to the appropriate education leadership (e.g. Clerkship Director).

Confidentiality

Teachers must exercise strict confidentiality when providing health care to students and complete impartiality when assessing student performance. The CWRU School of Medicine prohibits any faculty member or resident/fellow who has provided health services to a student from completing any formative or summative assessment of that student. Without exception, students must not ask any faculty or resident/fellow involved in their personal health care to provide any assessment of their performance.

Mistreatment and Neglect

Mistreatment is disrespectful or unprofessional behavior by a teacher that interferes with the learning process. Examples of mistreatment include but are not limited to public belittlement or humiliation, physical harm, threats of physical harm or punishment, inappropriate requests for personal services (shopping, babysitting, etc.), sexual harassment, and discrimination or harassment based on factors such as race, religion, age, gender, color, disability, sexual orientation, gender identity or expression, national or ethnic origin, political orientation, socioeconomic status, or veteran status, among others.

Neglect is a situation in which a student is openly ignored, excluded from important decisions, or made to feel "invisible." Neglect is different from active mistreatment but can still interfere with the learning process.

Reporting Mistreatment or Neglect

Mistreatment and neglect policies are discussed at new student orientation, orientation to year 2, and again prior to starting clerkships. **Students who feel they have experienced mistreatment or neglect and are uncomfortable addressing this directly with the colleague involved are urged to discuss their concerns as soon as possible through one of the options detailed below.**



- Students in any phase of the curriculum may address their concerns with the course, block, or clerkship director, Assistant Dean charged with that phase of the curriculum, or the Associate Dean for Curriculum.
- Students in any phase of the program are also strongly encouraged to bring the matter to the attention of their Society Dean, the Associate Dean of Student Affairs, or their Physician Advisor; however, because the deans work as a group practice, students may choose to speak to another Student Affairs dean if they feel more comfortable doing so.
- Students may contact the Office of Diversity, Equity, and Inclusive Excellence of the School of Medicine.
- Students have the option of contacting the Vice Dean for Medical Education or Associate Vice President for Student Affairs & Dean of Students at the University. The University Student Affairs office is not part of the medical school administration. Students can email the dean or call the office to make an appointment. The office is located at 110 Adelbert Hall on Adelbert Road. See Discussion/Reporting Resources below for contact information
- Online Reporting: The School of Medicine's online reporting portal (Accountability Management System or AMS) allows all members of the School of Medicine community, including students, faculty, and staff, to report experiences of mistreatment or neglect in a confidential manner. Reports submitted via the AMS are reviewed by the appropriate staff and faculty member and may be referred to the Mistreatment Working Group (MWG) for further investigation.
 - Access the [Accountability Management System](#)

What Happens When a Report is Made?

All reports are handled confidentially, and wherever possible, de-identified information about the event is used. The School of Medicine is obligated to follow federal guidelines (Title IX) for reporting sexual misconduct. For other situations, reports are handled as follows:

1. Reports are collected by medical school staff.
2. If known, the reporting student is contacted by a staff member, basic information is verified, and additional information is requested if needed.
3. The report is logged on the University's Log of Student Complaints.
4. The report is delegated to the appropriate office or committee for review. If appropriate, the report is redirected to the University (e.g., Office of Equity).
5. The MWG makes an initial determination regarding whether the report could constitute mistreatment or neglect.
6. Additional information is gathered from the parties involved, and a final recommendation is made by the MWG.
7. A de-identified report is reviewed by the MWG co-Chairs with the appropriate curricular leader.

Depending on the judged severity of the event and timing related to grades and evaluation, the MWG may determine if any of the following is appropriate:

- Report is shared with the professional involved
- Report is shared with course director, clerkship director and/or program director
- Report is shared with the professional's supervisor
- Report is shared with department chair (in the case of a faculty member)



- Report is shared with Dean
- Report is shared with Office of Faculty Affairs

When deemed appropriate, reported professionals and/or their supervisors are asked to create an action plan that is shared with the MWG.

When a resolution is reached regarding the complaint, the MWG shares a summary of the outcome of the complaint with the student who submitted the report, if known.

Unprofessional behavior with learners that is egregious, severe, or continues despite feedback will result in the offender being removed from the teaching program. In the case of trainees, this may be cause for dismissal from their residency or degree program. For faculty members, this may result in termination for just cause, as provided in the [CWRU Faculty Handbook](#).

Aggregated Reports

The School of Medicine reports aggregated de-identified data on learner mistreatment to each department chair and the Dean on a regular basis, at least annually.

Discussion/Reporting Resources:

- Society Dean, Student Affairs Dean, or Physician Advisor
- [Vice Dean for Medical Education](#)
- [Associate Vice President for Student Affairs & Dean of Students](#)
- [Office of Diversity, Equity, and Inclusive Excellence](#)
- [Title IX Notice of Nondiscrimination](#)
- [Sexual Harassment Policy](#)
- [Professional Code of Conduct](#)
- [CWRU Faculty Handbook, Chapter, 3, Article IV. Professional Responsibilities](#)
- [Consensual Relationship Policy](#)
- [Community Concerns Reporting System \(CCRS\)](#)