

**Faculty Council Meeting
Meeting Minutes
December 16, 2024**

| Timing | Agenda Item | Presenter | Summary of discussion | Action items/Motions/ Votes |
|---------------|-----------------------------------|---|---|------------------------------------|
| 4:02-4:20PM | Chair's Remarks and Announcements | Alan Levine Chair of Faculty Council | <p>The chair called the meeting to order at 4:02PM. Dr. Levine reminded Faculty Council that at the first Faculty Council meeting it was voted and approved to hold hybrid meetings – via Zoom and in-person, alternating at the affiliates, affording Dr. Levine the opportunity to meet people across campus. Today we are at MetroHealth Medical Center. Welcome and thank you to the MHMC folks for being here.</p> <p>Later in the meeting, Dr. Matthias Buck will be providing an update on the FACE Committee (Ad Hoc Committee for Faculty Administration Interactions, Co-Governance, and Engagement). Last month Dr. Buck discussed the climate survey and the low number of responses from the basic sciences (46%) and clinicians (4%). It was felt that the combination of low engagement and the inappropriateness of many of the questions for clinical staff contributed to the poor outcome. University administration agreed to and supported a redo of the climate survey designed specifically for clinicians (our faculty) at the four affiliates. Worked through multiple questions of surveys basic sciences took and tossed those not relevant for many of our clinical faculty at the affiliate institutions. We are working with the FCSC to validate the final survey with the goal of releasing the new survey in February.</p> <p>Dr. Serpil Erzurum, originally scheduled to provide an update on research at Cleveland Clinic at today's meeting, has a conflict and will not be able to present today. Dr. Levine opened the floor for suggestions as to what questions should be asked regarding the climate in the School of Medicine? Suggestions made were “what barriers exist that prevent you from being more engaged with the medical school” and “how would you like to be engaged with the School of Medicine”.</p> | |

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| | Chair's Remarks and Announcements (continued) | | It was not generally known what are the different ways one could be engaged with the medical school, what are their options, and how often do they occur. While the idea of a checklist was not well received, it was felt that multiple choice questions would be helpful. It was noted that one of the responsibilities of Faculty Council members is to go back to their colleagues and departments and ask what they would like to see on the survey. | |
| 4:20-4:21PM | Approval of November 18 Faculty Council Meeting Minutes | Alan Levine | When polled, there were no edits to the November 18 Faculty Council Meeting minutes as posted in BOX. | With no objections, the November Faculty Council Meeting Minutes were approved by general consensus. |
| 4:21-4:31PM | Faculty Council Steering Committee Report | Anastasia Rowland-Seymour | <p>Dr. Rowland-Seymour reported that at the December 2 Faculty Council Steering Committee, they discussed the Chair announcements, and reviewed and approved the November FCSC meeting minutes. The Professional Conduct Committee provided an overview of the presentation they intended to give to Faculty Council at the December meeting. Robust discussion took place regarding the ad hoc Committee on Awards and Honors and some of the challenges they faced when determining eligibility of awards based on who was a member of the professional society. They discussed the ORCID ID initiative (Jessica Decaro), the CMPSA charge, and talked a fair amount of detail about the ad hoc FACE Committee and issues they were addressing with Dr. Buck. At the end of the meeting there was a fairly robust discussion regarding the high cost of insurance for post docs and the challenge it provides each of our departments and may be challenging some of our efforts to do research.</p> <p>Dr. Buck is pursuing the history of this situation and to determine how this came about, hopefully to report by January. Most of the post docs on campus are at the SOM. Money is tight and this is a conversation we need to continue to have.</p> | |
| 4:21-4:31PM | CMSPA Charge (Committee on Medical Student Promotion and Advancement) | | The Bylaws Committee met last week and reviewed the changes to the charge for the Committee on Medical Student Promotion and Advancement for conflict of interest language. The charge was modified to better reflect the university's definition of conflict of interest. The Bylaws Committee approved the changes with a vote of 5-0. | |

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| | <p>CMSPA Charge (Committee on Medical Student Promotion and Advancement) (continued)</p> | | <p>The Bylaws Committee also reviewed other changes in the document, some of which will be addressed at a later date. This charge is incredibly important for the LCME review coming up in March. There has been much effort behind the scenes (Dr. Logio, Dr. Augustine, and Dr. Collins and the Bylaws Committee) who are making this happen and enabling us to vote today.</p> | <p>A motion was made by a Faculty Council member and seconded by a Faculty Council member to approve the changes to the CMSPA (Committee on Medical Student Promotion and Advancement) Charge</p> <p>Vote: 39 were in favor, 0 were against, and 5 abstained.</p> <p>The motion is approved.</p> |
| <p>4:31-4:38PM</p> | <p>ORCID IDs</p> | <p>Jessica DeCaro</p> | <p>Jessica Decaro, Director of the Cleveland Health Services Library, thanked Faculty Council for the opportunity to present today. ORCID stands for Open Researcher and Contributor ID. The Cleveland Health Sciences Library (CHSL) has partnered with the Office of Faculty Affairs to reach 100% full-time faculty ORCID profiles connected to FIS by June 30, 2025. The CHSL is also collaborating with our affiliate hospitals' faculty administration and libraries.</p> <p>Faculty are able to manage their own ORCID record designating what information will be publicly visible and what can be kept private. The ORCID Advantage will eliminate name ambiguity by creating a persistent unique identifier. It will allow for a comprehensive list of research outputs in one place. It will improve discoverability of research and simplify submission processes to publishers and funders. It provides a standardized identifier and enables researchers to control their own publication record. It is free and accessible to any researcher regardless of their career stage or discipline.</p> <p>More and more systems are requesting and mandating a unique identifier. ORCID allows for comprehensive lists of research outputs in one place (data sets, equipment, articles, citations, note books) allowing a place of peer review in that record for a complete picture. Resources for faculty includes a link to the CHSL Comprehensive Guide to Completing an ORCID profile is https://chs.libguides.com/orcid/som .</p> | |

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| | ORCID IDs (continued) | | <p>The CHSL is providing to CWRU SOM faculty and all clinical full-time faculty: department meeting presentations, recorded Zoom presentations, and faculty-scheduled drop-in appointments. The affiliate hospitals are providing in-house support.</p> <p>Contact information:</p> <ul style="list-style-type: none"> • CWRU: contact the CHSL librarians at askCHSL@case.edu • Cleveland Clinic Lerner College of Medicine: contact Michelle Kraft at kraftm@ccf.org • Louis Stokes Cleveland VA Medical Center: contact Robert Bonomo at Robert.Bonomo@va.gov • MetroHealth: contact Laura Frater at laf66@case.edu • UH Hospitals: contact Esther Gutow at esther.gutow@uhhospitals.org <p>Dean Gerson emphasized at the state of the school that they would like to have 100% participation from faculty.</p> | |
| 4:38-4:44PM | Remarks by Dean Gerson | Stan Gerson | <p>Dean Gerson thanked everyone for the fall activities and workload and hoped that everyone will get a little time away from clinical and educational responsibilities. He will soon be sending out the note about leaving early for winter break on December 20.</p> <p>Dean Gerson spoke briefly on the value ORCiD brings to faculty members. We are actively working on drop down menus of who we are. While there is a glitch, we hope to get it resolved quickly. It is important to know where you work and who you work for.</p> <p>There is currently a search for a permanent Director for the Center for Community Health Integration. In January we will begin a search for faculty members for the newly identified Institution of Population and Community Health. We are actively getting ready for LCME and appreciate the many people who have been involved in that area.</p> <p>In the post-election academic world, we are all recognizing, and some anticipate changes, based on the popular vote for elected officials. To keep us in line I think we should be attentive on current and future support and strategy for grant support, as it may very well change. As an academic institution, our partner hospitals have different alignments of expectations, and we need to be attentive to that. Any grants that are under federal grant</p> | |

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| | Remarks by Dean Gerson (continued) | | support will continue unabated, until some shift, unaffected. You will see a little bit of a shift in terms of our office activity. Dean Gerson sent out an email to remind everyone that when we do anything professional, including publishing papers, CWRU University School of Medicine must be noted. | |
| 4:44-4:54PM | Professional Conduct Committee | Blaine Todd Bafus Jessie Jean-Claude Archana Brojmohun | <p>Three members of the Professional Conduct Committee (Blaine Todd Bafus, Jessie Jean-Claude, and Archana Brojmohun) provided an overview of the committee and its activities. The Professional Conduct Committee is a Dean’s committee of peer resource facilitators. This committee originated as an ad hoc committee from Faculty Council. They have access to a charge and an SOP, which is followed whenever a case is referred to them.</p> <p>Professionalism is based on the norms of integrity, respect, inclusive excellence, and kindness as articulated in the SOM Professional Code of Conduct. Professional misconduct is a deviation from these norms. The PCC’s role is to review such conduct and recommend a remediation plan when deemed necessary to the faculty member’s department chair.</p> <p>They stressed that these are only recommendations on how to facilitate communications between faculty members and not punitive. When showing the listing of members, they noted that they try to ensure that two mental health people are on the committee. Cynthia Kubu, Susan Freimark, and Rachel Lautner are non-voting members/contributors of the committee.</p> <p>The PCC went live in June 19, 2023. The committee has a charge and recently updated their SOP. They have established contacts at each of the affiliate locations and also provide other referral resources. Professionalism training for members is held twice a year; with the last session being held on September 26, 2024.</p> <p>Cases come through the Accountability Management System (AMS). They are then triaged with some being referred to graduate education. Topics covered include communication issues (faculty to faculty), salary disputes, etc. Below is the URL for reporting in the accountability management system: https://case.edu/medicine/about/accountability-management-system</p> | |

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| 4:54 -5:18PM | Ad Hoc Committee on Awards and Honors | Lynn Singer | <p>Dr. Singer provided an overview of the ad hoc Committee on Awards and Honors, its goals and accomplishments. The committee members represent all of the affiliate hospitals in addition to the basic sciences. Representing us through AAMC. This committee was created to increase the number of faculty who are nominated for awards and honors both nationally and internationally. The committee is developing a searchable listing of honors and awards, eligibility, frequency, and deadlines (to the extent possible). The goal is to create a databank of materials for faculty to utilize as samples.</p> <p>Over the last year the committee has met monthly to identify new and existing opportunities for faculty at every rank and to increase the number of faculty members at CWRU-SOM who receive awards/honors. They are attempting to identify faculty who might be eligible for awards and awards that might be suitable for the SOM. They have tried to solicit nominations – department chairs are extremely important but not as active as they would like them to be.</p> <p>The committee was tasked with developing a template for each award. Over the past year they have developed a list of the top 100 awards. They have identified a quantity of faculty research which could be lifted up and eligible for these high-status awards. They have had committee members present to constituent faculty at the affiliates. While the Dean’s Office receives a notice of award a month in advance, it is too little time to identify a candidate, secure letters of recommendations outside of the university, etc. Last year they started planning for the award a year in advance.</p> <p>The Dean’s Office has created a website identifying awards: Faculty Awards School of Medicine School of Medicine Case Western Reserve University</p> <p>We also want to make faculty aware of the recipients of these awards, and would like to have a place where faculty can indicate receipt of an award so it can be publicized.</p> <p>Nominations to date: Gairdner (submitted); AAMC 2023 (submitted, not awarded), Alpert (in process, due Nov. 5); Wolf</p> | |
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| | Ad Hoc Committee on Awards and Honors (continued) | | <p>(in process); ASBMB Parasitology (in process); AAAS Fellow (in process); Avery prize (neonatology, in process); Merkin Prize: review; Marian Spencer Fay: review.</p> <p>The committee found that many of our scientists are not members of the organizations that offer the prizes. They must be members and paying dues to be nominated. Faculty are encouraged to take an active role in the top societies; it builds up the medical school.</p> <p>Barriers that were identified are: A need for administrative assistance (someone parallel to research/foundation awards; a lack of knowledge about individual achievements that have not already been recognized for an award. There is a lack of knowledge about faculty membership in professional societies (working with FA for data to be included in FIS) as a large number of awards are society based. Faculty are not involved in major professional societies: dues, etc., AAAS as example. The timeline for submission vs. notification; often too late to submit, we are working on year later. Faculty modesty, lack of willingness or time to create nomination; lack of understanding of need for engagement. Letter writers/nominators need to be cognizant of the discipline and able to write an interesting letter. Lack of diversity in identifying faculty.</p> <p>The resolution proposed by the committee was put to a vote.</p> <p>Dr. Levine will ask Dean Gerson for administrative support for this committee.</p> | <p>A motion was made by a Faculty Council member and seconded by a Faculty Council member to approve the resolution presented by the Committee to request that the School of Medicine provide the committee administrative support sufficient to develop and maintain a robust Awards and Honors program</p> <p>Vote: 40 were in favor, 0 were against, and 1 abstained.</p> <p>The motion is approved.</p> |
| 5:18-5:27PM | FACE (Faculty Administration Interaction, Co-Governance and Engagement) | Matthias Buck | <p>Dr. Buck provided an overview of the FACE Committee's first year. The committee initially focused on engagement in response to the 2022 Gallup and other survey results. There was some uncertainty whether the survey was received by clinical faculty via their work/affiliate emails. The second observation was that a few clinicians started the survey once opened and only ½ completed it. The committee suggested that they do a shorter survey just specific to faculty at the affiliate. Faculty are not satisfied with the level of transparency re. decision making, especially financial including salary (only 35% feel they are being paid fairly for their work) Only 20% of some faculty felt they were engaged.</p> | |

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| | FACE (Faculty Administration Interaction, Co-Governance and Engagement) (continued) | | <p>Dr. Buck summarized deliverables and membership of the committee, and activities that took place during the first year of the committee, his conversation with Elizabeth Fehsenfeld on the University Engagement Committee, and review of the climate survey as well as the 2022 Gallup Survey. He touched on the talking points of the FACE Committee meetings. He noted the importance of having a multiple prong approach to promotion and engagement matters.</p> <p>FACE was tasked with exploring options on how to better engage faculty in meaningful service and leadership, suggest mechanisms for better faculty-administration interactions and a sense of SOM co-governance, each side contributing their respective strengths</p> <p>When discussing the lack of engagement of the 2024 climate survey, it was noted that the University climate committee focused on “happiness” / surveys what different units do, rather than meaningful engagement. The revised engagement survey will be targeted at clinical faculty, input from FC and especially junior faculty. There will be more focus on lack of engagement with 2024 climate survey (details from CWRU institutional research: Edward Bolden. Areas of least satisfaction: support for securing grants, recognition of teaching, start-up (pilot?) funds</p> <p>Future meetings intend to address how to better engage faculty in meaningful service and leadership. What are the strengths of the faculty in different settings? Suggest mechanisms for better faculty-administration interactions and a sense of SOM co-governance, and encourage each side to contribute their respective strengths. How to create a better academic and social environment? Post-tenure review as a faculty/community driven mechanism to promote engagement over a faculty’s care</p> <p>Alan Levine and Dr. Boardman have started to refine the survey for the use of clinical affiliates and hope to have it ready early in 2025.</p> | |
| 5:27-5:28PM | Senate/ExCom Report | Elvera Baron | Dr. Baron is not available for today’s meeting. The last Senate ExCom meeting was early November and none held since so there was no report to be given. The 2025 ExCom Reports will be presented by Dr. Buck. | |

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| 5:28-5:29PM | New Business | | When polled, there were no new business items to be addressed. | |
| 5:29-5:34PM | Good & Wellness | | Dr. Levine thanked Dr. Bollins for going above and beyond to bring this Bylaws presentation to Faculty Council today. It was a three days effort and we appreciate his efforts Dr. Levine wished everyone safe travels, drive safely, and he wished everyone a marvelous holiday season and hoped they would enjoy their time with family and friends. We will see each other again in 2025. | |
| 5:34PM | Adjourn | | As there were no additional agenda items to address, the chair adjourned the meeting at 5:34PM. | |

Present

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| Blaine (Todd) Bafus | Ramy Ghayda | Stephen Leb | Abigaill Raffner (Basson) | Matthew Sikora |
| Stephanie Barnes | Keshava Gowda | Susan Linder | Elizabeth Rainbolt | Ben Schwan |
| Matthias Buck | Amy Hise | David Ludlow | Rania Rayes-Danan | Bryan Singelyn |
| Hulya Bukulmez | Maeve Hopkins | Janice Lyons | Deven Reddy | Michael Staudt |
| Adrienne Callahan | Venkatesh Kambhampati | Raman Marwaha | Ann Rivera | Phoebe Stewart |
| Marta Couce | Sadu Karnik | Rebecca Obeng | Ben Schwan | Gregory Videtic |
| Jessica Fesler | Camilla Kilbane | Sarah Ondrejka | Hemalatha Senthilkumar | Scott Williams |
| Lisa Gelles | Qingzhong Kong | Ruben Olivares | Demitre Serletis | Raed Zuhour |
| Stan Gerson | Bret Lashner | Cyrus Rabbani | Paul Shaniuk | |

Not Present

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| Robert Abouassaly | Andy Chen | Emily Hamburg-Shields | Christina Krudy | Claudio Milstein |
| Joshua Arbesman | Patrick Collier | Andrew Harris | Ang Li | Michael Moffitt |
| Mohammad Ansari | Wayne Cohen-Levy | Jason Ho | Jennifer Li | Elizabeth Painter |
| Elvera L. Baron | Thomas Collins | Vanessa Ho | Shawn Li | Neal Peachey |
| Kavita Bhatt | Meelie DebRoy | Sheronica James | Dan Ma | Anastasia Rowland-Seymour |
| Bahar Bassiri Gharb | Mackenzie Deighen | Eric W. Kaler | Tani Malhotra | Tamer Said |
| Corinne Bazella | Nadim El Chakhtoura | Gaby Khoury | James Martin | Simi Singh |
| Maura Berkelhamer | Jeremiah Escajeda | Hung-Ying Kao | Amy McDonald | James (Jim) Strainic |
| Melissa Bonner | Calen Frolkis | Sadashiva Karnik | Christopher McFarland | Nami Tajima |
| Francis Caputo | Rachael Gowen | Sandeep Khanna | Gillian Michaelson | Patricia Taylor |

Others Present

Nicole Deming
Archana Brojmohun
Jessica DeCaro
Adrienne Fletcher

Trish Gallagher
Joyce Helton
Vijaya Krishna Kosaraju
Jessie Jean-Claude

Lia Logio
William Merrick
Monica Montano
Vincent Monnier

Nona Nichols
Ruben Olivares
Vijaya Krishna Kosaraju

Lynn Singer
Simran Singh
David Stepnick

**Faculty Council Meeting
Draft 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. |

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| 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

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| | 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 | |

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| | <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> | |
|--|---|---|--|

| | | | | |
|--|---|--|--|--|
| | <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> | |
|--|---|--|--|--|

Mistreatment Working Group (continued)

job and need to be recognized for doing the right thing.

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).

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.

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.

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.

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.

Faculty Council would like to work with Drs. Croft and Connors to disseminate the Mistreatment Group information out to all

| | | | | |
|--------|---|-------------|--|--|
| | 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

Committee on Medical Student Promotion and Advancement (CMSPA)

Mandate

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

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

9.9 Student Advancement and Appeal Process

Specific Functions

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

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

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

Student Notification and Input

Prior to meeting with the committee, students will be notified via an e-mail from the Registrar's Office that they will be presented at the upcoming CMSPA meeting. Notification consists of the reason for the presentation, the date and time of the presentation, an outline of the right to a faculty advocate, guidelines for submitting a reflection, and a link to the CMSPA process. Prior to the scheduled CMSPA meetings, students are expected to meet with their assigned society dean/student affairs dean/physician advisor to

Commented [LL1]: Formerly called the Committee on Medical Students: The name change is to help students understand the critical role of this standing committee and more accurately reflects its function.

49 review the reason for presentation, to develop a proposal for remediation, leave, or other request of the
50 committee, and to provide an opportunity to voice any additional questions or concerns.

51
52 **Confidentiality and Recusal Procedure**

53
54 All proceedings of the CMSPA are strictly confidential and may not be discussed outside of committee
55 membership. At the opening of every CMSPA meeting, committee member will be asked if there is any
56 reason for recusal from deliberating on an individual student's case. [When any member of the CMSPA](#)
57 [personally knows a student beyond the level of course director, seminar leader, has medically](#)
58 [evaluated or treated a student, or is a course/clerkship director who has taken an action that](#)
59 [contributes to an adverse academic action against a student, that member must recuse oneself](#)
60 [from reviewing and decision-making capacity on that student's presentation. The Conflict of](#)
61 [Interest \(COI\) Policy, as defined by the CWRU's Medical Student Admissions Committee, also](#)
62 [applies in this context to ensure that decisions are not influenced by political or financial factors](#)
63 [and that individuals involved do not have relevant conflicts of interest that could interfere with](#)
64 [unbiased and objective participation. Conflicts of interest are defined as one who has one of the](#)
65 [following relationship\(s\) with a student: a familial or romantic partner relationship, a significant](#)
66 [mentorship or teaching relationship, a significant social, personal or therapeutic/clinical](#)
67 [relationship, or a provider of a benefit in some manner \(i.e., financial or political benefits,](#)
68 [professional advancement or recognitions, or receiving favors or grant support\).](#)
69 ~~When any member of the CMSPA has any relationship with a student that may interfere with that~~
70 ~~member's ability to remain impartial in decision making about that student, that committee member must~~
71 ~~recuse themselves from any involvement in the student's case.~~ The recused member shall not be present
72 for committee discussions or participate in voting procedures related to the individual student.

Commented [SB2]: You may want to use the same wording for conflicts of interest outlined in admissions policy.
Commented [SA3R2]: Agree and inserted

73
74 All members who have not recused themselves, voting and non-voting, may participate in discussions,
75 with the exception of the Associate Dean for Student Affairs or their delegate, who serves solely as a
76 Student Affairs content expert and representative for the Office of Student Affairs.

77
78 **Communication of Decisions**

79
80 All decisions of the CMSPA will be presented in writing to the student via a letter signed by the Chair of
81 the CMSPA and copied to the student's assigned Society Dean/Student Affairs Dean [\(UP\) or Physician](#)
82 [Advisor \(LCP\)](#) within three calendar days of the CMSPA meeting.

83
84 **Reconsideration requests**

85
86 Students have the right to request reconsideration (different from an appeal) of decisions made by the
87 CMSPA ~~(including those recommended by the MSPRC)~~ when *new information* is available, according to
88 the processes outlined in the Policy on Committee on Medical Students Promotion and Advancement Due
89 Process.

90
91 **Appeals**

92
93 A student may appeal a decision of the CMSPA via a two-step tiered appeals process.

94
95 *1. Appeal to the Vice Dean for Education*

96
97 Appeals to the Vice Dean must be requested in writing by the student within fourteen calendar days of the
98 final decision of the CMSPA and should be addressed to the Vice Dean. The appeal will be presented to

99 an independent, three-member appeals panel according to the process outlined in the Policy on
100 Committee on Medical Students Promotion and Advancement Due Process.

101 The decision of the appeals panel will be according to majority vote and will be communicated to both the
102 Vice Dean and the Chair of the CMSPA in writing within three business days of the hearing. A copy of
103 the appeals panel's decision signed by the Vice Dean will be conveyed in writing to the student and
104 copied to the student's Society Dean/Student Affairs Dean (University Program) or Physician Advisor
105 (Lerner College Program) within seven calendar days of the appeals panel hearing.

106
107

108 2. *Appeal to the Dean*

109

110 Appeals to the Dean must be requested in writing by the student within fourteen calendar days of the final
111 decision of the Vice Dean's appeals panel and should be addressed to the Dean. The appeal will be
112 presented to an independent, three-member appeals panel, assembled by the Dean according to the
113 process outlined in the Policy on Committee on Medical Students Promotion and Advancement Due
114 Process.

115 The decision of the appeals panel will be according to majority vote and will be communicated to both the
116 Dean and the Chair of the CMSPA in writing within three business days of the hearing. A copy of the
117 appeals panel's decision signed by the Dean will be conveyed in writing to the student and copied to the
118 student's Society Dean/Student Affairs Dean (University Program) or Physician Advisor (Lerner College
119 Program) within seven calendar days of the appeals panel hearing.

120

121 **Reporting Structure**

122

123 As the CMSPA is a standing committee within the School of Medicine, a summary of the actions of the
124 CMSPA is reported to the Faculty Council annually.

125

126 **Membership**

127

128 The CMSPA consists of at least nine voting members, including a chairperson who is appointed by the
129 Chair of the Faculty Council after consultation with the Dean and other committee members. Nine
130 members are elected by the Faculty of Medicine from among its membership. The Dean of the School of
131 Medicine may appoint four additional voting members at the Dean's discretion. At least four voting
132 members must represent the basic science departments, and at least five voting members must represent
133 the clinical departments. Quorum for committee meetings is defined as a majority of voting members
134 being present. A motion made by the committee is passed when a majority of the voting member present
135 vote in favor of the motion.

136

137 The following individuals serve as ex officio members without voting privileges: the Associate Dean of
138 Student Affairs (WR2 University Program), the Chair of the Committee on Medical Education, the Vice
139 Dean for Medical Education, the Associate Dean for Curriculum (WR2 University Program), the
140 Assistant Dean for Basic Science Education (WR2 University Program), the Chair of the Professionalism
141 Work Group, the Director of Student Assessment, ~~and the Chair of the MSPRC~~ MSPRC or designee or
142 their designee. In accordance with the bylaws of the Faculty of Medicine, the number of CMSPA
143 members holding the title of Dean will not exceed 40% of the total CMSPA membership. The Registrar
144 of the School of Medicine will serve as secretary. The CMSPA Chair will invite the LCP Executive Dean
145 to any discussions involving a LCP student but will require that the LCP Executive Dean leave the

146 [meeting prior to the CMSPA voting on any motions involving a LCP student. The CMSPA chair](#) may
147 choose to invite directors from combined-degree programs when their students are being presented (i.e.,
148 Director of the Medical Scientist Training Program or MSTP, Director of Oral Maxillary Facial Surgery
149 Program or OMFS).

150
151 The term of office of voting members is five years. Elections will be staggered so that at least one
152 member will be replaced or re-elected each year. An elected member who resigns during a term of office
153 will be replaced through an appointment made by the Chair of the Faculty Council. An appointed member
154 who resigns during a term of office will be replaced through an appointment made by the Dean of the
155 School of Medicine or their designee. The Chair may terminate the term of a voting member who misses
156 more than two scheduled meetings during an academic year.

157
158 **Meeting Frequency**

159
160 The CMSPA meets monthly according to a schedule set by the Chair at the beginning of each academic
161 year. Additional meetings may be called by the Chair as needed. The presence of a simple majority of
162 voting members is considered a quorum, and official decisions of the CMSPA require the presence of a
163 quorum. A motion is adopted when affirmed by a simple majority of voting members present.

164
165 The Chair is responsible for creating the agenda and arranging for its dissemination to all committee
166 members prior to the meetings. The Chair (or designee) presides over meetings, and the secretary is
167 responsible for recording the minutes. Minutes of the prior meeting are approved and/or revised as the
168 first order of business, followed by presentations of students and any relevant updates.

169
170 **Approval of Charge**

171
172 Charge last approved by the Faculty Council November 16, 2015

173
174
175
176

SOM ORCiD Initiative

Jessica DeCaro, MLIS
Director, Cleveland Health Sciences Library

The Cleveland Health Sciences Library (CHSL) has partnered with the Office of Faculty Affairs to reach 100% full-time faculty ORCID profiles connected to FIS by June 30, 2025.



ORCID stands for Open Researcher and Contributor ID.

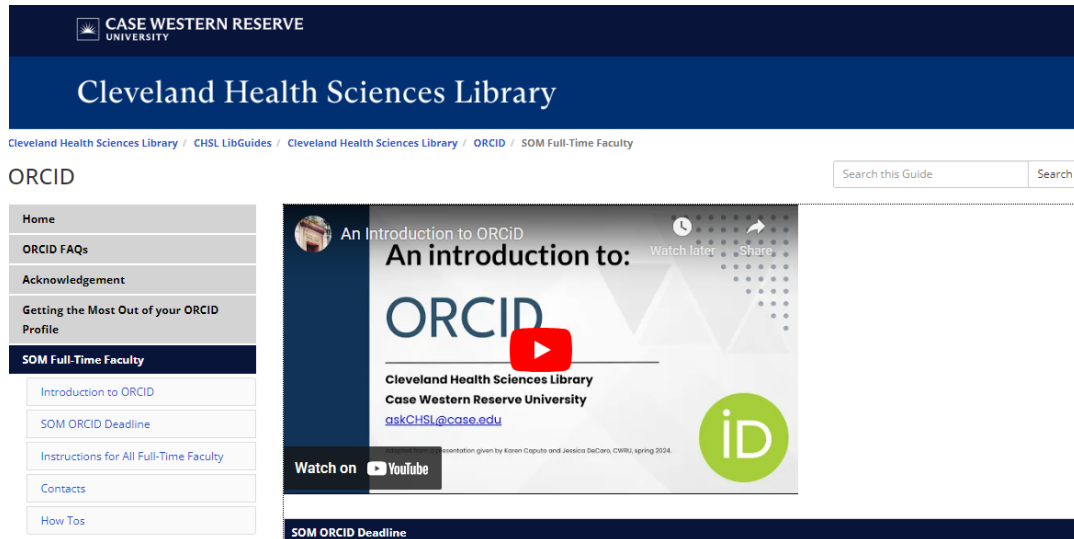
The ORCID Advantage

- Eliminates name ambiguity by creating a persistent unique identifier
- Allows for a comprehensive list of research outputs in one place
- Improves discoverability of research
- Simplifies submission processes to publishers and funders
- Provides a standardized identifier
- Enables researchers to control their own publication record
- Free and accessible to any researcher regardless of their career stage or discipline.

The CHSL is collaborating with our affiliate hospital's faculty administration and libraries.



Resources For Faculty



The screenshot shows the Cleveland Health Sciences Library website. The header includes the Case Western Reserve University logo and the text "Cleveland Health Sciences Library". Below the header is a breadcrumb trail: "Cleveland Health Sciences Library / CHSL LibGuides / Cleveland Health Sciences Library / ORCID / SOM Full-Time Faculty". A search bar is located on the right side of the page. The main content area features a video player with the title "An introduction to ORCID" and a play button. The video player also displays "Cleveland Health Sciences Library Case Western Reserve University" and the email "askCHSL@case.edu". A sidebar on the left contains a navigation menu with the following items: Home, ORCID FAQs, Acknowledgement, Getting the Most Out of your ORCID Profile, SOM Full-Time Faculty (highlighted), Introduction to ORCID, SOM ORCID Deadline, Instructions for All Full-Time Faculty, Contacts, and How Tos. The video player has a "Watch on YouTube" button and a "SOM ORCID Deadline" link at the bottom.

[CHSL ORCID Guide](#)

A comprehensive guide to completing an ORCID profile.

- What is ORCID?
- How to sign up for ORCID.
- How to consolidate accounts.
- How to easily link Web of Science, Scopus, etc. data to ORCID to automate completing the profile.
- Naming conventions for CWRU and affiliate institutions.
- How to connect your ORCID to FIS

Services For Faculty

The CHSL is providing to CWRU SOM faculty and all clinical full-time faculty:

- Department meeting presentations
- Recorded Zoom presentations
- Faculty-Scheduled drop-in appointments

Affiliate hospitals are providing in-house support.

Contact information:

- **CWRU:** contact the CHSL librarians at askCHSL@case.edu
- **Cleveland Clinic Lerner College of Medicine:** contact Michelle Kraft at kraftm@ccf.org
- **Louis Stokes Cleveland VA Medical Center:** contact Robert Bonomo at Robert.Bonomo@va.gov
- **MetroHealth:** contact Laura Frater at laf66@case.edu
- **UH Hospitals:** contact Esther Gutow at esther.gutow@uhhospitals.org

Jessica DeCaro

Cleveland Health Sciences Library
jessica.decaro@case.edu





The Professional Conduct Committee
9501 Euclid Ave, Cleveland, OH 44106
ProfCond@Case.edu

The Professional Conduct Committee Official Charter

Preamble: This Charter is intended to supplement, not supplant, the Bylaws of the School of Medicine and the Case Western Reserve Faculty Handbook. Likewise, the standards and procedures of the School of Medicine Professional Conduct Committee (PCC) are not intended to replace the standards of Professional Responsibility outlined in the Case Western Reserve Faculty Handbook or the procedures for addressing violations of faculty Professional Responsibilities. Rather, the standards and procedures of the PCC shall be applied in a manner consistent with the Bylaws of the School of Medicine and the Case Western Reserve Faculty Handbook.

The Professional Conduct Committee (PCC) is a Dean's committee charged with the responsibility of reviewing referred cases of alleged professionalism misconduct involving faculty of the Case Western Reserve University School of Medicine (CWRU SOM). Professionalism is based on the norms of integrity, respect, inclusive excellence, and kindness as articulated in the SOM Professional Code of Conduct. Professional misconduct is a deviation from these norms. The PCC's role is to review such conduct and recommend a remediation plan when deemed necessary to the faculty member's department chair. A summary of the actions of the PCC will be presented to the Faculty Council annually.

Faculty in the School of Medicine are held to the highest standards of professionalism and previously demonstrated mastery of the clinical competency of professionalism as outlined by the LCME and the ACGME. There are degrees of professionalism lapses that may require graded interventions ranging from informal verbal feedback to formal intervention by the faculty member's chair or other interventions. The PCC acts as review committee for professionalism concerns to be able to provide feedback and potential remediation plans in a consistent and standardized manner. The output of the PCC is recommendation only and holds no disciplinary authority as it relates to a faculty member's employment, appointment status or employment benefits. In such circumstances whereby the behavior being reviewed is felt to be outside the scope of the PCC, the PCC will refer such cases to the proper channels. This includes, but is not limited to: the University's Office of Equity for conduct that implicates the University's Policy Against Discrimination, Harassment and Retaliation; the Office of Research Misconduct for conduct that implicates the University's Research Misconduct policy; the Faculty Handbook Hearing Procedures for conduct which implicates faculty Professional Responsibilities in a manner where disciplinary action is contemplated or warranted; and appropriate offices within SOM's affiliated institutions.

The PCC meets regularly according to a schedule set by the Chair/s at the beginning of each academic year. The expectation is that the majority of members attend the majority of the voting meetings. Additional meetings may be called by the Chair/s. The PCC works with its affiliated institutions (University Hospitals, Cleveland Clinic, MetroHealth System, VA NEOHS, CCLCM

The Professional Conduct Committee Official Charter

and CWRU SOM) to assure that individual facility codes of conduct are upheld and adhered to. PCC members will also be expected to attend yearly scheduled trainings on investigations and professionalism through CWRU.

The Chair/s is/are responsible for creating the agenda and arranging for its dissemination to all committee members prior to the meetings. The Chair (or designee) presides over meetings. The SOM office of faculty will provide administrative assistance. Members of the PCC will be assigned individual cases to review, investigate, and present to the full PCC during their monthly meetings.

Any faculty member who is referred to or brought to the attention of the PCC shall be notified in writing prior to consideration of any recommendations by the PCC. Reasonable efforts will be made to meet with individual faculty members who come to the attention of the PCC. Additionally, the PCC will reach out to other relevant parties to assure that a thorough and impartial inquiry will be completed while being mindful of the need for confidentiality. All proceedings of the PCC are strictly confidential and may not be discussed outside of committee membership in any modality including but not limited to e-mail, ad hoc conversations, or social media posts with the exception of reporting responsibilities required by applicable policy, law or regulation. Committee members with any actual or perceived conflict of interest with a case brought to the PCC will recuse themselves from participating in specific PCC discussions relevant to the case. Conflicts will be dealt through quorum mitigation. All communications concerning recommendations of the PCC flow through the Chair/s and are communicated to the faculty member's Chair or other appropriate administrator in writing within a reasonable amount of time of the PCC presentation. The office for faculty on behalf of the PCC will confidentially maintain records of investigations and communication.

The PCC is a standing committee of at least twelve members, including a chairperson or multiple chairs who is/are appointed by the Dean and the Dean's Office. Official decisions of the PCC require the presence of a quorum, defined as a minimum of 5 members. A motion is adopted when affirmed by a majority of the quorum. For its inaugural membership, the PCC will be comprised of 2 representatives from each of the following institutions: University Hospitals, MetroHealth System, VA NEOHS, CCLCM, and CWRU SOM. The PCC will determine operational rules and procedures. The following will serve as ex officio members: Representative CWRU Office of Equity and relevant offices. The PCC may choose to invite guests based upon required expertise.

PCC members are individually appointed by the Dean. The term of office of PCC members is determined individually and ranges from 2-3 years. For the 2023-2024 academic year, members volunteered to serve either 2 or 3 years. The charter terms will be updated every academic year. An appointed member who resigns during a term of office will be replaced through an appointment made by the Dean or the Dean's office.

The Professional Conduct Committee Official Charter



Professional Conduct Committee

December 16th, 2024

Presentation to Faculty Council



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Northeast Ohio Healthcare System

- PCC is a Dean's committee of Peer Resource Facilitators
- Following the original ad-hoc committee from Faculty Council
- Charter
- SOP

Professionalism is based on the norms of integrity, respect, inclusive excellence, and kindness as articulated in the SOM Professional Code of Conduct. Professional misconduct is a deviation from these norms. The PCC's role is to review such conduct and recommend a remediation plan when deemed necessary to the faculty member's department chair.

Members

Archana Brojmohun (C)- VA

Jessie Jean-Claude (C)- VA

Todd Bafus (C)-MH/VA

Edward Yu- CWRU

Todd Otteson- UH

Kristian Baker- CWRU

Colin Crowe -MH

Mark Aulisio- UH

Gunnur Karakurt-UH

Aparna Roy- MH

Federico Perez-VA

Luis Tollinche-MH

Non-Voting Members/Contributors

Cynthia Kubu
Susan Freimark
Rachel Lautner



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Northeast Ohio Healthcare System

AY 2023-2024

- Live date 6/19/2023
- Charter
- SOP (updated August 2024)
- Contacts at each of the affiliate locations and other referral resources
- Recruitment of replacement and new members (3+1)

AY 2024-2025

- Professionalism training on 9/26/24 for all members
- Recruitment of replacement and new members (3+1) by Dean's Office
- Book club

Case data

- Resolved 5 cases reported through the [Accountability Management System](#)
- Worked alongside Graduate Education to resolve 2 cases
- Plan to coordinate with Vice Dean of Medical Education and MWG
- Examples of topics of cases: communication issues, salary disputes
- Can email PCC at ProfCond@case.edu

Questions?



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Northeast Ohio Healthcare System

The Professional Conduct Committee SOP

9501 Euclid Avenue, Cleveland OH 44106

ProfCond@Case.edu

1. Purpose

The purpose of this SOP is for the Professional Conduct Committee (PCC) to have clear steps to follow to when reviewing cases presented to the PCC.

2. Scope

These procedures apply to the cases that are presented to the PCC. The cases come to the attention of the PCC in various ways, including through the official reporting portal system.

3. Definitions

3.1 The Professional Conduct Committee (PCC)

The Professional Conduct Committee (PCC) is a Dean's committee charged with the responsibility of reviewing referred cases of alleged professionalism misconduct involving faculty of the Case Western Reserve University School of Medicine (CWRU SOM). Professionalism is based on the norms of integrity, respect, inclusive excellence, and kindness as articulated in the SOM Professional Code of Conduct. Professional misconduct is a deviation from these norms. The PCC's role is to review such conduct and recommend a remediation plan when deemed necessary to the faculty member's department chair. A summary of the actions of the PCC will be presented to the Faculty Council annually.

The PCC acts as review committee for professionalism concerns to be able to provide feedback and potential remediation plans in a consistent and standardized manner. The output of the PCC is recommendation only and holds no disciplinary authority as it relates to a faculty member's employment, appointment status or employment benefits. In such circumstances whereby the behavior being reviewed is felt to be outside the scope of the PCC, the PCC will refer such cases to the proper channels.

3.2 Case Western Reserve University School of Medicine Faculty

Faculty members of a university are scholars and teachers whose responsibilities within the university are to the students, to their colleagues, and to the administration; their responsibilities beyond the university are to their professions and to the communities, from local to international, of which the university is a part

Tenure or non-tenure track faculty members are scholars and teachers holding full-time academic appointments at the ranks of professor, associate professor, and assistant professor in the constituent faculties whose obligations to the University include 1) teaching, 2) research and scholarship, and 3) service to the University community.

3.3 Affiliated Institutions

1. University Hospitals Cleveland Medical Center
2. VA Northeast Ohio Healthcare System
3. Metro Health Medical Center
4. Cleveland Clinic

3.4 Professional Misconduct

Professional misconduct is defined as but not limited to behavior that is professionally unsuitable, disruptive or abusive in nature

3.5 PCC Co-Chairs and Secretary

The co-chairs preside over meetings, and the secretary is responsible for recording the minutes. The co-chairs are responsible for creating the agenda and arranging for its dissemination to all committee members prior to the meetings. The co-chairs meet separately to review submitted cases, assign cases to member and plan for upcoming meetings.

4. References and Documents

- 4.1 Faculty Handbook
- 4.2 Case Western Reserve University Policies
- 4.3 The Professional Codes of Conducts from the participating institutions
- 4.4 The Professional Conduct Committee Provisional Charter

5 Roles and Responsibilities

5.1 Co-Chairs See 3.5

5.2 Members

PCC members are individually appointed by the Dean. The term of office of PCC members is determined individually and ranges from 2-3 years. For the 2023-2024 academic year, members volunteered to serve either 2 or 3 years. The charter terms will be updated every academic year. An appointed member who resigns during a term of office will be replaced through an appointment made by the Dean or the Dean's office.

Members attend the meeting to participate and discuss the process and procedures to follow for each case on a case by case basis. Committee members with any conflict of interest such as a personal or professional relationship which may impair their objectivity in discussing a case are expected to disclose such circumstances and recuse themselves from participating in specific PCC discussions.. Any faculty member who has a matter under consideration by the PCC may raise a concern regarding bias or conflict of interest on the part of any member of the PCC with the Chair of the PCC. Committee members with any actual or perceived conflict of interest with a case brought to the PCC will recuse themselves from participating in specific PCC discussions relevant to the case. In the event that the potential bias or conflict of interest involves the PCC chair, the faculty member may raise the concern with any member of the PCC. Conflicts will be dealt through quorum mitigation.

5.3 Quorum

Official decisions by the PCC require the presence of a quorum defined by the presence of 7 voting members. A motion is adopted when affirmed by a majority of the quorum. The expectation is that the majority of members attend the majority of the voting meetings.

6. Procedure

6.1 Intake by SOM Office for Faculty staff

1. Retrieve case
2. Assign a number
3. Notify PCC Co-Chairs
4. De-identify case and upload in box for co-chair review
5. Co-chairs review case and decide if more information is needed from reporter or appropriate to present to committee
6. If more information is needed, then co-chairs to meet with reporter to gather details and prepare case to present to committee

6.2 PCC Co-Chairs review and classify the incident of alleged Faculty misconduct:

1. Misconduct: Notify PCC members and create agenda for meeting to review case
2. Perceived Misconduct
3. Probable Misconduct
4. Not Misconduct/Not PCC appropriate:
 - a. Identify if this case goes to a different body
 - b. Refer to the list of points of contact for each institution
 - c. Provide resources if not misconduct
 - d. Document and close case

6.3 Co-chairs call for PCC meeting and discuss case

1. Determine Level of Severity:
 - I. Grade Level 1: Disrespectful language towards another faculty member, public belittlement or humiliation, inappropriate communication, contributing to a negative environment
 - II. Grade Level 2: Inappropriate requests for personal services from another faculty member, inappropriately denied opportunities to other faculty members
 - III. Grade Level 3: Threats of physical harm or retribution, sexual harassment, and discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation towards one or more faculty members. Requires immediate communication to department chair and referral to the CWRU Office of Equity and others as necessary.
 - IV. Grade Level 4: Includes physical harm or other illegal behaviors. Requires immediate communication to department chair and referral to the appropriate institutional resources.
2. Vote or consensus on level if quorum is present

6.4 Identify the outcome expected/desired by relevant stakeholders involved including PCC, e.g., School of Medicine leadership, Department Chair, Administrative Staff of Institution/HR and Faculty members

6.5 Collect information and pursue an inquiry

1. Identify two specific members of the PCC who will be in charge of collecting information by committee consensus
 - a. Members will recuse themselves when appropriate
 - b. Members who recuse themselves may be interviewed as part of the investigation.
2. Identified PCC members to meet with relevant faculty members separately to gather collateral information
 - a. Notify all parties that retaliation is prohibited
 - b. Notify all parties that confidentiality will be maintained as much as possible during the investigation
 - c. Manage expectations about the process for all parties
 - d. Provide appropriate follow up information to all parties involved
 - e. Gather all information pertaining to the complaint
 - f. Offer EAP or other resources if appropriate
3. Meet with appropriate secondary source or supervisor/chair/administration if appropriate and/or other people involved now and in 2-3 months
4. Share findings with PCC co-chairs and call for meeting

6.6 Reconvene to discuss findings with PCC members

1. Re-classify and regrade based upon inquiry
2. Compile memorandum of inquiry and provide list of resources (e.g., 360 evaluation or coaching) to relevant parties
3. Notification of faculty members involved and department chair of action plan

6.7 Recording and documentation

1. By administrative support staff
2. Outcomes are updated

6.8 Follow up

1. Reach out to secondary sources to whom we addressed our memorandum of inquiry involved in cases such as the Clinical Chair or the Dean within 2-3 months for updates
2. Provide update to PCC in a timely manner

7. Contact Information

The PCC can be contacted by reporting a case through the portal or sending an email to ProfCond@case.edu.

The Professional Conduct Committee SOP



Awards and Honors Committee

Faculty Council Steering committee, 12/2/24

Lynn Singer

Faculty Council's Ad Hoc Committee on Awards and Honors
Approved by Faculty Council 9-23-2019;
Revised by Faculty Council 1-27-2020

- created to increase the number of faculty who are nominated for awards and honors nationally and internationally.
- 1. To identify new and existing opportunities for faculty at every rank, and increase the number of faculty members at CWRU-SOM who receive awards/honors
- 2. To create a nomination process and assist faculty in determining if and when they should apply for various honors/awards
- 3. To recommend procedures for crafting materials including producing templates for some very important awards/honors

Committee members

- Jennifer Bailit
- Tina Lining
- Lia Logio
- William Merrick
- Jonathan Karn
- Robert Bonomo
- Lynn Singer * Chair
- Usha Stiefel
- Jim Young
- Daniel Spratt
- John Chae
- Cynthia Rahn, Susan Reichert, Yi Fritz, Vivian Wei, Elizabeth Fehsefeld, Ariana Ellis

Committee charge

- Meeting monthly
-
1. Develop a searchable listing of honors and awards, eligibility, frequency, deadlines (to the extent possible)
 2. Solicit nominations in conjunction with Department and Center Chairs
 3. Review materials submitted; edits based on opportunity or knowledge of the field
 4. Create a databank of materials for faculty to utilize as samples .
 5. Honor roll

Progress to date

- Developed list of 100+ top awards (infinite number);
- Identified top faculty for eligibility based on Research.com, committee knowledge, Web of Science, etc.
- Committee members presented charge to constituent faculty at affiliates
- Vetting timelines for possible nominations
- Nominations so far: Gairdner (submitted); AAMC 2023 (submitted, not awarded), Alpert (in process, due Nov. 5); Wolf (in process); ASBMB Parasitology (in process); AAAS Fellow (in process); Avery prize (neonatology, in process); Merkin Prize: review; Marian Spencer Fay: review.
- Website created : [Faculty Awards | School of Medicine | School of Medicine | Case Western Reserve University](#)

Progress to date

Website created : [Faculty Awards | School of Medicine | School of Medicine | Case Western Reserve University](#)

Progress to date

1. Identified > 40 prizes, submitted nominations for 22

Examples: AAMC, Alpert prize, Gairdner,

2. Renewed nominations for AAP (Association of American Physicians), ASCI (**American Society for Clinical Investigation**).

3. AAAS (American Association for Advancement of Science); ASBMB (Biochem and Molecular Biology)

Identified barriers

- Need for administrative assistance (someone parallel to research/foundation awards)
- Lack of knowledge about individual achievements that have not already recognized for an award. This could be cumulative work or a single, ground breaking observation.
- Lack of knowledge about faculty membership in professional societies (working with FA for data to be included in FIS) as a large number of awards are society based.
- Faculty not involved in major professional societies: dues, etc., AAAS as example
- Timeline for submission vs. notification; often too late to submit, we are working on year later
- Faculty modesty, lack of willingness or time to create nomination; lack of understanding of need for engagement
- Letter writers/nominators need to be cognizant of the discipline AND able to write an interesting letter.
- Lack of diversity in identifying faculty

What can Faculty do?

- 1. Identify yourself or other faculty for specific awards
- 2. Maintain memberships and leadership in appropriate professional societies
- 3. Insure you identify professional memberships and awards in FIS and acknowledge in annual reviews
- 4. Assist chairs and colleagues in writing letters of nomination; engage your emeriti to help
- 5. Review awards on an ongoing basis well in advance of nomination submission

Findings and Recommendations

- 1. Few resources compared to other universities:
often in **Provost/dean's offices; full time staffing; professional letter writers.**
- **2. encourage faculty participation in and leadership possibilities in professional and scientific organizations.**
- **3. Basic Science and Clinical chairs are critical**

Resolution

- The Committee requests that the School of Medicine provide the committee administrative support sufficient to develop and maintain a robust as well as aspirational Awards and Honors program.

Faculty-**A**dministration Interactions, **C**o-governance and **E**ngagement: “**FACE**”

Why is this needed?

Context: CWRU’s Reputation and its Faculty are at the Heart of our Success as an Institution

Not a new problem: Within the last 15 years SOM came last in 2 surveys of faculty morale compared to the other schools at CWRU and other universities. A Dean’s “Climate survey task-force” was formed in ~2013 (chaired by Alan Levine) and made recommendations to Dean Davis.

Recent (2022) Gallop engagement poll had CWRU fall behind other universities in terms of faculty morale and engagement. An university ‘engagement’ committee with administrators and only initially one faculty member was formed. The Faculty Senate recommended to modify the composition to include faculty – SOM rep is Craig Hodges.

Why now?

The Faculty Senate Well-being committee has been formed, and the Faculty Senate Co-Governance committee will go out to schools to report, refine recommendations

FCSC endorsed Charge for FC ad hoc “FACE” Committee

- Explore options on how to better engage faculty in meaningful service and leadership. What are the strength of the faculty in different settings?
- Suggest mechanisms for better faculty-administration interactions and a sense of SOM co-governance, each side contributing their respective strengths.
- Identify specific issues in which faculty could have “at-the table” decision input at SOM and affiliates.
- How could these activities become more recognized by leadership, incl. hospital dept. chairs and higher-up leadership? Can we identify/request resources esp. at the Affiliates to aid faculty organization and input into issues?
- Work closely with SOM’s representative(s) on Senate Faculty Well Being committee (Alan Levine), Senate ad hoc co-governance committee (Danny Manor), Gallop Poll/Faculty engagement committee (Craig Hodges)
- Duration 2 years

Deliverables:

Already mentioned in charges above (suggest improvements for greater efficiency and effectiveness)

Meeting minutes, Interim written reports at the end of each semester, end or beginning semester report to FCSC and FC.

Final report with suggestions for implementation by June 2025

{Monthly meetings, additional meetings as necessary}

Deciding Membership:

(Self)-Nomination by FC members and Faculty at large by sending a Statement of Interest to Matthias Buck (mxb150) and Nicole Deming (nmd11) by Oct 1st. [usu. format, email will go out]

Then FCSC will discuss candidates at Oct 2nd meeting

If there > 3 candidates for basic science, clinical faculty who want to participate, we will hold a FC wide election.

Team:

Alan Levine, Basic Science, Chair FY24 also member of Senate Wellness Committee
Matthias Buck, Basic Science, Chair FY25

Craig Hodges, Basic Science, also member of Central's Gallup survey/Engagement committee
Lynn Singer, Basic Science, also chair of SOM Awards and Nominations committee
Mendel Singer, Basic Science

Janice Lyons, Clinical Science, UH
Hemalatha Senthilkumar, Clinical Science, Metro
Anantha Krishnan Harijith, Clinical Science, UH

Nicole Deming, Administration, Assistant Dean for Faculty

First year of FACE meetings

12/19/23 focus on engagement ...thinking about 2022 Gallup & other Survey results

Role of Social Events (e.g. early 2000s convocation was at Severance) and in person/personal contact (e.g. now President & Provost update pre-recorded : faculty & staff not asking enough questions)

...what is the follow up after survey, why not AAU or ACMS survey allowing comparison to others?

No women & minority survey since 2017

4/29/24 “low hanging fruit” in SOM vs. fundamentals of faculty climate & engagement/university policy (examples of the latter: APT, SOM/Univ. relationship with UH, IRBs across affiliates etc.)

Change from “what to do...to how to do it”

Type 1 (institutional/complex): A-list (can work on immediately), B-list and C-list (longer term effort)

examples: 1A: Improve relationships UH/Metro/CCF/VA around research initiatives

1B: Greater awareness of opportunities for service on committees and shared governance

re-conceptualizing co-/shared governance to “developing faculty for leadership opportunities”

1C: Academic title requires contribution to SOM needs (APT reform)

Type 2 (low hanging fruit)

2A: Educating faculty mentors and mentees about promotion criteria and processes

2B: Investing in environmental cleanliness and appearance of SOM buildings

{ongoing}

5/8/24 “Conversation” with Danny Manor & Jeff Goldberg re. Senate Shared Governance ad hoc committee

10/28/24 Review of Climate Survey as well as 2022 Gallup Survey

2022 Employee Engagement Survey by Gallup

All Univ Staff & Faculty scored consistently slightly lower than peer institutions, esp. in category of overall satisfaction of institution as a place of work (21%). However, significantly SOM as a whole (607 respondents) was no worse off than the university in reply to questions “in the last 7 days have you received recognition or praise for doing work?” or “my supervisor or someone at work seems to care about me as a person” (mean 3.3 and 4.2 out of 5- extremely satisfied)

Importantly, these means drop very significantly when SOM faculty answers alone (126 respondents) were averaged with means of 2.6 and 3.7 respectively. Also below national average was the faculty answer to the question: “I have the materials and equipment I need to do my work right” (3.5 – i.e. 1/2 neither satisfied, nor dissatisfied).

Overall only 20% of SOM faculty were engaged, 58% not engaged and 22% actively disengaged

2024 Faculty Climate Survey, now available with data broken down for SOM basic sciences

| Participation: | not started | opened | partially finished | finished | of total |
|----------------|-------------|---------|--------------------|----------|----------|
| Basic Sciences | 53 18% | 107 37% | 14 5% | 115 40% | 290 |
| Clinical | 2,263 78% | 410 14% | 94 3% | 129 4% | 2,901 |

Some uncertainty whether survey was received by clinical faculty via their work/affiliate emails (as given in SIS)

Second observation: few clinicians started the survey once opened and only ½ completed it:

Suggestion: do a shorter survey just specific to faculty at affiliates

Areas of least satisfaction: support for securing grants, recognition of teaching, start-up (pilot?) funds

Faculty is not satisfied with the level of transparency re. decision making, esp. financial incl. salary (only 35% feel they are being paid fairly for their work).

In the next 3 years 46% of full professors in the basic sciences are somewhat to extremely likely to leave.

This number is slightly worse than in 2018 (43%) and compared to peer institutions (28%, compared at that time)

Amongst those planning to leave 27% are thinking about retirement, 33% seek a more supportive work environment and 20% more pay. However, amongst assistant professors and instructors the situation markedly improved:

In 2018 57% and 50% wanted to leave, respectively, compared to 24% and 22% now.

Discussion points of 10/28/24 meeting Present Lynn, Hema and Janice – recording available upon request

More on lack of engagement with 2024 climate survey

| | | | |
|-----------------------|-------------------------------|------------------------------|------------------------------|
| Basic science faculty | 2010: 26% response from 434, | 2018: 26% response from 472, | 2024: 40% response from 290 |
| Clinicians | 2010: 12% response from 1592, | 2018: 8% response from 2102, | 2024: 4% response from 2,901 |

Perhaps the most engaged, e.g. clinicians on CWRU/SOM committees incl FC responded.

Even though 40% basic science faculty response looks good, it is still 2nd lowest in the University.
Notice also have the number of basic science and clinical faculty have changed over the years !!

Really challenging to teach (/mentor) this generation (Millenials/GenZ's) with the tools we have:
Suggest to have seminars/education how to better interact with these new generations

Recognition of education, service – a plaque on the wall/online wall or simply a “personal” letter from the Dean
Celebration of new grants with Dean in BRB11th. Floor (under Dean Davis)

Recognition of academic activities: Need (addn.) resources to mentor in departments of affiliates and get promoted
need constant, multi-avenue approach right from onboarding to retirement

Suggest: Faculty Office at SOM could keep a tab on how long faculty have been at different levels of promotion...some folks just give up considering going up.

Discussion points of 11/25/24 meeting Present Alan, Craig, Lynn, Janice, Mendel and Anantha

More on lack of engagement with 2024 climate survey (details from CWRU institutional research: Edward Bolden)

| Clinicians | not opened email | finished some | finished most ~ 2/3rds+ |
|------------|------------------|---------------|-------------------------|
| UH | 68% | 3.6% | 7.1% |
| Metro | 77% | 5.4% | 5.5% |
| VA | 86% | 0.5% | 4.9% |
| CCF | 86% | 2.4% | 1.7% |

Question of whether emails were forwarded (via FIS) to clinical working accounts to be resolved

FC to design new, clinical relevant and much shorter engagement survey; Feedback from FC , esp. junior members what they would like to engage with (barriers/incentives) in terms of service/shared governance

University climate committee focused on “happiness” / surveys what different units do, rather than meaningful engagement
Wellness committee has not met in recent history

Faculty <-> Student engagement is a challenge as well (dis-satisfaction of both with online classes & interactions)

Incentives for clinical faculty (“contracts” rather than Dean’s tax)- more to find out via Nicole/Dean’s office

Faculty Development Council and activities: to reach out to Cynthia Kubu (websites minutes stop 3/2021)

Seek information/interview folks from other institutions which have high levels of engagement, satisfaction

Remaining meetings: Nov 25, Dec, Jan, Feb, Mar, April, May (June?)

Likely Agenda Items:

Revised engagement survey targeted at clinical faculty, input from FC and esp. junior faculty

Connection re. alignment of expectations and incentives at affiliates between engagement and APT

Reports from Wellness Committee (Alan) and Gallup survey taskforce/Engagement committee (Craig)

SOM FC Stance on report from Senate Shared Governance committee, AAUP principles/policies vs. reality

Staff/administration – faculty interaction; have an open discussion/round table with administration

The above will address the underlying questions in three areas below:

How to better engage faculty in meaningful service and leadership.

What are the strengths of the faculty in different settings?

Suggest mechanisms for better faculty-administration interactions and a sense of SOM co-governance, each side contributing their respective strengths.

How to create a better academic and social environment?

Post-tenure review as a faculty/community driven mechanism to promote engagement over a faculty's career

Questions / Comments

Please email: matthias.buck@case.edu (mxb150)