CASE WESTERN RESERVE UNIVERSITY
School of Medicine

Faculty Council Meeting
Meeting Minutes
May 19, 2025

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:02-4:07PM	Chair's Remarks and Announcements	Alan Levine Chair of Faculty Council	The chair called the meeting to order at 4:02PM. Dr. Levine would like to continue next year the practice of holding Hybrid Faculty Council Meetings via Zoom and in person rotating at the affiliates. SOM graduation was held over the past weekend and Dr. Levine hoped everyone was able to attend. The previous climate survey did not address clinical faculty. A new climate survey focusing on our clinical faculty is being created with a volunteer representative from UH, VA, CCLCM, MHS, and the SOM. To minimize time each representative will be asked to provide three questions for engagement (15 total questions) to create a 4-6 question survey. Research will release the survey and analyze the results with the goal of getting this done in approximately two weeks.	
4:07-4:08PM	Approval of April 28 Faculty Council Meeting Minutes	Alan Levine	When polled there were no edits or additions to the April 28 meeting minutes.	With no objections, the April 28 Faculty Council Meeting Minutes were approved by general consensus.
4:08-4:14PM	Remarks by Dean Gerson	Stan Gerson	Dean Gerson noted that we had more faculty participating this year in the MD program than ever before. A terrific speech was given by senior alumnus Craig R. Smith, chair of the Department of Surgery at Columbia University Irving Medical Center of New York Presbyterian Hospital. He had perceptions about the predicament we are in that were very appropriate and helpful. Dean Gerson has been working with the university lawyers and the Sr. Vice President of Research to develop a reasonable approach to the NIH directive on the DEI- related research. Imagine 3 different approaches, one legal, a university one, and the Dean's part on how to enable research. A mix of this was mentioned to the chairs to address ongoing rumblings of concern	

			about engagement turnaround time and status of IRB protocols that go to the university IRB for review. It was suggested to copy the Dean on IRB submissions which he will share with Vice Dean Grace McComsey so we are aware and can help track. Once we have a database it will make it much easier. We are having the first ever AI Medical Education retreat on June 9 - Vision 2030. Addressing topics like how do we train medical students so that they are aware and ready when we get awards three years hence. If you or your colleagues would like to be invited, contact the Dean's Office.	
4:14- 4:20PM	Faculty Council Steering Committee Report	Anastasia Rowland-Seymour	Dr. Rowland-Seymour provided a summary of topics discussed at the May 5 Faculty Council Steering Committee Meeting. Emeritus packets need to meet the expectation, in clear detail, of how the person who is applying for emeritus status demonstrates meritorious service to the university (how your activity as a faulty member of CWRU contributes to the SOM. If it is not clear in the packet it makes it difficult for the Steering Committee to move the application along. Please pass this information on to your department colleagues. The March and April FCSC meeting minutes were reviewed and approved, the Faculty Council agenda for today's meeting was created and a sabbatical application was reviewed. Dr. Craig Hodges from the Committee on Budget, Finance and Compensation (CBFC) joined the meeting and the election ballot was discussed, followed by a conversation on bylaws and the APT reform. Dr. Levine noted that Dr. Collins and Dean Deming have been working very hard through Bylaws on APT reform. Dr. Collins was not able to finish the bylaws component of those three parts by today so he will present at the June Faculty Council Meeting.	
4:20-4:23PM	Senate/ExCom Report	Matthias Buck	Dr. Buck reported that at the May 12 Senate Ex/Com Meeting the bylaws were amended to include the creation and merging of departments. Discussion on the framework for faculty post docs and students was presented, as was Faculty Compensation Recommendations for the Board of Trustees.	
4:23-4:43PM	Research Updates at the VA	Robert Bonomo Neil Peachey	Neil Peachey, PhD, Associate Chief of Staff for Research at the VA, noted that the VA has an intramural research program with some unique resources. The VA research programs focus on challenges relevant to the Veteran population. Priorities mirrored	

	Research Updates at the VA (continued)		By local Cleveland VA research programs include rehabilitation research, infectious disease, neurodegenerative disorders, wet lab facilities, clinical research projects, and patient testing resources. Opportunities are available for those who are not from the VA to become VA Investigators with additional opportunities for grant supports. It is important to bear in mind that VA is an intramural research program. The first step is buy-in from the CRWU leadership/chair. Dr. Peachey is available to discuss opportunities with CWRU faculty. One million enrollees have been recruited, at approximately 60 sites, for the national HER, Million Veteran Program. MVP data is available for VA and other grant mechanisms including NIH. This program consists of a mostly elderly male population; a very diverse group mirroring the national population (European ancestry, African ancestry). VA/CWRU dual-appointed researchers have responsibilities to both institutions and VA research should be conducted on-site at VA. Dr. Bonomo stated that he and Dr. Peachey work very closely with faculty development, getting residents and fellows (post doc fellows, as well) interested in VA based research They are very committed to that educational objective. The U.S. Dept of Veterans Affairs Science & Health Initiative to Combat Infectious and Emerging Life-Threatening Diseases (VA Shield): A Biorepository addressing National Threats, is an effort to support the VA's fourth mission to improve the Nation's preparedness for national emergencies and to support emergency management, public health, safety, and homeland security efforts. VA SHIELD is a comprehensive, secure biorepository of specimens and associate data related to COVID-19 and other diseases. These specimens and data are available to VA investigators (and the larger biomedical research community) to advance scientific understanding in support of developing diagnostic, therapeutic, and preventative strategies for use in clinical care. Sheild's main goal is interagency collaboration. with the CDD, NIH, Department of Defense, and to learn from these resources how to create a really good biorepository.	

4:43-4:47PM	Nominations from the Floor		Dr. Levine opened the floor for nominations for Faculty Council Steering Committee and standing committee elections. Those whose names have been put forward for nomination will be contacted to see if they are willing to serve and request them to submit a statement of interest. To date, we do not have any nominations for the NEC (term runs concurrent with the Faculty Council member's term on Faculty Council). Anastasia Rowland-Seymour nominated Dr. Qingzhong Kong for Faculty Council Steering Committee. He will be contacted and if interested an SOI must be filed by this Friday, May 23. Nicole Deming will reach out to the candidates. The chair called the ballot to close and went on to the next agenda item.	
4:47-4:52PM	PA PAF- NTM-MIN: Nutrition and Metabolism Minor (vote required)	Hope Barkoukis	Dr. Barkoukis provided an overview of classes required and different options for electives for this new minor. Of seven courses, six are in existence. There was a very extensive and comprehensive vetting analysis process for this minor before it came to Faculty Council.	A motion was made by a FC member and seconded by a FC member to approve the PA PAF-NTM-MIN: Nutrition and Metabolism Minor Vote: 35 were in favor, 0 was against, and 2 abstained. The motion passes.
4:52-4:58PM	PAF - NWC-MIN: Nutrition for Women and Children Minor (vote required)	Hope Barkoukis	Dr. Barkoukis reviewed the course requirements and the electives from five options. A concern was raised that given the current administration executive order against DEI, would a course for women and children cause a problem for the SOM and university. Dean Gerson did not think that this minor gives the appearance of a preference to a group, so within the confines of the equation, so long as the study of nutrition in women and children is equitable in its appreciation of other groups, not women and children. There was a very extensive and comprehensive vetting analysis process for this minor before it came to Faculty Council.	A motion was made by a FC member and seconded by a FC member to approve PAF - NWC-MIN: Nutrition for Women and Children Minor Vote: 34 were in favor, 1 was against, and 2 abstained. The motion passes.
4:58PM-5:48PM	Annual Report for the Committee on Budget, Finance and Compensation	Craig Hodges	Dr. Hodges provided an overview of the charges and members of the CBFC. A report from Paul Bristol, Vice Dean for Finance, (second quarter) indicates the SOM projected margin for the 2024-2025	

	Annual Report for the Committee on Budget, Finance and Compensation (continued)		year (FY25) will be about $5.1 million. This is less than originally requested margin of $9 million by the university from SOM but this reduction was primarily due to 1) the loss of tuition due to decreased enrollment in Master's programs 2) decreased or flat NIH funding in SOM. For the FY26 year SOM is requested to produce $12.9 million surplus for FY26. (FY 2026 budget for whole SOM is ~$584 million so this margin is 2.2%) Current Challenges include a proposed NIH indirect rate cut to 15% (currently 61%); Slowdown of NIH approvals, and payline/ budget cuts FY25/26. Tariffs are going to increase costs for everyone. To offset, the SOM proposes to increase faculty salary coverage off grants from 48% to 52% with an overall goal of 70%, increase philanthropy; ensure Master's programs are sustainable and competitive; recruit faculty at all levels with proven track record in funding; build centers to improve multi-PI awards; reduce departmental deficits; and increase tuition 2.5% over all programs. He provided a summary of the current incentive portion of the compensation plan and noted that incentive pay is supposed to be for outstanding performance. It will not be included in fixed compensation, and will not automatically renew from year to year. Maximum incentive will be capped at 17% of total compensation and anything over 17% will be transitioned to base salary over three years for those meeting benchmarks • If faculty do not reach 50% salary support from external sources the incentive becomes at risk. The 50% salary will be evaluated over a three-year period June 1 2021 to June 30, 2024 for the upcoming July 1st. Then the window rolls over three years after that. • If the three-year average is below 50% faculty will lose 1/3 of their incentive starting July 2025. If that shortfall continues then they would lose another 1/3 July 2026 and then another 1/3 July 2027 if average coverage below 50% continues. • SOM will consider teaching contributions to put the faculty member above 50% as it pertains to medical school teaching and BSTP 1st year teaching effort.	

	Annual Report for the Committee on Budget, Finance and Compensation (continued)		• 104 of the 299 faculty that have incentive do not currently meet the 50% average but if teaching considerations are taken into account, then 66 faculty would lose 1/3 of their incentive starting July 2025. The "savings" for the first year would be ~$650K (or 0.1% of the whole SOM FY26 budget). The retrospective nature of this plan does not allow for adjustments before July 1st. Current incentives have not been used as "bonuses" but more of salary adjustments/equity. Teaching or high time burden service provided is not taken into account. The timing isn't optimal given potential NIH cuts. For the first time, mass faculty compensation reductions are being proposed when SOM is expected to produce surpluses by the university year after year. Even when the SOM was in the red in the past, reductions were never proposed. Please send any suggestions for future goals of the FCBFC to craig.hodges@case.edu The floor was then opened to questions and comments. Circulating a document to our chairs regarding the incentive plan could be beneficial. Not all of our chairs have disseminated this information to their people. Dr. Levine noted that we have inherited an incentive program that was misused. We need to address incentive money that should not have been there in the first place. Perhaps Faculty Council needs to recommend a solution that respects the fact that the incentive program was misused and that the Dean or Paul Bristol's proposal takes that into account. Absence of the Dean's Tax for affiliates has been something mentioned over several years, and may be a topic that should be brought up for discussion. Dr. Hodges was not aware if the 104 people affected have been informed of their situation. Some may have spoken to Paul Bristol or their chairs, but he wasn't sure if all of them have been identified. It was felt that even if they found out last month the notice was still insufficient, since this is effective immediately. Dr. Levine suggested that due to time constraints, this conversation continue via email.	

5:48-5:50PM	Results of Motions at April 28 Faculty Council Meeting when we no longer had quorum		At the April 28 Faculty Council Meeting a motion to Change the name of the Committee on Women and Minority Faculty to the Committee on Faculty Community and Representation and to update and change the committee charge. These motions were voted on before it was discovered we no longer had quorum. An email ballot was sent out to all Faculty Council members with these results.	A motion was made by a FC member and seconded by a FC member to change the name of the Committee on Women and Minority Faculty to the Committee on Faculty and Community Representation. Vote: 47 were in favor, 1 was against, and 2 abstained. A motion was made by a FC member and seconded by a FC member to approve the charge changes to the Committee on Faculty and Community Representation (formerly the Committee on Women and Minority Faculty Vote: 43 were in favor, 3 was against, and 5 abstained.
5:50-5:51PM	Good and Welfare		The June 23 Faculty Council meeting will be hybrid – in BRB105 with a reception afterwards and via Zoom. Dr. Levine encouraged everyone on the SOM campus to come to the reception.	
5:51PM	Adjourn		There being no further agenda items to address, the chair adjourned the meeting at 5:51PM.	

Present

Joshua Arbesman
Blaine (Todd) Bafus
Stephanie Barnes
Elvera L. Baron
Kavita Bhatt
Matthias Buck
Hulya Bukulmez
Adrienne Callahan
Nadim El Chakhtoura
Wayne Cohen-Levy
Jessica Fesler
Calen Frolkis
Lisa Gelles
Stan Gerson
Amy Hise
Jason Ho
Sheronica James
Venkatesh Kambhampati
Hung-Ying Kao
Camilla Kilbane
Bret Lashner
Alan Levine
Jennifer Li
Lia Logio
Janice Lyons
Tani Malhotra
Claudio Milstein
Michael Moffitt
Monica Montano
Nona Nichols
Rebecca Obeng
Ruben Olivares
Sarah Ondrejka
Elizabeth Painter
Neal Peachey
Abigaill Raffner (Basson)
Elizabeth Rainbolt
Rania Rayes-Danan
Ann Rivera
Anastasia Rowland-Seymour
Ben Schwan
Hemalatha Senthilkumar
Demitre Serletis
Paul Shaniuk
Bryan Singelyn
Simran Singh
Michael Staudt
Gregory Videtic
Scott Williams

Not Present

Robert Abouassaly
Mohammad Ansari
Corinne Bazella
Maura Berkelhamer
Melissa Bonner
Francis Caputo
Andy Chen
Patrick Collier
Thomas Collins
Marta Couce
Meelie DebRoy
Mackenzie Deighen
Jeremiah Escajeda
Keshava Gowda
Ramy Ghayda
Rachael Gowen
Bahar Bassiri Gharb
Emily Hamburg-Shields
Andrew Harris
Vanessa Ho
Susan Linder
David Ludlow
Maeve Hopkins
Eric W. Kaler
Sadashiva Karnik
Sandeep Khanna
Gaby Khoury
Qingzhong Kong
Christina Krudy
Stephen Leb
Ang Li
Shawn Li
Dan Ma
James Martin
Raman Marwaha
Amy McDonald
Christopher McFarland
Gillian Michaelson
Cyrus Rabbani
Deven Reddy
Tamer Said
Matthew Sikora
Phoebe Stewart
James (Jim) Strainic
Nami Tajima
Patricia Taylor
Saba Valadkhkan
Raed Zuhour

Others Present

Hope Barkoukis
Robert Bonomo
Nicole Deming
Mirela Dobre
Jonathan Fanaroff
Trish Gallagher
Joyce Helton
Craig Hodges
Joey Kass (BGSO)
Vijaya Kosaraju
Alagram Kumar
Aram Loeb
Karen B. Malloy
Donald Mann
William Merrick
Lila Robinson
Jin Safar
Xiaomei Song
Erika Trapl
Ming Wang

CASE WESTERN RESERVE UNIVERSITY
School of Medicine

Faculty Council Meeting
Draft Meeting Minutes
April 28, 2025

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:02-4:08PM	Chair's Remarks and Announcements	Alan Levine Chair of Faculty Council	The chair called the meeting to order at 4:02PM. Dr. Levine explained that the previous climate survey had a poor response from the affiliate hospital faculty and that many of the survey questions were not appropriate for clinical faculty. Over the next few weeks, a new survey will be going out and he is soliciting comments to assist in developing that survey. Dr. Levine noted that that NEC is working hard to fill all of the empty slots (Chair-Elect, Faculty Council Steering Committee, and the standing committees). He asked the council members to encourage their constituents about getting involved in Faculty Council at many levels. When asked to elaborate on the Chair-Elect requirements in terms of how long someone has left Faculty Council or restrictions on who can run for that position, Dr. Levine explained that you must be a current Faculty Council member. If your appointment ends on July 1, you are still eligible for Chair-Elect. For the openings on the Faculty Council Steering Committee, you must be a current Faculty Council member and your appointment cannot end on July 1 2025; you must be a voting member of Faculty Council.	
4:08-4:10PM	Approval of March 24 Faculty Council Meeting Minutes	Alan Levine	Edits were suggested to the March 24 meeting minutes; it was revised and posted to BOX.	With no objections, the revised March Faculty Council Meeting Minutes were approved by general consensus.
4:10-4:25PM	Faculty Council Steering Committee Report	Anastasia Rowland-Seymour	Dr. Rowland-Seymour provided a summary of topics covered at the April 7 Faculty Council Steering Committee Meeting. The committee had the opportunity to hear from Paul Bristow about the compensation plan (to be shared by the Dean at a later date) and spent the majority of the meeting discussing the plan and the incentive portion and what that would mean in terms of	

	Faculty Council Steering Committee Report (continued)		percentages of faculty that would be affected by this and the amount that would be saved over the course of the year. They discussed two proposals (one sabbatical and one emeritus appointment). The committee discussed what the faculty response should be to the threat to the university and academic freedom, and whether it might be beneficial for the university to partner with other universities to protect themselves. No clear resolution was brought forth. The Dean has stated that he will obey the law and we will not give up our principles following that law. Alan Levine briefly reiterated the three questions addressed by the Dean in the Dean's Third Meeting of Faculty on April 22. Paul Bristow added that he and Dean Gerson are moving forward with a draft model and do plan to get communication out this week to the chairs. He noted that the Dean emphasized last Tuesday that we have 3,500 faculty and 200-300 basic science faculty paid by CWRU. When we talk about salary both involved in new programs in SOM, it is a very small percentage.	
4:25- 4:32PM	Senate/ExCom Report	Matthias Buck	Dr. Buck reported that the Senate ExCom discussed the merging and splitting of departments. The topic of post-doctoral healthcare came back from the senate committee on graduate studies, which Dr. Buck had presented to a week or two earlier. They decided not to revisit the current policies, so it stays in place. Post docs and faculty development merged with the Post Doc Office. It has not yet been determined which committee of the faculty senate will look after the post docs. The hospital-based faculty committee on tenure looked at practices at UH and MHS concerning tenured faculty members. This committee closed the loop looking at the VA and came up with the same recommendation that tenured faculty members should have an appointment in a basic science department in the medical school or General Medical Sciences and benefits maintained when faculty moves from a hospital to a SOM center. The Faculty Committee on Women presented some changes to the faculty handbook on parental leave. Nineteen weeks of paid parental leave can be shared between two parties and across two semesters.	

4:32-4:38PM	Annual Report for the Program Review Committee	Nick Ziats	Dr. Ziats explained that the Program Review Committee is a standing committee of faculty that serves as a college curriculum committee, in the CWRU approval matrix, overseeing/reviewing major changes to existing programs, and presenting their recommendations to Faculty Council. The Program Review Committee is distinct from the Curriculum Review Committee which is tasked with reviewing new courses. Dr. Ziats listed the committee members and noted that the Program Action Form is accessible on-line. The workflow follows the new on-line Program Action Form. He showed the sequence for the flow approval process for new programs and presented a brief overview of the programs reviewed by the committee in 2024-2025.	
4:38-4:47PM	Remarks by Dean Gerson	Stan Gerson	Dean Gerson noted a conversation in the last half hour with the country's deans of schools of medicine talking about accredit-tation of medical schools, both executive orders, and the effort that is beginning for LCME to reconsider its approach to the accreditation process. The Dean held a town hall with medical students to discuss what has happened since January and to get feedback from any Faculty Council members who attended. A brief update of the schools was provided and they went over the impact of the executive orders, the restructure of DEI, and education programs impact on perceived and real education in NIH funding, interview processes, and compensation and transparency of communication for the Dean's Office to the entire faculty. He noted that while the school and the university continue with ongoing contingency planning, this cannot be made public. Each of our component institutions has a threatened source of funding for its research and education mission. While all are affected differently, logically, the SOM is the most affected of the five campuses, and even more so than the university, because of the nature of its funding -- external funding being exclusively NIH support. Given the anxiety generated for foreign-based students, the composition of our incoming classes, at every level from outside the U.S, has dwindled rapidly, which obviously affects the competitiveness of the programs, the number of	

	Remarks by Dean Gerson (continued)		matriculating students, and therefore our budgets and resources. While the LCME gave us 6-7 items of concern; it is an improvement since, typically, it has been 15-16.	
4:47-5:11PM	Research Updates at MHS	John Chae	The Center for Cancer Research has experienced tremendous growth in the last 7 years. They have 10 investigators; all members of the Case Comprehensive Cancer Center covering areas of research. MHS is heavily invested in cancer research. The Vector and Cellular GMP Lab (opened in March 2023) for under-resourced populations. The Center for Cancer Research is the smaller of the three groups and is well funded. They launched 7 core facilities in February 2024. Dr. Chae provided a brief overview of the current NIH grants. He noted that two grants were recently terminated due to current executive orders. The 2024 Annual Report Summary indicated that there are 37 active grants where MHS ~17 core faculty serve as PI, co-PI or site PI totaling over $50 million dollars to MetroHealth, with 8 new grants in 2024. Twenty-nine additional grants are co-I (an additional $26 million dollars). The summary indicated there were 164 peer-reviewed publications and 85 national presentations with 17 as invited national presentations. Fifty of these publications had Dr. Kaelber as a co-author. The Institute for Rehabilitation Research is led by a Steering Committee of 7 investigators (from translation from basic sciences to implementation science). They are funded primarily by NIH but also from other federal and state agencies, as well as foundations. The Blue Ridge Institute for Medical Research acknowledged Case Western Reserve University & Cleveland Clinic Lerner College of Medicine as number one in the nation. The Institute for Rehabilitation Research has developed a non-opioid treatment approach to chronic pain. They developed a technique where high frequency blocks nerve signals and pain providing relief, which has received FDA clearance. Dr. Levine noted that the SOM does not have the resources within the SOM to bail out the labs, especially if the research being conducted is not likely to be refundable in the current	

	Research Updates at MHS (continued)		environment. It is in everyone's best interest to find other funding. He clarified that at the time of appointment to the lab of the SOM grad students, the principal investigator and the chair obligate themselves to a stable financial support for that grad student until graduation. If the lab finds itself having to make the difficult decision of technical vs. grad student, the last to go is the grad student. It is then incumbent upon the department chair to find funding if resources have been exhausted. We support the grad student to graduation.	
5:11-5:31PM	Committee on Women and Minority Faculty New Charge and Name Change	Amy Hise Thomas Collins	The Committee on Women and Minority Faculty is petitioning Faculty Council to change the committee's name to the Committee on Faculty and Community Representation. There would be a similar adjustment to some of the language in the charge to be in alignment university wide. Dr. Hise clarified that part of the changes were from a mandated 5-year review of the charge. Those changes reflected more accurately what they do as a committee. They wanted to change the charge in title to be in closer alignment with the rebranding of offices at the university level as well. They also wanted to reflect that their committee has discussed being inclusive of many different faculty groups, not limited to the narrow focus on our faculty. Dr. Collins noted that the Bylaws Committee has reviewed this, with some minor editing, but did not have any conflicts with the SOM bylaws or the faculty handbook, and therefore approved the changes. Dean Gerson commented that especially in this era, the role and value of this committee should be remarkably important to all within the SOM. His concerns were that it falls short. He wanted the committee to consider (formally or informally), and Faculty Council, and Bylaws to note, that nowhere in the document is it stated that the charge aligns with the SOM strategic plan, which includes a section containing very important specifics on academic community enhancement. It would seem, from the Dean's perspective, that the committee would be separated from the priorities, and support commitments and financial investments that are outlined in the strategic plan section on Academic Community Engagement & Advancement. He suggested a better alignment be indicated or the intention for that alignment be part of the charge for the committee.	

	Committee on Women and Minority Faculty New Charge and Name Change (continued)		Taking the Dean's request into account, Dr. Hise felt that it warranted further discussion with the committee and the Dean. Given we are at the tail end of this academic year, she proposed a vote on the revisions as presented to Faculty Council today with a plan to discuss this further with the committee and the Dean and possibly come back early in the fall with additional changes of the charge that would incorporate the Dean's recommendations. The membership of the committee is changing with new members, and her term as chair will be ending. At the next committee meeting they will plan to move forward on this topic. The name change and the charge (as written by the committee and modified by bylaws in BOX) is being asked for approval from Faculty Council today. After the motions were voted on, it was realized that Faculty Council no longer had quorum. A ballot will be sent out by email for a vote on the motions to approve the name change, charge update, and to revisit the charge.	A motion was made by a FC member and seconded by a FC member to change the name of the Committee on Women and Minority Faculty to the Committee on Faculty and Community Representation. Vote: 28 were in favor, 1 was against, and 0 abstained. No quorum – vote invalid A motion was made by a FC member and seconded by a FC member to approve the charge changes to the Committee on Faculty and Community Representation (formerly the Committee on Women and Minority Faculty Vote: 23 were in favor, 4 was against, and 0 abstained. No quorum - vote invalid A motion was made by a FC member and seconded by a FC member to revisit the charge. Vote: 23 were in favor, 0 was against, and 2 abstained. No quorum - vote invalid
5:31-5:35PM	New Business		The Council offered no new business to address.	
5:35:5:38PM	Good and Welfare		The goal of Faculty Council is to make sure that the strategic plan of the SOM is in line with what we think and make sure that Faculty Council is in line with the strategic plan.	
5:38PM	Adjourn		There being no further agenda items to address, the chair adjourned the meeting at 5:38PM.	

Present

Joshua Arbesman
Stephanie Barnes
Elvera L. Baron
Kavita Bhatt
Matthias Buck
Adrienne Callahan
Wayne Cohen-Levy
Patrick Collier
Thomas Collins
Marta Couce
Jeremiah Escajeda
Jessica Fesler
Calen Frolkis
Lisa Gelles
Stan Gerson
Andrew Harris
Amy Hise
Jason Ho
Sheronica James
Sadashiva Karnik
Venkatesh Kambhampati
Gaby Khoury
Alan Levine
Jennifer Li
Janice Lyons
Tani Malhotra
Claudio Milstein
Monica Montano
Nona Nichols
Rebecca Obeng
Sarah Ondrejka
Elizabeth Painter
Cyrus Rabbani
Rania Rayes-Danan
Deven Reddy
Ann Rivera
Anastasia Rowland-Seymour
Ben Schwan
Hemalatha Senthilkumar
Demitre Serletis
Simran Singh
Phoebe Stewart
Scott Williams

Not Present

Robert Abouassaly
Mohammad Ansari
Blaine (Todd) Bafus
Corinne Bazella
Maura Berkelhamer
Melissa Bonner
Hulya Bukulmez
Francis Caputo
Andy Chen
Meelie DebRoy
Mackenzie Deighen
Nadim El Chakhtoura
Keshava Gowda
Ramy Ghayda
Rachael Gowen
Bahar Bassiri Gharb
Emily Hamburg-Shields
Vanessa Ho
Susan Linder
Lia Logio
David Ludlow
Maeve Hopkins
Eric W. Kaler
Hung-Ying Kao
Sandeep Khanna
Camilla Kilbane
Qingzhong Kong
Christina Krudy
Bret Lashner
Stephen Leb
Ang Li
Shawn Li
Dan Ma
James Martin
Raman Marwaha
Amy McDonald
Christopher McFarland
Gillian Michaelson
Michael Moffitt
Ruben Olivares
Neal Peachey
Abigaill Raffner (Basson)
Elizabeth Rainbolt
Tamer Said
Paul Shaniuk
Matthew Sikora
Bryan Singelyn
Simran Singh
Michael Staudt
James (Jim) Strainic
Nami Tajima
Patricia Taylor
Saba Valadkhkan
Gregory Videtic
Raed Zuhour

Others Present

Shane Angus
Hope Barkoukis
John Chae
Nicole Deming
Mirela Dobre
Joyce Helton
Joey Kass (BGSO)
Vijaya Kosaraju
William Merrick
Lila Robinson
Ming Wan
Nick Ziats

RESULTS of Motions from April 28, 2025 Faculty Council Meeting

Q1 - Change in Name of Committee on Women and Minority Faculty to: Committee on Faculty Community and Representation The purpose of the Committee on Faculty Community and Representation is to act in an oversight and advisory capacity to identify factors that have impeded progress towards improving the status and well-being of all faculty in the School of Medicine and recommend ameliorative policies and actions to the School of Medicine (SOM) Faculty Council and Administration

	Count	Count Percentage
In Favor of Change of Name	47	94%
Not in favor of Change of Name	1	2%
Abstain	2	4%

Q1 - Q2 - Change in Charge for: Committee on Faculty Community and Representation Proposed updates and changes to the committee charge updated 04 22

	Count	Count Percentage
In Favor of Change To Charge	43	84%
Not in favor of Change of Name	3	6%
Abstain	5	10%

2024

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

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

PROPOSED AMENDMENTS MAY 20, 2024

CASE WESTERN RESERVE UNIVERSITY
School of Medicine

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1. Introduction: School of Medicine Faculty

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

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

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

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

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

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

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

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

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

2. Classification of Appointments

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

A. Full-time Faculty Appointments and Titles

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

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

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

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

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

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

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

a. Academic Tenured and Tenure Track

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

[1] Faculty Handbook: Article I Membership of the University Faculty Section A. Tenured or tenure-track faculty members

[2] Faculty Handbook: Article I Membership of the University Faculty Section B. Non-tenure track faculty members

i. Tenure Track Faculty Defined

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

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

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

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

b. Academic Track (Non-tenure Track)

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

i. Academic Track Faculty Defined

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

ii. Service Expectations

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

iii. Clinical Scholarship

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

c. Clinical Academic Track (Non-Tenure Track)

i. Clinical Academic Track Faculty Defined

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

ii. Distinctions between Academic and Clinical Tracks

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

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

- leadership of and supervision of, committees, tumor boards, review panels, and

education programs;

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

d. Selection of Track

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

e. Transfer between Tenure and Non-Tenure Tracks

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

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

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

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

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

B. Tenure

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

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

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

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

unlimited duration until retirement.

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

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

a. The Pre-Tenure Period

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

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

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

period except for extensions made under (3) above.

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

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

b. Tenure Guarantee

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

c. Special Faculty Appointments and Titles

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

i. Adjunct Clinical Part-Time Faculty

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

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

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

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

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

ii. Research Faculty

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

iii. Visiting Faculty

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

iv. Emeritus Faculty

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

d. Multiple Appointments

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

i. Primary-Secondary Appointments.

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

a. Secondary Appointments and Promotions

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

the discretion of the dean.

b. Secondary Appointments in the Division of General Medical Science

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

ii. Joint Appointments

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

e. Appointment Terms

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

3. Qualifications for Appointments and Promotions in all Tracks

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

A. Professionalism

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

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

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

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

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

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

guidance, as to the applicability of appointment or promotion.

a. <u>Academic Tenured and Tenure Track</u>

i. Assistant professor presents evidence of a record of scholarly activity and the potential to advance in a field of research. Generally, the candidate should have received a doctoral degree and completed at least several post-doctoral or fellowship years. Assistant professors in the tenure track should have some teaching experience and show a commitment to assuming teaching duties.

ii. Associate professor presents evidence of excellent research and recognition of the research program at a national level. Candidates must demonstrate an established reputation, as individual investigators or within a research team, for original ideas, innovations, and contributions. A high level of teaching effectiveness and service contributions is also required.

iii. Professor presents evidence of sustained excellence, enhanced recognition of research contributions, and a national or international reputation. Candidates must demonstrate an established reputation, as individual investigators or within a research team, for original ideas, innovations, and contributions. A high level of teaching effectiveness and service contributions in the medical school's educational programs and in service on SOM or CWRU committees is also required.

b. <u>Academic Track (Non-Tenure Track)</u>

i. Assistant Professors presents evidence of expertise in their field of study and should have received a doctoral degree and completed several postdoctoral or fellowship years. Individuals should have some teaching experience and show a commitment to assuming teaching responsibilities. Faculty in clinical practice should be board-certified or board eligible.

ii. Associate professors present evidence of considerable recognition locally, and regionally as a clinical expert and prominent referral resource in their clinical area of expertise with considerable evidence of scholarship and educational activity using the components of evidence outlined above.

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

c. <u>Clinical Academic Track (Non-Tenure Track)</u>

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

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

ii. Associate Professor places greater emphasis on the mature and durable recognition of clinical, education and/or service excellence and ongoing contributions and impact to clinical scholarship and/or educational activity. Commonly, such evidence of contributions to the field includes regional or broader recognition which may be noted in multiple ways. The APT committee will consider local and/or regional recognition as reflected in leadership roles, high impact clinical programs, regional referral pattern, including education programs (including program directors), and or advancement of the field. When presenting local impact as the primary consideration for promotion, the magnitude and likely durability of the impact will be especially important factors. This may be reflected in statements by the candidate and their chair and corroborated by external reviewers.

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

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

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

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

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

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

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

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

4. Process for Full-time Faculty Appointment and Promotion

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

A. <u>Process for Full-time Faculty Appointments and Promotions</u>

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

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

B. Process for Part-time Faculty Appointments and Promotions

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

C. Department and Medical Center Review

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

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

D. Referee Letters

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

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

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

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

Letter requests:

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

a. For Academic Tenured and Tenure Track Appointments

Assistant: 3 letters from mentors and advisors
Associate: 6 letters external letters
Professor: 6 letters external letters

b. For Academic Track Appointments

Assistant: 3 letters from mentors and advisors
Associate: 6 letters external letters

Professor: 6 letters external letters

c. For Clinical Academic Track Appointments
Assistant: 3 letters from mentors and advisors
Associate: 6 letters external letters
Professor: 6 letters external letters

d. For Adjunct Clinical Part-time Appointments
Assistant: 3 letters from mentors and advisors
Associate and Professor: 3 letters
1 letter from a colleague currently at a different institution
1 letter from an independent arm's length expert in the field
1 letter from a US based clinician in the field

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

a. Faculty Request for Appointment or Promotion.

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

b. CV:

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

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

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

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

c. Educator Portfolio.

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

- Sample Education Portfolio

d. Personal Statement:

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

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

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

e. Additional Statements

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

6. Special Process Considerations

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

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

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

from the incoming chair as noted above

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

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

B. Reinstatement of CWRU appointment within two years

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

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

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

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

NTM-MIN: NUTRITION AND METABOLISM MINOR

In Workflow

1. University Registrar Review (jpn30@case.edu; rgs111@case.edu)
2. NTRN Chair (hdb@case.edu)
3. MED Library Review (jed115@case.edu; twh7@case.edu)
4. MED UTech/International Affairs Review Vote (mxr854@case.edu; tmo13@case.edu; exa313@case.edu)
5. MED Graduate Education Office Review (mcb19@case.edu; mwj7@case.edu)
6. MED Graduate Education Committee (npz@case.edu)
7. MED Faculty Committee (nmd11@case.edu)
8. MED Dean (slg5@case.edu; sxr406@case.edu)
9. Provost Office - UGRD Curriculum (Review) (pas125@case.edu)
10. FSCUE Curriculum subcommittee (pas125@case.edu)
11. Faculty Senate Committee on Undergraduate Education (FSCUE) (pas125@case.edu; pai2@case.edu)
12. Faculty Senate Executive Committee (krm78@case.edu)
13. Faculty Senate (krm78@case.edu)
14. President's Office (krm78@case.edu)
15. Board of Trustees (krm78@case.edu)
16. Provost Office - ODHE (Undergraduate) (dlf4@case.edu)
17. University Registrar - SIS Updates (hle@case.edu; ysd1@case.edu; jpn30@case.edu; rgs111@case.edu)
18. UGRD Updates (hxg11@case.edu)
19. Bulletin Updates - Univ Registrar (jpn30@case.edu; rgs111@case.edu)

Approval Path

1. Tue, 10 Dec 2024 20:06:44 GMT
   Jeremy Naab (jpn30): Approved for University Registrar Review
2. Tue, 10 Dec 2024 23:03:07 GMT
   Hope Barkoukis (hdb): Approved for NTRN Chair
3. Wed, 05 Feb 2025 15:26:44 GMT
   Thomas Hayes (twh7): Approved for MED Library Review
4. Thu, 20 Feb 2025 21:01:35 GMT
   2/3 votes cast.
   Yes: 100% No: 0%
   Jeremy Naab (jpn30): Approved for MED UTech/International Affairs Review Vote
5. Tue, 22 Apr 2025 22:20:50 GMT
   Malana Bey (mcb19): Approved for MED Graduate Education Office Review
6. Tue, 22 Apr 2025 22:31:51 GMT
   Nicholas Ziats (npz): Approved for MED Graduate Education Committee

New Program Proposal

Date Submitted: Tue, 10 Dec 2024 19:34:02 GMT

Viewing: NTM-MIN : Nutrition and Metabolism Minor

Last edit: Wed, 05 Feb 2025 15:26:40 GMT

Changes proposed by: Catherine Gaffen (cxp236)

Requestor Information

Name
Catherine Gaffen
E-mail
cxp236@case.edu
Network ID
cxp236

Department
Nutrition
School
School of Medicine

Are you completing this form on behalf of someone?
Yes

Contacts

Name	E-mail	Network ID
Hope Barkoukis	hdb@case.edu	hdb

Effective Date Information

Effective Term
Fall
Effective Year
2025

Program Information

Program Type
Minor (Undergraduate Only)

Program School
School of Medicine

Program Department
Nutrition

Does the proposal involve instruction, coursework or any resources from other departments or schools?
No

Academic Level
Undergraduate

I have consulted with the CWRU representative to the Ohio Department of Higher Education (ODHE) prior to submitting this form
Yes

Program Title
Nutrition and Metabolism Minor

Minimum credit hours required for completion
15

Academic Technology

Which academic and/or research technology resources will be used in this program (both online and in the classroom)?
Canvas, Zoom, TECs

Will any course in this program be offered online?
No

Will there be computing resources or data storage resources needed in this program beyond faculty and students' personal computers?
No

Will this program require applications not currently available through the university or the Software Center?
No

Do you anticipate needing additional technologies beyond what is already available in our Technology Enhanced Classrooms (TECs) and online (e.g., Canvas, Zoom, Echo360)?
No

Will this program require technical support beyond what is available through the Help Desk?
No

Program Rationale

Program Description

This minor program is designed for students interested in understanding the complex relationship between nutrition, metabolism, and overall health. This program will provide students with a solid foundation in human nutrition while learning about the biochemical and physiological processes that cause energy production, macronutrient metabolism, and the utilization of nutrients. Students will also have the opportunity to select elective courses that align with their interests in advancing their knowledge and skills in this specialized area.

Justification

Mission of this new minor program: To provide students with foundational knowledge in nutrition and metabolism, equipping them with the skills necessary to optimize health, understand the evidence behind gold standards related to manage metabolic processes, and advocate for effective dietary and food intake practices.

The Nutrition and Metabolism Minor addresses the increased need for expertise in the field of nutrition and metabolic health which can help prepare the undergraduate students for careers in nutrition, food policy, public health, their own well-being and professional healthcare. This program will give students a comprehensive understanding of how nutrition impacts metabolic functions, including regulation and dysregulation, and the impact on health outcomes. Graduates will be better prepared to contribute to advancements in metabolic health, addressing chronic diseases, and enhancing public health as well. This minor will enhance students' competitiveness in medical fields, community and government agencies, academia, their own well-being and the evolving health and wellness industries.

Program Requirements (will appear in General Bulletin)

Program Requirements

Nutrition majors are not eligible for this minor.

Non nutrition majors may only take one minor offered by the Department of Nutrition.

Code	Title	Credit Hours
Required Courses:		
NTRN 201	Nutrition	3
NTRN 363	Human Nutrition I: Energy, Protein, Minerals	3
NTRN 452	Nutritional Biochemistry and Metabolism	3
Choose two of the following:		6
NTRN 344	Personalized Nutrition: Genes and Diet in Health and Disease Prevention	
NTRN 355	Molecular Nutrition	
NTRN 362	Exercise Physiology and Macronutrient Metabolism	
NTRN 370	Metabolic, Health, and Nutrition Assessments	
NTRN 454	Advanced Nutrition and Metabolism: Investigative Methods	
NTRN 356 Obesity - Addressing the Epidemic through Nutrition, Drugs & Bariatric Surgery		
NTRN 357 Brain Health and Nutrition		
Total Credit Hours		**15**

Program Learning Outcomes

Program Learning Outcomes

	Learning Outcome
Outcome 1	Identify the biochemical processes involved in the digestion, absorption, transport, storage, and utilization of nutrients, and explain their relevance in health and disease.
Outcome 2	Summarize and critically evaluate current research in nutrition and metabolism, applying this knowledge to real-world health scenarios.
Outcome 3	Comprehend the metabolic functions of carbohydrates, dietary fibers, lipids, proteins, and minerals, along with their interactions and implications for health.
Outcome 4	Gain knowledge of methods for assessing nutritional status, including an understanding of their strengths and limitations.
Outcome 5	Identify factors that affect food choices, including the impact of poor diet and sedentary lifestyle on health, and discuss key dietary concerns in the United States.
Outcome 6	Define nutrition and essential terms such as essential nutrients, classes of nutrients, nutrient and energy density, RDA, and AI.

Outcome 7	Explain the roles, food sources, associated diseases, and key steps in the digestion and absorption of macronutrients and micronutrients.
Outcome 8	Explain energy balance and its components, and identify key nutrition concerns relevant to each stage of the life cycle.

Attachments

Attach File (optional)
Program Development Proposal Nutrition and Metabolism Minor.docx
Nutrition and Metabolism Minor Chair Support Letter.pdf
RR_Nutrition_Metab.docx
Nutrition_Metabolism_Minor.xlsx
RR_Nutrition_Metab_Commentary.docx

End of Initiator Submission (save or submit at bottom of form)

Library Resources

Library Review

To be completed by Library staff

Report prepared by [librarian]
Thomas W. Hayes, MLS

Minimum additional resources

Current staffing is adequate
Yes

Adequacy of current content resources

Books
Partially adequate

One-time Costs ($)
1368.14

Recurring Costs ($)
500

Journals
Partially adequate

One-time Costs ($)
7009

Recurring Costs ($)
1400

Databases
Fully adequate

Media
Fully adequate

Total One-time Costs ($)
8377.14

Total Annual Recurring Costs ($)
1900

Do you support this proposal?
Yes

Administrative Information

CIM Program Code
NTM-MIN

Key: 469

VETERANS AFFAIRS (VA) SCIENCE AND HEALTH INITIATIVE TO COMBAT INFECTIOUS AND EMERGING LIFE-THREATENING DISEASES (SHIELD)

May 19, 2025
CWRU SOM Faculty Council Meeting
Robert A. Bonomo, MD

What is VA SHIELD?

VA Science and Health Initiative to Combat Infectious and Life-Threatening Diseases (VA SHIELD) is an effort to support the VA's fourth mission, to improve the Nation's preparedness for national emergencies and to support emergency management, public health, safety, and homeland security efforts.

VA SHIELD is a comprehensive, secure **biorepository** of specimens and associated data related to COVID-19 and **other diseases**. These specimens and data are available to VA investigators (and the larger biomedical research community) to advance scientific understanding in support of developing diagnostic, therapeutic, and preventative strategies for use in clinical care.

VA SHIELD DEFINING CHARACTERISTICS

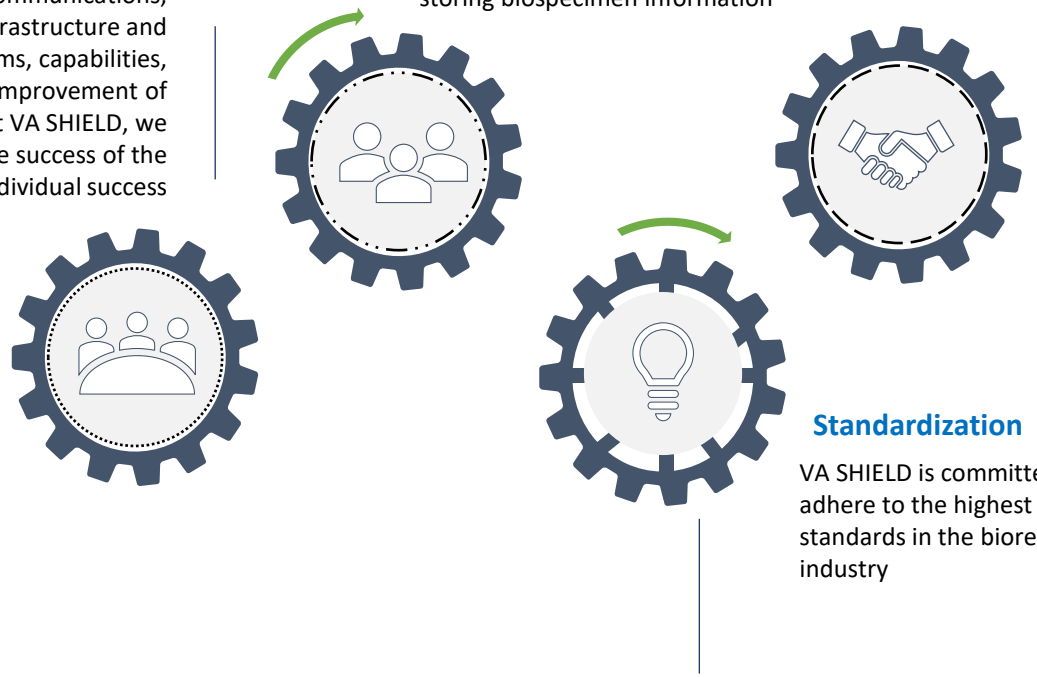
VA SHIELD Defining Characteristics - What are the central methodologies of VA SHIELD structuring its organization?

Enterprise Approach

VA SHIELD applies a strategic methodology to biospecimen collection and sharing across the VA Health Care System. We focus on streamlining and integrating business processes via communications, shared priorities, infrastructure and systems, capabilities, standardization, and improvement of the system. At VA SHIELD, we prioritize the success of the enterprise over individual success

Informational Centralization

VA SHIELD sets LIMS as a single portal, a centralized electronic repository for collecting and storing biospecimen information



VA's Fourth Mission

VA SHIELD's policies, strategy, management, organizational, and operational structure is designed to improve the Nation's preparedness for national emergencies and to support emergency management, public health, safety, and homeland security efforts

Standardization

VA SHIELD is committed to adhere to the highest quality standards in the biorepository industry

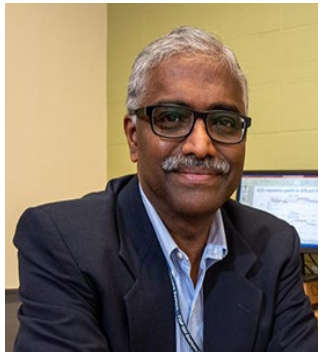
VA SHIELD was established in fall 2020

VA SHIELD Operational Management

VA SHIELD ORD OFFICER AND COORDINATING CENTER:

Holly Krull, PhD
Director of VA BLR&D
ORD Officer

Dr. Robert A. Bonomo,
National Director



Dr. Saiju Pyarajan,
Assoc. Dir.
Data & Informatics

Dr. Emerson Padiernos,
Assoc. Dir.
Operations

Dr. Ian Robey,
Assoc. Dir.
Biospecimens

Dr. Carey Shive,
Assoc. Dir. Strategic
Research Initiatives

VAShield@va.gov

Cleveland TEAM

Dr. Carey Shive, Assoc. Dir. for Strategic Research Initiatives

Sarah Carbone, BSE
Cleveland VA SHIELD OG

Lindsay Allamon, RN
Cleveland VA SHIELD Study Coordinator

VA SHIELD -Announcement to the ID Community

VA SHIELD LINKS:

VA SHIELD public webpage www.research.va.gov/programs/shield/about.cfm

VA SHIELD manuscript https://academic.oup.com/ofid/article/9/12/ofac641/6895720?login=true

Open Forum Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America hivma hiv medicine association OXFORD

The US Department of Veterans Affairs Science and Health Initiative to Combat Infectious and Emerging Life-Threatening Diseases (VA SHIELD): A Biorepository Addressing National Health Threats

John B. Harley,[1] Saiju Pyarajan,[2,] Elizabeth S. Partan,[2,] Lauren Epstein,[3,] Jason A. Wertheim,[4,] Abhinav Diwan,[5,] Christopher W. Woods,[6,] Victoria Davey,[7,] Sharlene Blair,[1,] Dennis H. Clark,[1,] Kenneth M. Kaufman,[1,] Shagufta Khan,[1] Iouri Chepelev,[1,] Alexander Devine,[8,] Perry Cameron,[9,] Monica F. McCann,[10,] Mary Cloud B. Ammons,[11,12,] Devin D. Bolz,[11,] Jane K. Battles,[7,] Jeffrey L. Curtis,[13,] Mark Holodniy,[14,] Vincent C. Marconi,[3,15,] Charles D. Searles,[3,] David O. Beenhouwer,[16,] Sheldon T. Brown,[17,] Jonathan P. Moorman,[18,19,] Zhi Q. Yao,[18,19] Maria C. Rodriguez-Barradas,[20,21,] Shyam Mohapatra,[22,] Osmara Y. Molina De Rodriguez,[4,] Emerson B. Padiernos,[11,] Eric R. McIndoo,[11,12,] Emily Price,[11,12,] Hailey M. Burgoyne,[11,12,] Ian Robey,[4,] Dawn C. Schwenke,[4,] Carey L. Shive,[23,] Ronald M. Przygodzki,[7,] Rachel B. Ramoni,[7,] Holly K. Krull,[7,a,] and Robert A. Bonomo[23,24,a,]

[1]Research Services, US Department of Veterans Affairs Medical Center, Cincinnati, Ohio, USA, [2]Center for Data and Computational Sciences, Veterans Affairs Boston Healthcare System, Boston, Massachusetts, USA, [3]Infectious Diseases, US Department of Veterans Affairs Medical Center, Atlanta, Georgia, USA, [4]Research & Development, Southern Arizona Veterans Affairs Healthcare System, US Department of Veterans Affairs, Tucson, Arizona, USA, [5]Cardiology, Veterans Affairs Saint Louis Healthcare System, US Department of Veterans Affairs, Saint Louis, Missouri, USA,

VA SHIELD Infrastructure

VA SHIELD LOCATIONS IN 2025:

Added 4 , 2023-2024

Collections

VETERANS REPRESENTED BY THE VA SHIELD COLLECTION AS OF MARCH 2025

- Only samples mapped to a Veteran CDW record are shown
- Map locations based on Veteran zip code in CDW
- VA SHIELD sites are given in **red** triangles

Demographics:

Age range 22-107 84.7% male

Average age 63.7 15.3% female

49.9% White

26.6% Black or African American

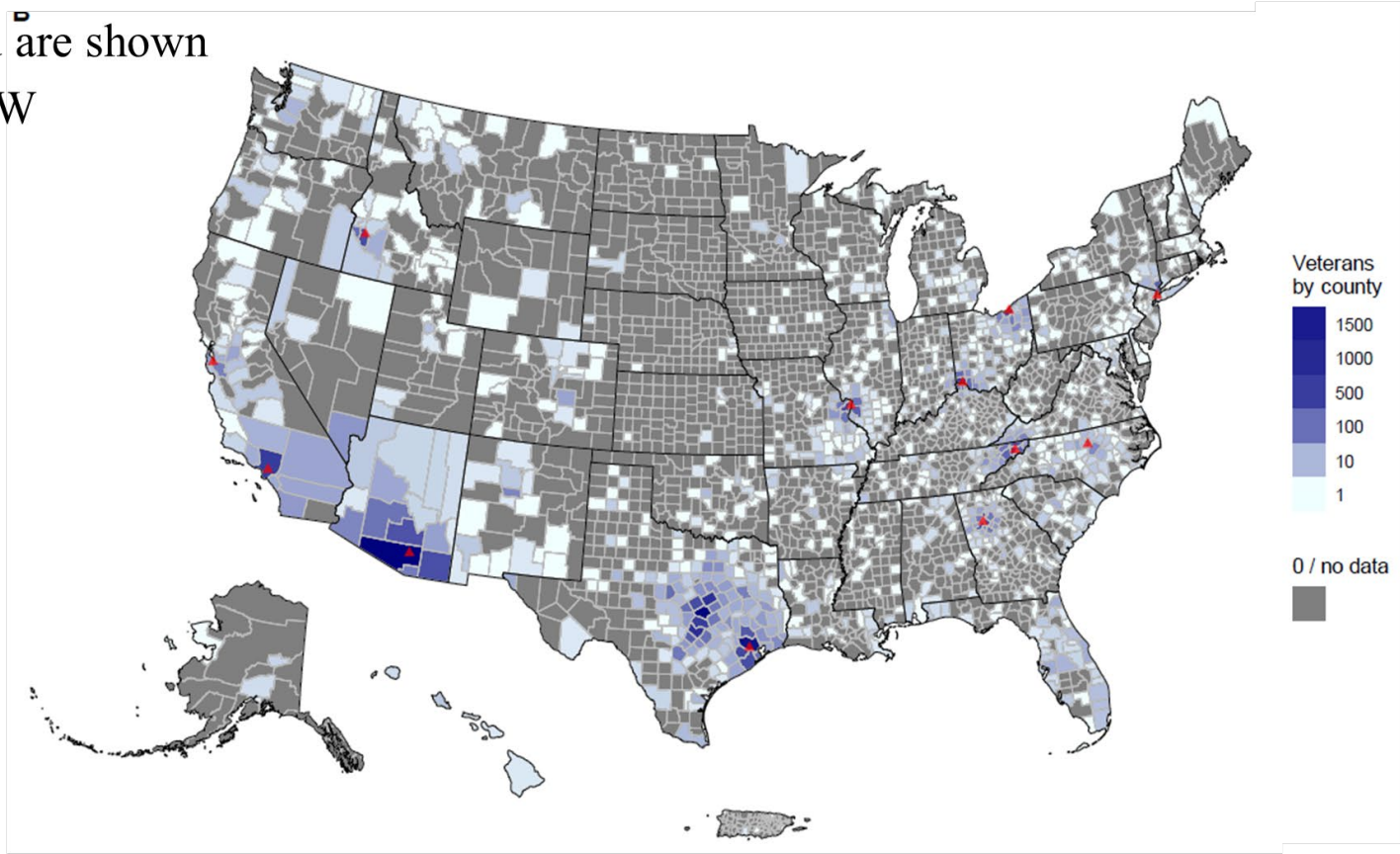
12.0% Hispanic or Latino

0.6% Native Hawaiian or other Pacific Islander

0.8% Asian

0.6% American Indian or Alaska Native;

9.3% unknown race or ethnicity



VA SHIELD Biospecimen Inventory

VA SHIELD SWEEP COLLECTION ACCESSIONED IN LIMS AS OF MARCH 2025:

Samples by sample type:

Disease	Buffy Coat	NP Swab	Other	Plasma	Serum	Total
Candida auris	0	0	2	0	0	2
COVID-19	1118	30317	63686	14873	11939	121933
Influenza	0	914	1	42	335	1292
Influenza A	0	0	421	8	64	493
Influenza B	0	0	1	1	8	10
Mpox	1	0	695	6	90	792
Miscellaneous	1905	272	130	7319	1311	10937
Respiratory syncytial virus (RSV)	0	365	0	59	263	687
Total						**136146**

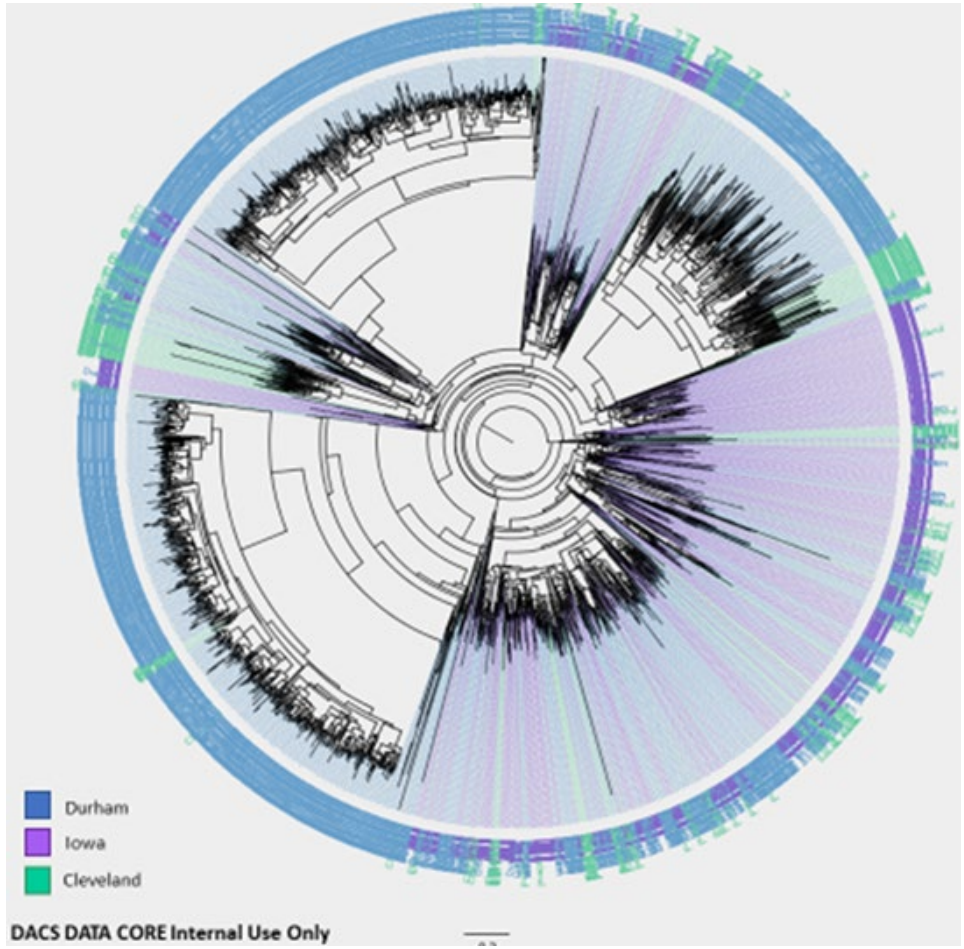
VA SeqCURE SARS-CoV-2 Viral Sequencing

Collect/SWEEP discarded specimens from clinical labs after all clinical testing is complete

- SWEEP of discard COVID-19+ nasal swabs and accompanying serum facilitated viral sequencing across VA sites:

SeqCURE: VA **Seq**uencing **C**ollaborations **U**nited for **R**esearch and **E**pidemiology

- Expanded collection to SWEEP discarded samples positive for influenza and RSV



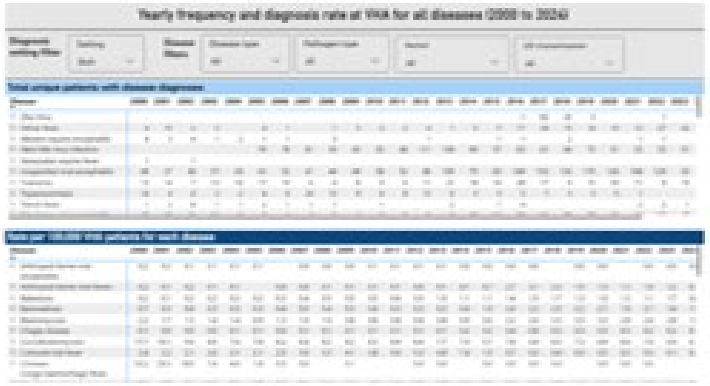
Working Groups

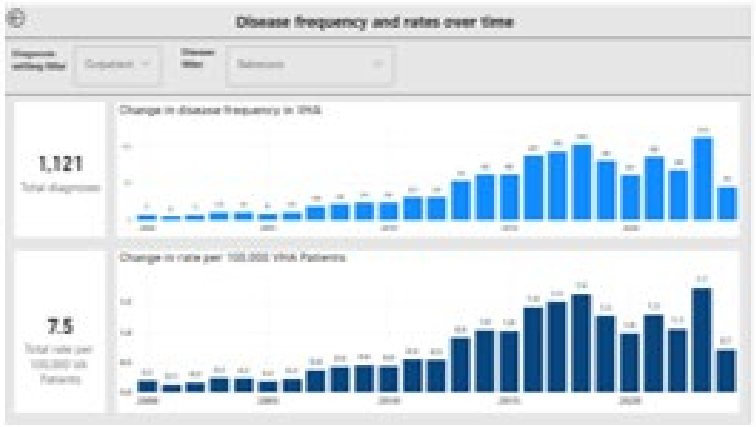
VA SHIELD's strategic goal is to increase the volume, quality, and diversity of the collected specimens to support and promote successful research. VA PIs could recommend VA SHIELD what specimens are critical for their research.

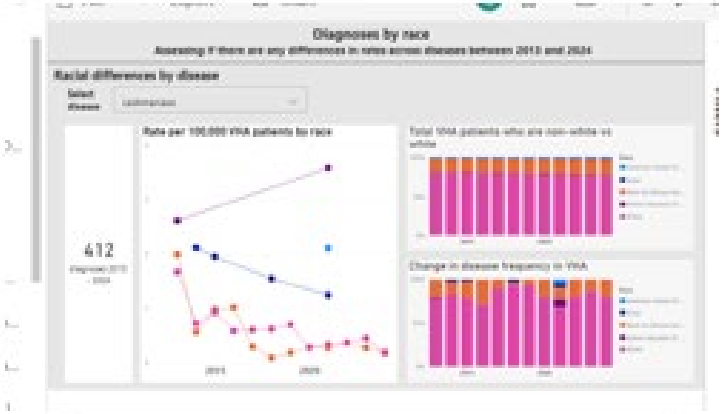
STRATEGIC PURPOSE:
Research working groups would serve as a link between VA SHIELD and PIs helping VA SHIELD to determine the collection and infrastructural priorities of its operations.

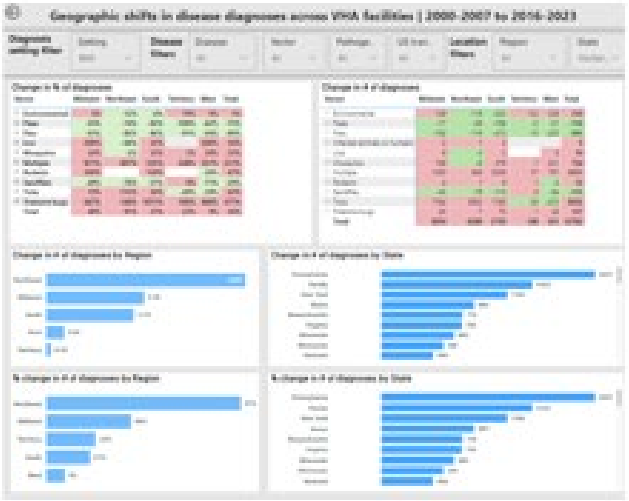
- **Antimicrobial resistance (AMR)**
  - **Psda, Ab, VRE**
- **Host response to infectious disease**
- **Long COVID**
- ***Streptococcus pneumoniae***
- **Epidemiology / Sequencing Research**
- **Cardiometabolic diseases**
- **Vector-Borne Diseases**
- **Cancer/cancer biomarkers**

Interactive Dashboard









Malaria in US Veterans

VA SHIELD: An Interactive Dashboard for Tracking Malaria across the Veterans Health Administration (VA), 2000 – 2023

Lauren Epstein, Ariana Paredes-Vincent, Christopher Ogston, Maria C. Rodriguez-Barradas, Robert A. Bonomo, Christopher Woods, Sheldon T. Brown

VA | U.S. Department of Veterans Affairs, Atlanta VA Health Care System

BACKGROUND

The VA has a comprehensive data warehouse that is updated in real time and can be used to track trends and geographic shifts in emerging diseases across the U.S. Historically, locally acquired malaria infections in the U.S. are rare. However, in 2023, 10 locally acquired cases of malaria were reported from 3 states, illustrating the possibility for wider transmission.

AIMS

(1) Illustrate the feasibility of creating a dashboard to conduct public health surveillance using VA data.
(2) Assess trends.
(3) Compare the VA and national trends using publicly available data.

METHODS

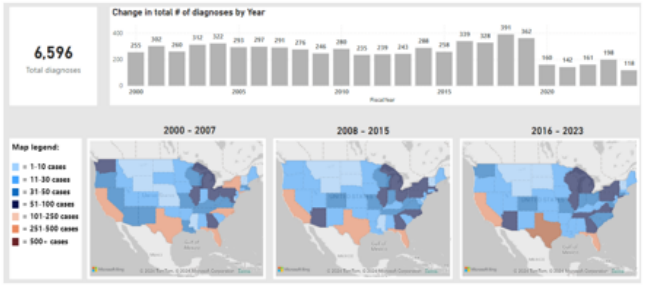
This project was developed as part of VA SHIELD, a comprehensive biorepository of specimens and clinical data that started in 2020 to address national health threats across the VA system.

We assessed trends in malaria cases across all VA facilities from 2000 – 2023 using the VA's Corporate Data Warehouse.

We identified cases using 13 ICD-9 and 13 ICD-10 code for malaria. We calculated incidence rates (per 100,000 population) based on all Veterans that received care at any type of VA facility (inpatient, outpatient). We compared the yearly VA rates with national rates using publicly available data in CDC's WONDER database.

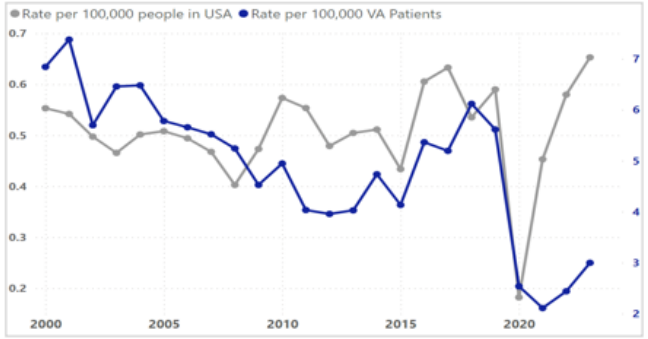
RESULTS

Figure 1: Number of Malaria cases across the VA by geographic location, 2000 - 2023



- From FY2000 to FY2023, there were a total of X people with malaria ICD codes across all VA facilities.
- Diagnostic rates were highest in 2001 with 7.4 cases per 100,000 patients and lowest in 2021 with 2.2 cases per 100,000 patients.
- Between 2000-2007 and 2016-2023, There was a 15% increases in cases in the south, 2% increase in cases in the midwest, 20% decrease in the northeast, and 22% decrease in the west.
- Trends in diagnoses rates closely align between VA patients and the national population.

Figure 2: Comparison of VA data (both inpatient and outpatient combined) with CDC's National Surveillance (2000 – 2023



CONCLUSIONS

- Using the diagnosis of malaria, we show how the VA's vast data system can contribute to public health surveillance.
- This project illustrates the potential of the VA to detect rare infections in real time and possibly serve as a national sentinel surveillance platform.
- Future endeavors include prospective surveillance with specimen and clinical data collection in order to augment current malaria public health surveillance.

Corresponding Author: Lauren.Epstein@va.gov

Air Force Health Study

"Ranch Hand Study"

Air Force Health Study Collection and Warren Collection

AFHS AND WARREN COLLECTION SPECIMENS:

Ranch Hand Study (Vietnam War)

91,000 samples

Samples include serum, blood, and adipose tissues.

Sample tubes are labelled with PII

Warren Collection (Korean War)

Over 40,000 samples from over 9,000 individuals

Serum samples only

STATUS:

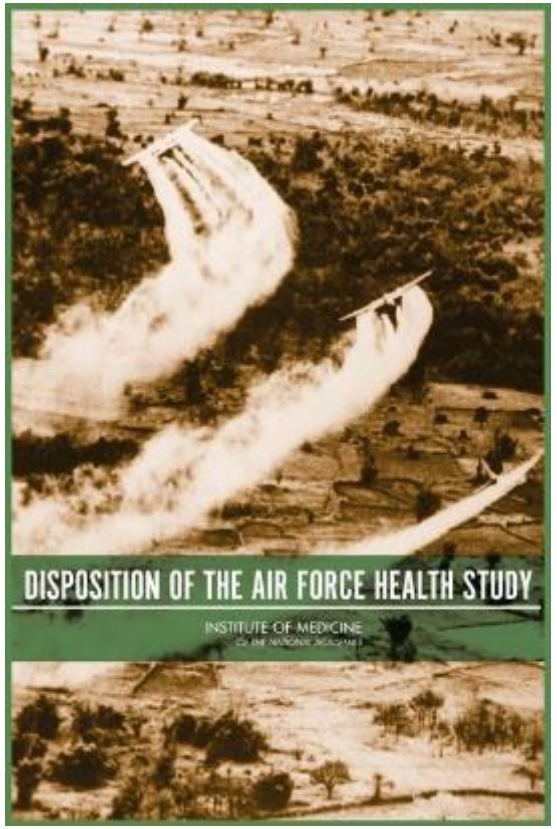
- Data transferred to C-DACS for data profiling
- Paperwork (paper records) delivered to VA Central Office
- VA SHIELD leaders visited Wright-Patterson AFB
- Interagency Advisory Committee has been established
- Symposium conducted August 2024; leading specialists from private sector, VA were invited
- White paper on the importance of the collections and future plans is being finalized
- Source and amount of funding is being discussed

Background – Air Force Health Study

- During the Vietnam War (1961-1975) tactical defoliants were sprayed from fixed wing aircraft (1961-1971) to remove vegetation and increase visibility of enemy operations under an Air Force mission called Operation Ranch Hand.
  - These defoliants are commonly referred to as “Agent Orange (AO)”
  - However, multiple defoliants of varying names and chemical compositions were used and were denoted by the colored stripes on the 40-gallon drums that contained the defoliants.
  - Agent Orange was 50:50 mixture of 2,4-D and 2,4,5-T, contaminated in manufacturing with 2,3,7,8 tetrachlorodibenzo–p-dioxin (TCDD, dioxin)
  - AO was the most commonly used defoliant (12 million of 19 million gallons)
- In 1979, Congress directed the Air Force to conduct a longitudinal epidemiological study on the effects of AO on the Air Force personnel who conducted the aerial spraying of AO.
- The Air Force Health Study examined effects of military herbicides exposures on ~ 2000 ‘Operation Ranch Hand’ Vietnam Veterans and controls and was conducted over 20 years, from 1982-2002.

Background – Air Force Health Study

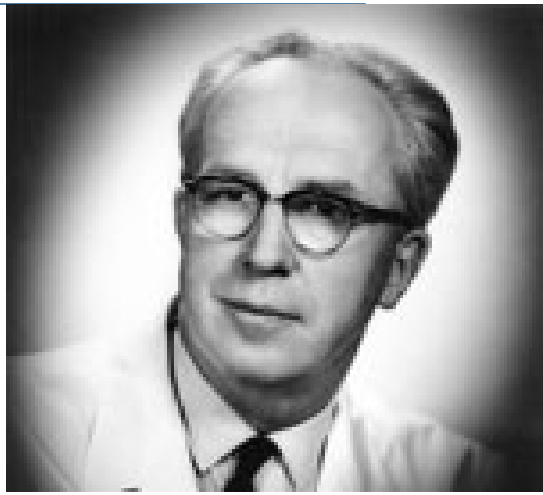
- Between 1982 and the conclusion of the AFHS in 2002, six relatively evenly spaced waves of data and biospecimen collections were conducted.
  - Data: clinical examinations and measurements, images, demographics, reproductive health data, laboratory assay results, social history, occupational history and exposures, military service history
  - Biospecimens: serum, whole blood, urine, semen, adipose tissue.
- More than 60 research papers published on study findings.
- In 2006, Congress directed the Institute of Medicine (IOM) to recommend disposition of the AFHS assets.
  - Assets were placed in the stewardship of Medical Follow Up Agency of the IOM
  - Because MFUA lacked a biorepository, biospecimens remained with the Air Force
- Many advocates and experts believe that the AFHS assets continue to have great medical research value and could answer questions of Vietnam Veterans.
- The Air Force's 711th Human Performance Wing (HPW) currently has possession of 90,000 biospecimens remaining from the study at Wright-Patterson AFB, Dayton, OH, in -80 freezers.



Background – Air Force Health Study

- As of 2015, National Academies of Sciences, Engineering, and Medicine (NASEM) and the Air Force no longer had funding to house the data and biospecimens or pay for research; nor did they consider research on the AFHS to be in mission (last research projects began in 2015).
- From 2016-2021, Air Force, NASEM, VA, and the Vietnam Veterans of America sought ways to preserve and make the AFHS assets available for research again.
- In 2021-2023, a formal Stakeholder's Group from VA, US Air Force, Vietnam Veterans of America, and NASEM considered options and proposed that the assets be transferred to VA custody, preserved, and managed for research in ORD's biorepository system called VA SHIELD.
- For VA to manage them for future research aligns with PACT Act-directed toxic military exposures research.
- VA leaders agreed but asked that a subcommittee of the VA National Research Advisory Council (NRAC) be formed to help oversee the transfer of and management of the assets.

The Warren Collection



Background—The Warren Collection

- The Warren Collection consists of 48,000 serum specimens on 9,421 airmen who had Group A *streptococcus* infections (and negative controls).
- These sera were collected from 1948-1955 from Air Force recruits by the Streptococcal Diseases Laboratory at F.E. Warren Air Force Base, Cheyenne, Wyoming.
- They were collected as a part of the extensive studies of streptococcal infections and rheumatic fever carried out by **Dr. Charles Rammelkamp**, Dr. Lewis Wannamaker, Dr. Floyd Denny, Dr. Harold Houser, Dr. Richard Krause and others.
- The group was awarded a Lasker Prize for defining much of what is known about the epidemiology, natural history, and treatment of group A streptococcal infections and prevention of rheumatic fever and other sequelae.

Background—The Warren Collection

- The Warren Collection of biospecimens is not without problems due to age, storage in thin-walled glass vials, freezer conditions.
- The data, originally on index cards, were digitized, transferred to NASEM, and recently to VA.
- Warren Collection specimen integrity studies are planned at the VA Public Health Reference Laboratory in Palo Alto.
- Test biospecimen shipments to VA's national biorepository system, VA SHIELD began in December 2024.

Original data system

Broken Vials – Warren Collection

Research Projects On the “Horizon”

- Cross-disciplinary Platforms and Programs (diagnostics biological threats)
- Supporting Merit/DoD/NIH grants
- CSRD (ISRM) Trials
- MERP/AFHS/Warren (NASEM collaboration)
- Legacy Collections
- Further AMR- *Candida auris*, (NT) *Mycobacteria, Pseudomonas*
- Etiology Testing for Research Specimens from Subjects with Febrile or Respiratory Symptoms
- Pathology slides and collections/surgical samples
- IDCRP/DoD Natural History of HIV
- VA CURES-1, -2….(CCP)
- Precision Oncology/National Oncology Program
- Bird Flu (Highly Pathogenic Avian Influenza)

NWC-MIN: NUTRITION FOR WOMEN AND CHILDREN MINOR

In Workflow

1. University Registrar Review (jpn30@case.edu; rgs111@case.edu)
2. NTRN Chair (hdb@case.edu)
3. MED Library Review (jed115@case.edu; twh7@case.edu)
4. MED UTech/International Affairs Review Vote (mxr854@case.edu; tmo13@case.edu; exa313@case.edu)
5. MED Graduate Education Office Review (mcb19@case.edu; mwj7@case.edu)
6. MED Graduate Education Committee (npz@case.edu)
7. MED Faculty Committee (nmd11@case.edu)
8. MED Dean (slg5@case.edu; sxr406@case.edu)
9. Provost Office - UGRD Curriculum (Review) (pas125@case.edu)
10. FSCUE Curriculum subcommittee (pas125@case.edu)
11. Faculty Senate Committee on Undergraduate Education (FSCUE) (pas125@case.edu; pai2@case.edu)
12. Faculty Senate Executive Committee (krm78@case.edu)
13. Faculty Senate (krm78@case.edu)
14. Board of Trustees (krm78@case.edu)
15. Provost Office - ODHE (Undergraduate) (dlf4@case.edu)
16. University Registrar - SIS Updates (hle@case.edu; ysd1@case.edu; jpn30@case.edu; rgs111@case.edu)
17. UGRD Updates (hxg11@case.edu)
18. Bulletin Updates - Univ Registrar (jpn30@case.edu; rgs111@case.edu)

Approval Path

1. Tue, 10 Dec 2024 20:06:42 GMT
   Jeremy Naab (jpn30): Approved for University Registrar Review
2. Tue, 10 Dec 2024 23:03:13 GMT
   Hope Barkoukis (hdb): Approved for NTRN Chair
3. Wed, 05 Feb 2025 15:33:25 GMT
   Thomas Hayes (twh7): Approved for MED Library Review
4. Thu, 20 Feb 2025 21:01:33 GMT
   2/3 votes cast.
   Yes: 100% No: 0%
   Jeremy Naab (jpn30): Approved for MED UTech/International Affairs Review Vote
5. Tue, 22 Apr 2025 22:20:58 GMT
   Malana Bey (mcb19): Approved for MED Graduate Education Office Review
6. Tue, 22 Apr 2025 22:34:02 GMT
   Nicholas Ziats (npz): Approved for MED Graduate Education Committee

New Program Proposal

Date Submitted: Tue, 10 Dec 2024 19:35:02 GMT

Viewing: NWC-MIN : Nutrition for Women and Children Minor

Last edit: Wed, 05 Feb 2025 15:33:20 GMT

Changes proposed by: Catherine Gaffen (cxp236)

Requestor Information

Name
Catherine Gaffen
E-mail
cxp236@case.edu
Network ID
cxp236

Department
Nutrition
School
School of Medicine

Are you completing this form on behalf of someone?
Yes

Contacts

Name	E-mail	Network ID
Hope Barkoukis	hdb@case.edu	hdb

Effective Date Information

Effective Term
Fall
Effective Year
2025

Program Information

Program Type
Minor (Undergraduate Only)

Program School
School of Medicine

Program Department
Nutrition

Does the proposal involve instruction, coursework or any resources from other departments or schools?
No

Academic Level
Undergraduate

I have consulted with the CWRU representative to the Ohio Department of Higher Education (ODHE) prior to submitting this form
Yes

Program Title
Nutrition for Women and Children Minor

Minimum credit hours required for completion
15

Academic Technology

Which academic and/or research technology resources will be used in this program (both online and in the classroom)?
Canvas, personal computers, TECs

Will any course in this program be offered online?
Yes

Is it possible for a student to take over half of the courses online?
No

Please provide additional details about online content
NTRN 351, which is an elective course for this program, is part of TLT's pilot program for online undergraduate courses and will be offered asynchronously online starting in spring 2026.

Will there be computing resources or data storage resources needed in this program beyond faculty and students' personal computers?
No

Will this program require applications not currently available through the university or the Software Center?
No

Do you anticipate needing additional technologies beyond what is already available in our Technology Enhanced Classrooms (TECs) and online (e.g., Canvas, Zoom, Echo360)?

No

Will this program require technical support beyond what is available through the Help Desk?

No

Program Rationale

Program Description

This minor program is designed for students interested in gaining a deeper understanding of the unique nutritional needs of women and children. It focuses on the critical role of nutrition in supporting growth, development and overall health across different life stages. Students will explore the impact of nutrition on reproductive health and aging as well as its impact on growth, development, and chronic disease prevention in children. Students will also have the opportunity to select elective courses that align with their interests in advancing their knowledge and skills in this specialized area.

Justification

Mission of this new minor program = To provide students with foundational knowledge in the key components of nutrition and wellness for women and children, fostering the development of evidence based knowledge necessary to practice and advocate for optimal health in these populations.

The Nutrition for Women and Child Minor will address the needs of undergraduate students preparing for careers in nutrition, food policy, wellness, public health, and healthcare with a focus on women and children. Graduates will gain the skills necessary to practice and advocate for improved nutritional health and wellness across different contexts. This minor will enhance their competitiveness for roles in medical fields, community and government agencies, academia, and industries dedicated to women's and children's health.

Program Requirements (will appear in General Bulletin)

Program Requirements

Nutrition majors are not eligible for this minor.

Non Nutrition majors may only take one minor offered by the Department of Nutrition.

Code	Title	Credit Hours
Required Courses:		
NTRN 201	Nutrition	3
NTRN 320	Women's Wellness: From Food and Nutrition to Reproductive Health and Aging	3
NTRN 328	Child Nutrition, Development and Health	3
Choose two of the following:		6
NTRN 310	Understanding Plant-Based Diets in Health and Disease	
NTRN 338	Dietary Supplements	
NTRN 343	Dietary Patterns	
NTRN 350	Community Nutrition	
NTRN 351	Food Service Systems Management	
Total Credit Hours		**15**

Program Learning Outcomes

Program Learning Outcomes

	Learning Outcome
Outcome 1	Explain energy balance and its components, and identify key nutrition concerns relevant to each stage of the life cycle.
Outcome 2	Identify key components of women's unique nutritional needs and how these change across the lifespan.
Outcome 3	Describe key concepts and theories of growth and how they directly impact the nutritional needs of mothers and infants/children.
Outcome 4	Identify development-specific components of maternal and infant/child nutrition assessment, recognizing differences across demographic factors such as race, ethnicity, socioeconomic status, and maternal age.
Outcome 5	Understand the nutritional needs and common nutritional challenges of infants, toddlers, preschoolers, and adolescents, along with disparities in dietary intake related to demographic characteristics.

Attachments

Attach File (optional)
Program Development Proposal-Nutrition for Women and Children Minor.docx
Nutrition for Women and Children Minor Chair Support Letter.pdf
RR_Nutrition_Women_Commentary.docx
Nutrition_Women_Minor.xlsx
RR_Nutrition_Women.docx

End of Initiator Submission (save or submit at bottom of form)

Library Resources

Library Review

To be completed by Library staff

Report prepared by [librarian]
Thomas W. Hayes, MLS

Minimum additional resources

Current staffing is adequate
Yes

Adequacy of current content resources

Books
Partially adequate

One-time Costs ($)
1368.14

Recurring Costs ($)
500

Journals
Partially adequate

One-time Costs ($)
7009

Recurring Costs ($)
1400

Databases
Fully adequate

Media
Fully adequate

Total One-time Costs ($)
8377.14

Total Annual Recurring Costs ($)
1900

Do you support this proposal?
Yes

Administrative Information

CIM Program Code
NWC-MIN

Key: 473

Faculty Council Committee on Budget, Finance and Compensation

Annual report 2024-2025

Summary of FCBFC Charges

- The purpose of this Committee is to serve as the faculty's principal forum for the consideration of matters relating to the SOM's budgeting and financing.
  - Review of proposed budgets and SOM strategic plan
  - Report to the Faculty council with financial overviews of the SOM based on data from the Vice-Dean of Finance for the SOM

- With regards to Compensation, the purpose of this Committee is to consult with and advise the SOM administration on the formation and review of SOM policies and procedures concerning faculty compensation.
  - Consultation with SOM administration regarding compensation and annual allocation of funds for faculty compensation
  - Review guidelines from each department regarding faculty compensation
  - Competitive analyses of faculty compensation in peer universities
  - Other matters of policy and equity brought to its attention.

Members of the FCBFC

Clinical Department Representatives

Maninder Singh, MD Department of Anesthesiology – MHS (2027)

Agata Exner, PhD Department of Radiology – UH (2025)

Basic Science Department Representatives

Craig Hodges, PhD- Current Chair Department of Genetics – SOM (2027)

Ming Wang, PhD Department of Population and Quantitative Health Sciences – SOM (2027)

William Merrick, PhD – Previous Chair Department of Biochemistry – SOM (2025)

Tsan Xiao, PhD Department of Pathology – SOM (2026)

You-wei Zhang, PhD Department of Pharmacology – SOM (2026)

James Kazura, MD Department of Pathology- SOM (2027)

Ex-officio non-voting

Paul Bristol, MBA Vice Dean for Finance and Administration for the SOM

J.Alan Diehl, Ph.D. Basic Science Chair appointed by the Chair of the Council of Basic Science

Donna Plecha, MD Clinical Chair appointed by the Chair of Council of Clinical Chairs *Ex-officio non-voting*

Finances of CWRU SOM

A report from Mr. Paul Bristol, Vice Dean for Finance, (second quarter) indicates the SOM projected margin for the 2024-2025 year (FY25) will be about $5.1 million. This is less than originally requested margin of $9 million by the university from SOM but this reduction was primarily due to 1) the loss of tuition due to decreased enrollment in Master's programs 2)decreased or flat NIH funding in SOM.

For the FY26 year SOM is requested to produce $12.9 million surplus for FY26. (FY 2026 budget for whole SOM is ~$584 million so this margin is 2.2%)

Finances of CWRU SOM

Current Challenges:

- Proposed NIH indirect rate cuts to 15% (currently 61%)
- Slow down of NIH approvals and payline/budget cuts FY25/26
- Tariffs are going to increase costs for everyone

Finances of CWRU SOM

Proposed actions by SOM:

- Increase faculty salary coverage off grants from 48% to 52% with an overall goal of 70%
- Increase philanthropy
- Ensure Master's programs are sustainable and competitive
- Recruit faculty at all levels with proven track record in funding
- Build centers to improve multi-PI awards
- Reduce departmental deficits
- Increase tuition 2.5% over all programs

SOM Compensation in FY24 (median)
All schools

The latest medical school salary comparisons for 2024**

a. Professor (AAMC - $231,000 (n=290); CWRU - $214,000 (n=102))

b. Associate Professor – (AAMC - $162,000(n=221); CWRU - $151,000; (n=58))

c. Assistant Professor – (AAMC - $130,000(n=327); CWRU - $124,000 (n=85))

**AAMC (Association of American Medical Colleges) – median salary, CWRU – median salary
AAMC data (Genetics, all schools); CWRU data from Eddie Bolden, Institutional Resources

SOM Compensation in FY24 (median)
Private schools

The latest medical school salary comparisons for 2024**

a. Professor (AAMC - $248,000 (n=150); CWRU - $214,000 (n=102))

b. Associate Professor – (AAMC - $170,000 (n=126); CWRU - $151,000 (n=58))

c. Assistant Professor – (AAMC - $139,000 (n=189); CWRU - $124,000 (n=85))

**AAMC (Association of American Medical Colleges) – median salary, CWRU – median salary
AAMC data (Genetics, private schools); CWRU data from Eddie Bolden, Institutional Resources

Median Compensation discrepancy comparing CWRU SOM and all universities by rank

The % range discrepancy by rank AAMC salary (CWRU median salaries are on all below published data):

Assistant Professor – 5-11% below other schools

Associate Professor – 7-12% below other schools

Full Professor – 7-14% below other schools

It has been announced that the SOM merit pool will be 2% for the upcoming year.

Summary of current incentive portion of compensation plan

“Determination of incentive pay: Faculty members who display outstanding performance based on departmental “incentive pay” guidelines for research, service, and/or education (e.g. high merit) will be eligible for incentive pay in recognition of their achievements and/or responsibilities on an annual basis. Given the different missions of the various departments, criteria for high merit pay may be defined by the faculty and Chair of each department differently according to their departmental plan. The incentive component will be determined on an annual basis, will not be included in fixed compensation, and will not automatically renew from year to year. The incentive pay recognizes and rewards outstanding faculty performance without committing the SOM to permanent salary increases. To accommodate different Departmental circumstances, Chairs will nominate candidates for incentive pay to the Dean on an annual basis, and final decisions on incentive pay will be made at the school level.” From SOM Faculty Compensation Plan document dated 12-10-2012. **Not from the faculty bylaws.**

“The following plan, developed with the input of the Ad-Hoc committee on faculty compensation and the faculty council, and approved by the Dean,”

“In addition, the Faculty Council has recently established a faculty Committee on Budget, Finance and Compensation. This committee will periodically provide advice on Departmental plans and/or changes in plans proposed by Departments or the Dean.”

Changes to the SOM faculty incentive compensation plan

- Maximum incentive will be capped at 17% of total compensation and anything over 17% will be transitioned to base salary over three years for those meeting benchmarks
- If faculty do not reach 50% salary support from external sources the incentive becomes at risk. The 50% salary will be evaluated over a three year period June 1 2021 to June 30, 2024 for the upcoming July 1st.Then the window rolls over three years after that.
- If the three year average is below 50% faculty will lose 1/3 of their incentive starting July 2025. If that shortfall continues then they would lose another 1/3 July 2026 and then another 1/3 July 2027 if average coverage below 50% continues.
- SOM will consider teaching contributions to put the faculty member above 50% as it pertains to Medical school teaching and BSTP 1st year teaching effort.
- 104 of the 299 faculty that have incentive do not currently meet the 50% average but if teaching considerations are taken into account then 66 faculty would lose 1/3 of their incentive starting July 2025. The “savings” for the first year would be ~$650K (or 0.1% of the whole SOM FY26 budget).
- There are some exclusions to this plan like junior faculty in the first 3 years of hire date, dependent faculty (under a primary faculty member’s funding support) and teaching faculty (hired as primary educators).

Changes to the SOM faculty incentive compensation plan

Positive:

- Putting caps on how much incentive faculty can have
- Rolling three-year average

Negative:

- Retrospective nature of this plan does not allow for adjustments before July 1st
- Current incentives have not been used as “bonuses” and more of salary adjustments/equity
- Does not take into account other teaching or high time burden service provided
- Timing isn’t optimal given potential NIH cuts
- This would be the first time mass faculty compensation reductions are being proposed when SOM is expected to produce surpluses by the university year after year. Reductions were never proposed when SOM was in the red in the past.
- If the current plan is truly incentive for “outstanding performance” then why do all new faculty have incentive as part of their beginning salary?

Future goals of FCBFC

- Work with SOM administration to suggest improvements on current incentive compensation plan
- Work with SOM administration on how to minimize budgetary issues
- Complete a comprehensive faculty salary report for SOM (rank and gender)
- Open to suggestions: craig.hodges@case.edu