

**Faculty Council Meeting  
Meeting Minutes  
April 27, 2026**

<b>Timing</b>	<b>Agenda Item</b>	<b>Presenter</b>	<b>Summary of discussion</b>	<b>Action items/Motions/ Votes</b>
4:04-4:20PM	Chair's Remarks and Announcements	Anastasia Rowland-Seymour, Chair of Faculty Council	<p>The Chair called the meeting to order at 4:04PM noting that this meeting was hybrid – via Zoom and in person at UH, and asked everyone to sign into the chat to log their attendance.</p> <p>Match Day was a great success with 29% of students staying in Ohio, and many matching with CWRU's affiliates: 30 at UH, 17 at Cleveland Clinic and 8 at MetroHealth. Internal Medicine is the top-matched residency program with 49 students, followed by General Surgery (18), Psychiatry (16), Dermatology (13), Neurology (13), Family Medicine (12), Orthopaedic Surgery (11), Obstetrics-Gynecology (11) and Ophthalmology (11).</p> <p>Upcoming dates of note: May 17 graduation at Severance Hall, the May 18 Hybrid Faculty Council Meeting via Zoom and at CCF at the R3 Auditorium (3<sup>rd</sup> floor of the R Building), and the final Faculty Council Meeting of the year on June 15 will be in-person at Wolstein Auditorium and via Zoom. The new Faculty Council member orientation is scheduled for August 28, from 4:00-5:00PM at Wolstein Auditorium.</p> <p>The Faculty Climate Survey was successfully delivered to 3,128 out of 3,241 email addresses. 370 surveys were submitted between February 24, 2026 - March 16, 2026. The response rate was approximately 14%, which is consistent with two other recent faculty surveys conducted under the same parameters. The completion rate was 80% calculated as surveys finished (370) vs. surveys started (462). The survey revealed that the faculty deeply value their association with CWRU and the SOM. There is, however, a persistent “access gap” regarding university resources. There is a significant “impact gap” in shared governance. Eighty-three strongly agreed professional appointments provided value to them and 49% of</p>	Quorum is 43

	<p>Chair's Remarks and Announcements (continued)</p>		<p>faculty felt strongly or somewhat agree that "difficulty accessing SOM resources limits my engagement with the School of Medicine." Nearly 40% of faculty report that they do not have the necessary Case credentials (email/network ID or ID card) to access University Case benefits. Benefits requiring a Case ID were scored lowest (Veale Recreation Center/pool and bookstore discounts); benefits only requiring a Case email/network ID were scored highest (Access to Library Resources and Faculty Advancement resources e.g. FRAME, REFRAME, coaching, FLEX and faculty toolkits, with the faculty toolkit and FRAME being most known). The SOM has successfully made faculty aware of opportunities to provide input through committees. Faculty generally know how to engage. Despite being aware of opportunities, faculty feel they have the least impact on governance, while they feel they have significantly more impact on education than on the strategic direction or governance of the school.</p> <p>Twenty-five percent of faculty strongly or somewhat agree that their efforts have a direct impact on the direction of school governance – the lowest of the three areas of impact queried. 42% strongly or somewhat agree that they impact the direction of professionalism, and 53% strongly or somewhat agree that they impact the direction of education. Perceived Impact vs. Effort: Governance Gap -- This suggests that while faculty are "at the table" (aware of how to engage), they do not yet feel their voices are resulting in meaningful change in how the school is governed. Faculty understands the process and standards for academic promotion: 3.9/5. They believe the department/hospital committees that review promotion materials are impartial and qualified 3.88/5.</p> <p>If you did not receive the email or reminders from Rachel Moore (rem189@case.edu), please let us know so that we can better engage with you. The strategic plan was mailed out on April 21 and 27. A QR code was included to provide feedback. Comments are due back by May 7. Please look at the entire document; we are not asking for comments on just the faculty portion; we want to have a special session to review. Thank you to the Faculty Council representatives who have shared the strategic plan with their departments. If you have not yet done this, please do so. We can take time to address this during the next Faculty Council meeting on May 18. If you require additional time, we can schedule a follow-up meeting between the May and June Faculty Council meetings.</p>	
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Chair's Remarks and  
Announcements  
(continued)

The APT appendix ballot will be distributed this week. This is not the end of this discussion; there is more to come with the Faculty Senate. Please be sure to vote. Elections are happening this week. Specifically, we need more representation from Cleveland Clinic and the VA. We need statements of interest (SOI) for Faculty Council-at-large, NEC, APT, program review, Bylaws, Lecture Committee, Committee on Medical Education and Medical Students Admissions Committee as advertised. If anyone is interested, please drop a testimonial into the chat and indicate why it would be helpful to you to be on this committee. Please reach out to your constituents at your department meetings to encourage them to engage. If we want to have school governance, we have to show up.

On Friday, May 1, a Mock Study Session will be held from 1:00-4:00PM at the Midtown Collaboration Center. Applications are now being accepted for investigators interested in having a grant application discussed in a supportive, educational mock review setting. Participants will receive structured feedback and practical guidance to strengthen future submissions. It may be interesting to people to go and observe and get a sense of what that process is like. The Glennan Fellowships were created to facilitate faculty growth, leadership, and innovation through scholarly projects that advance learning. UCITE is looking for new Glennan fellows. There are 4-5 available spots. Fellows receive a \$7,000 award for these projects. To apply or learn additional information about the Glennan Fellowship, visit the UCITE Grants and Programming Website.

Nicole clarified that the upcoming APT ballot contains specific edits recommended by the Provost, which will need to be reviewed by the Faculty Senate Bylaws Committee before final approval. When we submitted the large vote on the APT guidelines and appendix changes, we included changes that the Provost had recommended, that this Faculty Council saw and Dr. Collins presented in December. We sent the changes suggested by the Provost back to faculty. This committee has already seen approved, very concise documents where in four places the words were changed to better align with the Faculty Handbook professional responsibilities and takes out DEI language that had not been updated in language that was initially approved. Dr. Collins has met with the Bylaws Committee and is available to the Faculty Senate Bylaws Committee if they have questions.

			<p>Dr. Collins stated that we are waiting for them to share their final draft recommendations with us before we take the next step. The Chair noted that this is ongoing and a small portion of what will be going forward to get the bulk of our changes addressed.</p>	
4:20-4:22PM	Faculty Council Meeting Minutes for March		<p>When polled, there were no edits to the March 2 Faculty Council Meeting minutes as posted.</p>	<p>There being no edits to the March Faculty Council Meeting minutes as posted in BOX, the minutes are approved by general consensus.</p>
4:22-4:27PM	Remarks by Dean Gerson	Stan Gerson	<p>Dean Gerson stated that he would be happy to answer any lingering town hall questions that anyone in Faculty Council might like to put forward. He noted that there are significant opportunities in the climate survey for faculty to suggest adjustments to our policies and procedures (access cards, etc.) and that rather than leaving the climate survey in a cloud, he suggested that Faculty Council might want to create an ad hoc committee to suggest changes or allow the Dean to do so.</p> <p>Since our faculty votes, we have activity in place based on CAPT adjustments requested by the Faculty Senate. Although required, they do not invalidate the vote of this constituent faculty and how it governs itself i.e. issues related to appointment, promotion and tenure, as far as he is concerned, and reviewing and approving as to what faculty voted on and if a subsequent faculty vote will adjust it accordingly. It seemed to the Dean that we have done a sufficient job with our Faculty Senate. and it is up to us to ask our senators to better represent us. Therefore, he asked Faculty Council to consider ways to be more proactive with our Faculty Senate so that they represent the school and not something else. In the context of faculty engagement and development, the Dean has asked Lia Logio to convene groups focused on faculty engagement and development and determine how best to approach faculty engagement. If Faculty Council wishes to participate, they may do so. Dr. Logio has been asked to take the lead and encourage any participation possible.</p> <p>The School of Medicine is currently undergoing university review with the Provost planning to visit departments. She met with departmental activity this afternoon and informed us that she wants to</p>	

			<p>visit all departments. Today she had the first meeting with the National Center for Regenerative Medicine (NCRM) and the Good Manufacturing Practices (GMP) facility with representatives from Pathology, UH, Genetics, and indirectly with two members of Gene Therapy. The Dean also noted that they will conduct a national search for the chair of the Department of Population and Quantitative Health Sciences (PQHS) with a meeting with the department planned for the following week.</p>	
4:27-4:59PM	Awards and Honors Committee Annual Report	Lynn Singer, Chair	<p>Dr. Singer explained that the goal of the Honors and Awards Committee is to increase the number of faculty who are nominated for awards and honors both nationally and internationally, with notable success in recent years, including increased nominations for various awards. The committee is tasked with identifying new and existing opportunities for faculty at every rank and increase the number of faculty members at CWRU-SOM who receive awards/honors. To this end they will create a nomination process and assist faculty in determining if and when they should apply for various honors/ awards. The plan is to assist faculty by recommending procedures for crafting materials, including producing specific templates for certain very important awards/honors. This committee is comprised of members from all of the affiliates.</p> <p>The committee, which meets monthly, is charged with developing a searchable listing of honors and awards, eligibility, frequency and deadlines. They solicit nominations in conjunction with department and center chairs. They review the materials submitted with edits based on opportunity or knowledge of the field. The committee is currently creating a databank of materials for faculty to utilize as samples. The need for administrative support has hampered these efforts. In addition, barriers included lack of knowledge about individual achievements that have not already been recognized for an award; lack of knowledge about faculty membership in professional societies as a large number of awards are society-based. Many faculty members are not involved in major professional societies. Often the committee became aware of an award too late to submit. Faculty modesty, lack of willingness or time to create the nomination, and lack of diversity in identifying faculty also came into play.</p> <p>Dr. Singer listed the names of the award recipients and the awards to which they had submitted nominees. The committee has experienced considerable success over the last couple of years. Faculty members</p>	

			<p>were encouraged to become involved with AAAS. In order to be considered for a fellow you must be a member for four years. It was noted that nominating a faculty member is a time consuming process. In 2023 the committee nominated for seven awards; in 2024 – 21, and in 2025 there were 16 nominations.</p> <p>Faculty can assist by identifying themselves or other faculty for specific awards. It is imperative to maintain memberships and leadership in appropriate professional societies and ensure that professional membership and awards are indicated in FIS and acknowledged in annual reviews. Dr. Singer suggested an annual solicitation from the Dean’s office, possibly in the fall, for AAMC. They had a finalist last year and renominated that person this year. Unfortunately, CWRU has few resources compared to other universities, where this committee is often housed in the Dean’s or Provost’s Office, with professional letter writers and a database manager. Dr. Singer recommended establishing a standing committee with a full-time staff member and a majority of Dean-appointed members to effectively manage the process.</p> <p>The current ad hoc Awards and Honors Committee (slated to sunset June 30) will continue until the new standing committee is formally established, or the ad hoc committee will be extended as needed.</p>	<p>A motion was made by a FC member and seconded by a FC member to make the Awards and Honors Committee a standing committee with 1 FTE administrative support and the appointment of the majority of the committee by the Dean.</p> <p>Vote: 52 in favor; 0 not in favor, 0 abstained, and 9 were ineligible to vote</p> <p>The motion passes.</p>
4:59-5:17PM	MESL (Medical Education Senior Leaders -- AAMC)	Amar Desai Lia Logio	<p>Dr. Amar Desai is a representative for the AAMC Council of Faculty and Academic Societies (CFAS), which involves bringing CWRU faculty (junior and senior) perspectives to national discussions and reporting back to leadership. CFAS represents faculty within the AAMC and serves as a bridge between faculty perspectives and national leadership. It represents clinicians, scientists and educators across U.S. and Canadian medical schools. It includes 250 representatives from 73 academic societies and identifies and elevates issues impacting faculty across missions and contributes to AAMC policy, advocacy and programming.</p> <p>Current CFAS priorities include research funding, workforce development, public trust in science, and faculty advocacy. Dr. Desai proposed potential actions for Case Western such as increasing visibility of existing resources, establishing a clear mechanism for faculty voice, and engaging with media outlets beyond the academic community. Current discussion centered around how institutions can assist faculty in terms of NIH funding and creative discussion about</p>	

	<p>MESL (Medical Education Senior Leaders -- AAMC) (continued)</p>		<p>bridge funding. He referenced a compelling session he had attended on disparity in terms of the number of female faculty members in medical institutions, particularly in leadership, and to understand the root cause between the number of females that enter after graduation and those who evidently end up in leadership positions.</p> <p>The final two priorities were public trust in science and a need for faculty advocacy. Unfortunately, there is increasing public distrust. Real life examples through storytelling attempt to humanize institutions and scientists that work there. A growing disconnect requires more intentional communication and community engagement. Faculty voice is not consistently represented. Institutional priorities are often driven by operational and financial pressures rather than faculty perspectives. The issues of public trust and then faculty voice are not consistently represented in institutional decision making.</p> <p>What can we do at CWRU? First increase the visibility of existing resources. Much of the current existing infrastructure is underrepresented. It is important to centralize and communicate funding opportunities, grant writing support, and institutional programs and create a clearer faculty voice. A mechanism should be established to gather and relay faculty priorities to institutional and national discussions. Faculty Engagement should be strengthened beyond the institution. Participation in policy, advocacy, and community-facing efforts should be encouraged, and connections should be built across faculty and programs; share strategies and successes across departments rather than operating in silos, with the goal of developing practical, faculty-driven approaches that better align resources, representation, and impact. The expectation of faculty engagement is increasing. There is a clear push for faculty to be more proactive in shaping policy and not just responding to it.</p> <p>Dr. Logio suggested considering developing faculty training or resources to support the use of advocacy portfolios in promotion, as part of faculty development efforts. The advocacy portfolio could be incorporated into the faculty promotion process and/or FIS questions.</p> <p>Dr. Desai invited the attendees to provide feedback on how to best represent faculty issues at the national level.</p>	
<p>5:17-5:22PM</p>	<p>Closure of MS in Physiology and Biophysics</p>	<p>Corey Smith</p>	<p>Dr. Corey Smith, Graduate Program Director in the Department of Physiology and Biophysics, stated that they currently have 11</p>	

	Closure of MS in Physiology and Biophysics (continued)		<p>master's programs, and they don't need 11. They are going through their programs and eliminating those that are presently superfluous. Consequently, they have petitioned Faculty Council to approve their request to eliminate the MS in Physiology and Biophysics program; a master's program with no current students and no future enrollment anticipated. The program was identified as obsolete and has been replaced by the BSTP umbrella graduate program.</p> <p>Nicole Deming stated that as part of the approval process, faculty who represent faculty vote on this. Dr. Smith stated that this petition has gone through all appropriate committees, and after Faculty Council votes on it, it will be submitted to the Dean. Dr. Rowland-Seymour explained that this master's program is for lab technicians. The department still has their plan for a Physiology Master's Program (it is linked with the Aerospace Physiology Center MSTP Program) and had a very successful defense a few days prior. It was noted that the program they are petitioning to eliminate has not had a student graduate in decades.</p>	<p>A motion was made by a FC member and seconded by a FC member to approve the request to eliminate the MS in Physiology and Biophysics program.</p> <p>Vote: 46 in favor; 0 not in favor, 0 abstained, and 5 were ineligible to vote</p> <p>The motion passes.</p>
5:22-5:29PM	Approval of New Program: PAF - BST-CT: Biostatistics and Biomedical Analytics	Ming Wang	<p>Dr. Wang presented a proposal for a new graduate certificate program in Biostatistics and Biomedical Analytics, which would require 15 credits from 5 courses including two core courses and three electives. Dr. Wang outlined the admissions requirements and explained that the program aims to provide specialized training for students and working professionals who want formal education but may not be ready for a full degree. Expected outcomes include career readiness for biostatistics and biomedical analytics roles in research institutes, hospitals, and clinical settings; training for clinical research and epidemiology (population health analytics, observational studies); and enhanced preparation for MS, PhD or advanced study in biostatistics, epidemiology, clinical or biomedical sciences.</p> <p>Dr. Wang will follow up with the graduate school to confirm and communicate the time limit for transferring certificate credits into a master's program, per graduate school policy.</p> <p>There being no further discussion, a vote was taken for approval of the program.</p>	<p>A motion was made by a FC member and seconded by a FC member to approve the new graduate certificate program for Biostatistics and Biomedical Analytics.</p> <p>Vote: 41 in favor; 0 not in favor, 3 abstained, and 9 were ineligible to vote</p> <p>The motion passes.</p>
5:29-5:33PM	Faculty Council Steering Committee Report	Elvera Baron	<p>The Faculty Council Steering Committee met on April 6 via Zoom. The chair noted that Match Day had been a great success with 29% of students staying in Ohio, with many matching with CWRU's</p>	

	Faculty Council Steering Committee Report (continued)		affiliates. The chair provided an overview of the upcoming meetings/events and went over the results of the climate survey with the committee. They reviewed and approved the Faculty Council Meeting Minutes for March 2 and approved the agenda for the April 27 Faculty Council meeting. They discussed the equity review process and considered possible changes to the procedure. Reports being presented at the April 27 Faculty Council meeting were previewed (Honors and Awards Committee, Medical Education Senior Leaders – AAMC, and eliminating the MS in Physiology and Biophysics). Five emeritus packets, one chair appointment, and one sabbatical request were reviewed. The meeting was adjourned at 4:55PM.	
5:33-5:34PM	Adjourn		Due to time constraints, the vote to approve the CFAS annual report will be added to the agenda for the May 18 Faculty Council Meeting. There being no further agenda items to address, the Chair adjourned the meeting at 5:34PM.	

**Present**

Shane Angus	Karla Coburn	Qingzhong Kong	Michael Moffitt	Michael Weber
Antoinette Abou-Haidar	Wayne Cohen-Levy	Siran Koroukian	Tyfanni Monford	Scott Williams
Elisa Bala	Thomas Collins	Vijaya Kosaraju	Monica Montano	Peng Zhang
Michael Baldonieri	Xinghong Dai	Christina Krudy	Henry Ng	Ben Schwan
Stephanie Barnes	Mirela Dobre	Bret Lashner	Elizabeth Painter	Hemalatha Senthilkumar
Elvera L. Baron	Nadim El Chakhtoura	Alan Levine	Abigaill Raffner (Basson)	Demitre Serletis
Kavita Bhatt	Lisa Gelles	Jennifer Li	Elizabeth Rainbolt	Simran Singh
Matthias Buck	Stan Gerson	Aram Loeb	Rania Rayes-Danan	Stacy Smrz
Julie Bucklan	Peter Harte	Jennifer Lucas	Anastasia Rowland-Seymour	Michael Staudt
Hulya Bukulmez	Christopher Hine	Amy McDonald	Anas Saleh	Saba Valadkhan
Adrienne Callahan	Camilla Kilbane	Claudio Milstein	Mankaran Sawhney	Gregory Videtic

**Not Present**

Mohamed Abdalla	Ani Das	Eric W. Kaler	Janice Lyons	Antonio Rampazzo
Atallah Baydoun	Mackenzie Deighen	Adina Kern-Goldberger	Ryan Marino	Deven Reddy
Alfred P. Bowles	Jeremiah Escajeda	Venkatesh Kambhampati	Gillian Michaelson	Ann Rivera
Sonji Boyd	Jonathan Fanaroff	Manasvee Kapadia	Nona Nichols	Paul Shaniuk
Francis Caputo	Calen Frolkis	Sandeep Khanna	Rebecca Obeng	Matthew Sikora

Sonny Caradonna

Rachael Gowen

Stephen Leb

Ruben Olivares

Madelyn Stevens

**Not Present (continued)**

Andy Chen

Andrew Harris

Ang Li

Sarah Ondrejka

Phoebe Stewart

William Chad Cook

Jason Ho

Philip Linden

Roger Ove

Boaz Tirosh

Marta Couce

Sheronica James

Susan Linder

Neal Peachey

Ping Xia

**Others Present**

Laurie Bauer

Jimmy Efird

Kelly Gibson

Vanessa Maier

Corey Smith

Nicole Deming

Elizabeth Fehsenfeld

Joyce Helton

Susan Reichert

Erika Trapl

Amar Desai

Trish Gallagher

Lia Logio

Lynn Singer

Ming Wang

**Faculty Council Meeting  
Draft Meeting Minutes  
March 16, 2026**

<b>Timing</b>	<b>Agenda Item</b>	<b>Presenter</b>	<b>Summary of discussion</b>	<b>Action items/Motions/ Votes</b>
4:04-4:08PM	Chair's Remarks and Announcements	Anastasia Rowland-Seymour, Chair of Faculty Council	<p>The Chair called the meeting to order at 4:04PM noting that this meeting was hybrid – via Zoom and in person at MetroHealth, and seven people were participating in the MetroHealth conference room.</p> <p>She provided a brief overview of the dates, times and location of the following upcoming events:</p> <ul style="list-style-type: none"> <li>-- March 20, 2026 – Match Day – HEC Atrium -- 11:30AM-12:30PM</li> <li>-- April 16, 2026 – Dean's Third Meeting of Faculty – 9-10:30AM – in-person at Wolstein Auditorium and via Livestream</li> <li>-- April 21, 2026 – SOM Education Retreat – HEC – 12:00-6:15PM (Awards Ceremony 4:30-4:45PM)</li> <li>-- April 27, 2026 – Hybrid Faculty Council Meeting at UH – Lakeside Albert Waldo Conference Room 3068 Lakeside 3<sup>rd</sup> floor And via Zoom</li> <li>-- May 18, 2025 – Hybrid Faculty Council Meeting in-person at CCF At the R3 Auditorium (3<sup>rd</sup> floor of the R Building) and via Zoom</li> <li>-- June 15, 2026 – Final Faculty Council Meeting of the year – Plan for in-person at Wolstein Auditorium</li> </ul> <p>The standing committee elections will be upcoming and announced fairly soon. The chair invited everyone to celebrate Match Day on March 20 with the 4<sup>th</sup> year students. She thanked Michael Moffitt, and Tyfani Monford for creating the talking points for the last Faculty Council meeting and summaries prepared by Calen Frolkis to take back to their departments, constituents and colleagues, keeping them informed as to what is being discussed in the meeting and bringing their thoughts back to Faculty Council. By including the voices of all of our colleagues, we can turn a one-sided conversation into a dialogue. The Faculty Climate Survey closes at 5:00PM today and will be discussed towards the end of the meeting.</p>	Quorum is 43

4:08-4:35PM	University Finance Committee Update	<p>Rose Kelly, Associate Vice President for Finance &amp; Controller, Controller's Office</p> <p>Jonathan Carlson, Vice President for Financial Planning</p> <p>Craig Zullig, Senior Director, Finance, Office of the Provost</p>	<p>In addition to Rose Kelly, Jonathan Carlson, and Craig Zullig, Brian Burnett, Executive Vice President for Finance and CFO, was on-line to assist with questions. All members of the University Finance Committee report to him. He stated that he hoped that the conversation he had earlier this month with the Faculty Council Steering Committee had answered some of their questions and provided some clarity as to what the team is doing.</p> <p>The committee provided an overview of the work they have been doing for the last two months on budget management and fiscal year 2027 planning. Significant progress has been made in the two months of collaboration between central finance and the SOM. The fiscal year 2026 outlook improved substantially from earlier projections with \$7-10M in the black as the finance team gained a better understanding of school operations and completed various financial cleanup projects. The numbers represent progression from actual results to a forecasted year-end position. The committee felt that they had made good progress over the past two months as they met with department chairs, directors, and Dean Gerson. They are currently working on the 2027 budget which, as many are aware, will be difficult as they try to predict federal funding and research and estimate that and other revenue expenses that can be tapped into. The SOM is the largest and most complex school on the campus, consequently the budget starts much earlier than other schools.</p> <p>The committee is leading the endowment project, in conjunction with the Dean's office, to maximize the use of nearly 900 endowments, targeting the top 100 for potential additional funding while ensuring that they remain in line with donor wishes and intent, while not leaving any money on the table.</p> <p>The committee was asked to elaborate on the disparity between the initial \$750,000 dollar figure reported two weeks prior and the current \$7-10 million projection. It was explained that the \$750,000 was from the December second quarter forecast, and not February. As the team learned more about the unknowns and worked with the school, the forecast improved. The current \$7-10 million projection includes endowment project work, cost share cleanup, accounting corrections, and expected activity in the final four months. The central finance team has been working closely with all SOM departments. All existing startup packages will be fully honored with no dollar amount reductions.</p>	
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	University Finance Committee Update (continued)		<p>Grants administration staffing is being assessed as part of the overall operations review; there are no immediate plans for significant staffing reductions. Part of this project entailed evaluating the structure and determining what is and is not working.</p> <p>The Dean noted that startup packages are part of the departmental budget and that management of department finances determines startup package utilization. Faculty, individually, collectively, and with their chair, determine startup package expenditure within the reasonable margin management. All current startup packages represent multi-year School of Medicine commitment, typically spent over 5-11 years with a median of 7.5 years. Startup packages must be managed carefully over time as they represent a significant portion of departmental unrestricted budgets, ranging from a couple hundred thousand to \$4-5 million dollars per department.</p> <p>The position of Vice Dean of Finance is still vacant; filling this position does not fall within the purview of the Central Finance team.</p> <p>John Carlson stated that for fiscal year 2027, targets were developed using guidelines from the January budget cut, which departments and administration had worked on together. The target margin is \$10-11M but subject to further refinement. At the end of the day, it will come down to a coordinated effort between the CFO and the Dean to ensure that strategies continue moving forward. The Dean further explained that the ultimate target decision lies with the Executive Vice President for Finance, the President, and the board.</p> <p>The Chair thanked the Central Finance team for all of their work and for spending time with Faculty Council answering questions and continue to engage with us with what is happening with finance and partner moving forward. Rose Kelly stated that they were happy to provide the updates and happy to be invited.</p>	
4:35-4:40PM	Remarks by Dean Gerson	Stan Gerson	<p>The Dean emphasized how each unit contributes to managing individual, departmental, institutional, and school finances. Some are involved with research, the NIH or other entities, foundations, or gift activities; there is a lot of work that must be done collectively to be successful. Through no one's fault, the NIH is very behind. Faculty should continue running grants competitively and note where the NIH wants to prioritize funding and align proposals accordingly.</p>	

	Remarks by Dean Gerson (continued)		<p>The Dean said that he was encouraged by the quality of the applicant pools at undergraduate, master’s, PhD, and MD levels. Recruitment and admissions performance is strong across all programs. Our acceptances are going out now. The Match Program is on Friday, March 20, and he is looking forward to sharing in the joy of our medical students. The enthusiasm of our second look programs has been astonishing. People have decided to come and share their education with us despite external concerns, and we are looking forward to the meeting in mid-March and April 16.</p> <p>The Chair noted that the Dean will probably have time on April 16 to provide an update on the strategic plan draft. There is an issue with the formatting of the draft causing a delay in distributing it to Faculty Council and the chairs. One or two sessions are planned for May and/or June, which are yet to be scheduled.</p>	
4:40-4:45PM	Faculty Community and Representation Committee – Annual Report	Vanessa Maier, Chair	<p>Dr. Maier introduced herself as the chair of the Committee on Faculty Community and Representation, formerly the Committee on Women and Minority Faculty. The purpose of the CFCR 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 SOM and recommend ameliorative policies and actions to the SOM Faculty Council and administration.</p> <p>She provided a brief report on the committee’s meetings over the past year, the topics they addressed and the recommendations that were made. The committee has been very busy and active over the past year and are well represented by both clinical and basic science faculty who are actively engaged in determining how to contribute to strategic planning. The committee recommended including objective measures and specific engagement targets in the strategic planning around faculty engagement, particularly for clinical faculty in future climate surveys and work with the affiliates to ensure we are reaching clinical faculty through the clinical affiliate email addresses.</p>	<p>Because this is a standing committee, a motion is not required.</p> <p>Vote: 42 in favor of accepting the CFCR annual report, 0 not in favor, 1 abstained, and 12 were ineligible to vote</p> <p>The motion passes.</p>
4:45-4:51PM	Climate Survey Results		<p>The Chair reviewed the prior climate survey from 2024. The new climate survey, currently open and closing in 16 minutes, is directed specifically at clinical faculty. Dr. Lyons noted that the previous Faculty Climate Survey that was sent out was too long for clinical faculty to complete. She also cautioned against repeatedly saying that clinical faculty is not engaged; this could reduce rather than increase</p>	

	Climate Survey Results (continued)		<p>engagement. Dr. Maier agreed that clinical faculty want to engage but face technical challenges e.g. difficulty accessing resources without the Case email; many clinical faculty do not utilize the Case email. The number of faculty members who have entered information in FIS is relatively low. It is not seen as priority, thought to be tedious, and there is a perception of relevance. Work is ongoing to improve the systems and processes. Nicole Deming suggested that faculty can email the Office of Faculty Affairs (<a href="mailto:facaffrs@case.edu">facaffrs@case.edu</a>) with their preferred email changes to ensure accuracy. At some point, everyone will have to use the FIS to sign their reappointment forms.</p>	
4:51-4:55PM	Summary of FCSC Meetings from December through March	Nicole Deming on behalf of Elvera Baron	<p>Dean Deming provided a summary of the December through March Faculty Council Steering Committee Meetings:</p> <p>Routine Business:</p> <ul style="list-style-type: none"> <li>-- Monthly chair announcements, approval of minutes, and review of Faculty Council agendas.</li> <li>-- Emeritus Appointments: Reviewed and made recommendations on 16 emeritus requests.</li> <li>-- Advice to the Dean on Department Chair Appointments: Provided advice to the Dean on interim and department chair nominations.</li> <li>-- Strategic Plan Work: Regular updates; emphasis on measurable goals and strengthening the education component.</li> <li>-- Committee Reports: Review of reports prior to presentation to Faculty Council.</li> <li>-- Curricular and Program Items: Food is Medicine Minor (already voted on); Biostatistics &amp; Biomedical Analytics Graduate Certificate (on April's Faculty Council agenda)</li> </ul> <p>Faculty Governance &amp; Policy:</p> <ul style="list-style-type: none"> <li>-- Discussions on improving engagement across faculty based at hospitals and in the basic science departments.</li> <li>-- Bylaws amendment on professionalism (presented and endorsed in December; awaiting review and approval at Faculty Senate).</li> <li>-- Request to amend Faculty Handbook to allow clinical + adjunct faculty emeritus eligibility: letter sent to Faculty Senate.</li> <li>-- Planning for School-wide Events: Topics for Dean's Third Meeting of faculty; reviewed the SOM graduation lists for December and May, which the committee supported.</li> <li>-- Other Updates: Ongoing discussion of finances in the SOM and at the University</li> </ul>	

4:55-4:56PM	Approval of February Faculty Council Meeting Minutes	Anastasia Rowland-Seymour	Since the Chair did not receive any additional comments or edits regarding the February Faculty Council Meeting minutes as posted in BOX, a vote will be initiated.	There being no edits to the February Faculty Council Meeting minutes as posted in BOX, the minutes are approved by general consensus.
4:56-4:57PM	Dean's Third Meeting of Faculty		The Chair noted that we did submit questions for the Dean's Third Meeting of Faculty – many of which centered around finance. To encourage other thoughts, if there was something that you did not bring forward, please take this opportunity to submit it in the chat (can be anonymous).	
4:57-5:34PM	Discuss ways to increase engagement and bridge gaps between clinical, affiliate, and basic science faculty		<p>The Chair continued the previous conversation concerning how we could bridge the gap between clinicians primarily at affiliate hospitals and basic science faculty primary focused at the university.</p> <p>It was suggested that a small group caucus could be centered at the university with the goal of guiding the rest of Faculty Council in how to advantageously manage some of these conversations and issues. It was felt that a caucus must be clearly related to daily work or faculty members will not come due to time and scheduling constraints. Clinical faculty have difficulty engaging because many issues discussed are unfamiliar; separate entities at UH, Metro, CCF with different ways of doing things. Multiple barriers to engagement were identified including unfamiliarity with topics, perceived lack of relevance, time constraints, and unclear benefits. Faculty do not know how being engaged could be helpful to them. We need to bring awareness of relevance and value of engagement to clinical faculty. Many of the clinical faculty don't understand the research component.</p> <p>The Chair suggested moving forward with the caucus of CWRU paid faculty who are stationed at Case. A motion was made and seconded and the floor was opened for discussion. Suggested language was that there would be a caucus of SOM Case-paid faculty who would advise Faculty Council Steering Committee on issues pertaining to Case-paid faculty. The Dean stated that a third or more of Case-paid faculty reside in clinical hospital-based departments. Approximately 120 faculty are dual paid with research programs paid through the university and school, and clinical programs paid by hospital-based</p>	

	<p>Discuss ways to increase engagement and bridge gaps between clinical, affiliate, and basic science faculty (continued)</p>		<p>departments. It was noted that the people who are on Faculty Council from clinical faculty may not represent the faculty who have hybrid positions at Case and their affiliates. We need to be careful that we are appropriately representing all voices. Case-paid faculty could work through issues among themselves then bring ideas forward to clinical faculty.</p> <p>The Dean stated that the caucus concept is to provide foundation for the entire council to appreciate what the issues are so we can wisely make decisions as faculty representatives for issues pertinent to the SOM university-based departments and individuals.</p> <p>We are full-time faculty 3,400 strong, four academic medical centers, university-based full-time faculty, and 4/5 of our faculty are doctors. We all have an academic mission – appointment and promotion. Scholarship, authorship and impact is moving our field forward. We don't spend enough time talking about medical education clerkships, residency, hospital-based faculty and their scholarship efforts.</p> <p>Many of the issues and challenges we are able to talk about here in Faculty Council relate to the organizational structure, finances and resources, and the element within the university which is the university-paid and university-based department.</p> <p>The Chair suggested that there would be no vote today, and we will bring this back to the Faculty Council Steering Committee, have some conversations, refine the caucus proposal with clear membership criteria and scope, and bring it to Faculty Council at our next meeting.</p>	
5:34PM	Adjourn		<p>The faculty climate results will be addressed at the next meeting. There being no further agenda items, the Chair adjourned the meeting at 5:34PM.</p>	

**Present**

Shane Angus  
 Antoinette Abou-Haidar  
 Elisa Bala  
 Michael Baldonieri  
 Stephanie Barnes  
 Matthias Buck  
 Julie Bucklan  
 Hulya Bukulmez  
 Adrienne Callahan  
 Karla Coburn  
 Wayne Cohen-Levy

Thomas Collins  
 Marta Couce  
 Ani Das  
 Mirela Dobre  
 Nadim El Chakhtoura  
 Jeremiah Escajeda  
 Jonathan Fanaroff  
 Lisa Gelles  
 Stan Gerson  
 Andrew Harris  
 Peter Harte

Christopher Hine  
 Venkatesh Kambhampati  
 Manasvee Kapadia  
 Camilla Kilbane  
 Qingzhong Kong  
 Siran Koroukian  
 Bret Lashner  
 Alan Levine  
 Susan Linder  
 Aram Loeb  
 Jennifer Lucas

Janice Lyons  
 Michael Moffitt  
 Tyfanni Monford  
 Monica Montano  
 Henry Ng  
 Nona Nichols  
 Rebecca Obeng  
 Elizabeth Painter  
 Abigaill Raffner (Basson)  
 Elizabeth Rainbolt  
 Rania Rayes-Danan

Anastasia Rowland-Seymour  
 Anas Saleh  
 Mankaran Sawhney  
 Demitre Serletis  
 Paul Shaniuk  
 Madelyn Stevens  
 Boaz Tirosh  
 Saba Valadkhkan  
 Scott Williams  
 Ping Xia

**Not Present**

Mohamed Abdalla  
 Elvera L. Baron  
 Atallah Baydoun  
 Kavita Bhatt  
 Alfred P. Bowles  
 Sonji Boyd  
 Francis Caputo  
 Sonny Caradonna  
 Andy Chen

William Chad Cook  
 Xinghong Dai  
 Mackenzie Deighen  
 Calen Frolkis  
 Rachael Gowen  
 Jason Ho  
 Sheronica James  
 Eric W. Kaler  
 Adina Kern-Goldberger

Sandeep Khanna  
 Vijaya Kosaraju  
 Christina Krudy  
 Stephen Leb  
 Ang Li  
 Jennifer Li  
 Philip Linden  
 Ryan Marino  
 Claudio Milstein

Amy McDonald  
 Gillian Michaelson  
 Ruben Olivares  
 Sarah Ondrejka  
 Roger Ove  
 Neal Peachey  
 Antonio Rampazzo  
 Deven Reddy  
 Ann Rivera

Hemalatha Senthilkumar  
 Simran Singh  
 Stacy Smrz  
 Michael Staudt  
 Matthew Sikora  
 Phoebe Stewart  
 Gregory Videtic (on leave)  
 Michael Weber  
 Peng Zhang

**Others Present**

Jonathan Carlson  
 Nicole Deming  
 Maria Grabnar

Joyce Helton  
 Amy Hise  
 Craig Hodges

Rose Kelly  
 Lia Logio  
 Vanessa Maier

Rachel Moore  
 Susan Reichert  
 Kelsey Ufholz

Ming Wang  
 Craig Zullig

# Awards and Honors Committee

Faculty Council Steering Committee

April 6, 2026

Lynn Singer



CASE WESTERN RESERVE  
UNIVERSITY  
School of Medicine

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

**Goal: To increase the number of faculty who are nominated for awards and honors nationally and internationally.**

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



# Committee members

- Jim Young, CC
- Jennifer Baillit, CC
- Robert Bonomo, VA
- Lia Logio, SOM
- Tina Lining, SOM
- Lynn Singer, SOM, chair
- Bill Merrick, SOM
- Daniel Spratt, UH
- Jon Karn, SOM
- Kayla Moss, Dean's Office
- John Chae, NASEM
- Elizabeth Fehsenfeld, Dean's Office
- Shari Bolen, Metro



# SOM Awards Committee charge

## Meets monthly

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



# Identified Barriers

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

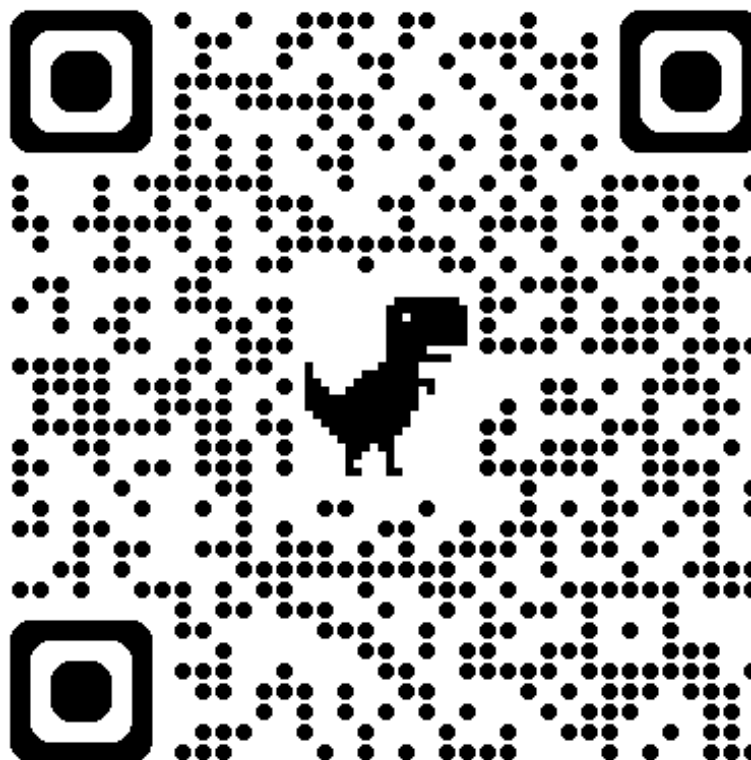


# Progress to date

- Developed **list of 100+** top awards (infinite number);
- **Identified top faculty** for eligibility based on Research.com, committee knowledge, Web of Science, etc.
- Committee members presented charge to constituent faculty at affiliates
- Vetting timelines for possible nominations
- Created **NASEM** committee chaired by John Chae.
- Identified >100 prizes, nominated >30.
- Encouraged membership in **AAAS, AAP-ASCI, ASMBMB, professional societies**
- **Website** created : [Faculty Awards | School of Medicine | School of Medicine | Case Western Reserve University](#)



# Website



# AWARDEES



- **Cynthia Bearer**
- **Jonathan Karn\***
- **Witold Surewicz**
- **Tony Wynshaw-Boris**
- **Nicholas Ziats**
- **Karen Mulloy\***
- **Vincent Monnier**
- **Walter Boron**
- **Jacob Scott**
- **Paul Tesar**
- **Andrew Golden**



# **Awards with Nominations 2023 (N=7)**

- **Gairdner Foundation**
- **Foundation for NIH Lurie**
- **NY Academy of Sciences**
- **Albany**
- **Warren Alpert**
- **Blavatnik**
- **Nemmers**



# Awards with Nominations 2024 (N=21)

- Avery Prize ,Gairdner (renomination),Tang Prize
- ASBMB Parasitology, AAAS Fellow\*, AAMC Glaser
- Wolf , Warren Alpert, ASBMB Stadtman, Merkin (2 nominees), Kober medal, Szent-Gyorgi(2), Marian Spencer Fay (2)
- Switzer Maillard \*, Eppendorf\*, AAMC Research, ASBMB Kirschstein (2)
- McGill, Welch, AAP nominations (3), ASHG Lifetime



# Awards with Nominations 2025 (N=16)

- Drexel, Barancik , McGill, AAMC Research (renomination), Ochsner, AAMC Foreman, AAMC Research (renomination), Szent-Gyorgi (renomination)
- AAAS Fellow, AAP/ASCI, Merkin Prize (renomination), Riemann, BLASR , Myrto Lefkopoulou. AAAS Mentoring, CDC Fries, Harrington



# What can Faculty do?

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



# Findings and Recommendations

1. Few resources compared to other universities: often in **Provost/dean's offices; Recommend 1 FTE staff; professional letter writers; database manager.**
2. **Encourage faculty participation in and leadership possibilities in professional and scientific organizations.**
3. **Basic Science and Clinical chairs are critical**



# **Findings and Recommendations (cont'd)**

- 4. Annual solicitation from the dean's office in Fall for AAMC awards and AAAS Fellows;**
- 5. Annual solicitation from the dean's office Spring for AAP/ASCI nominations**
- 6. Possible subcommittees for AAP/ASCI and AAAS**
- 7. Dean appointments to committee to allow emeriti and include senior leaders.**



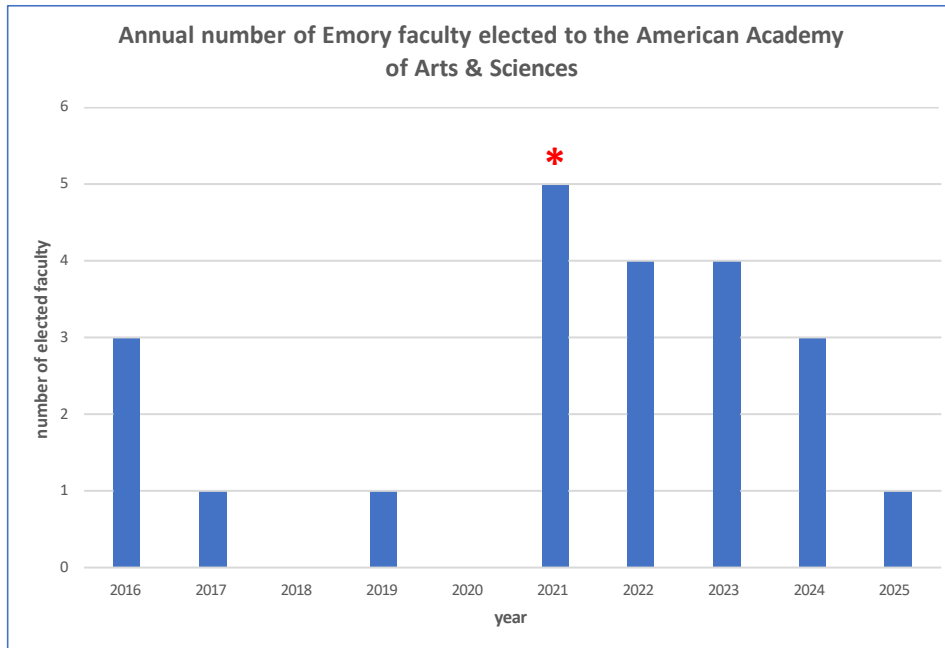
# Advice from 2 Universities

- Led by Provost office: staffing by FTE Associate provost and letter writer; works with P&T ; Marketing closely engaged; President's office priority and schools highly responsive; led by senior faculty Associate Provost who is engaged in societies as Fellow.
- Each year uses professional funds to enroll promising faculty in AAAS for several years, schools, departments fund other professional memberships. Emphasize: this is a long game.
- Ivy league, within SOM, restructured over 20 years ago as they recognized lack of visibility in awards. Created database; 1 FTE staff; PT admin asst; Senior faculty leader, committee meets 3 x a year to decide which awards. All work done by staff with faculty.

***“You need to play the long game.”***



# American Academy of Arts & Sciences



Average annual number of elected faculty, 2016-2020: 1.0

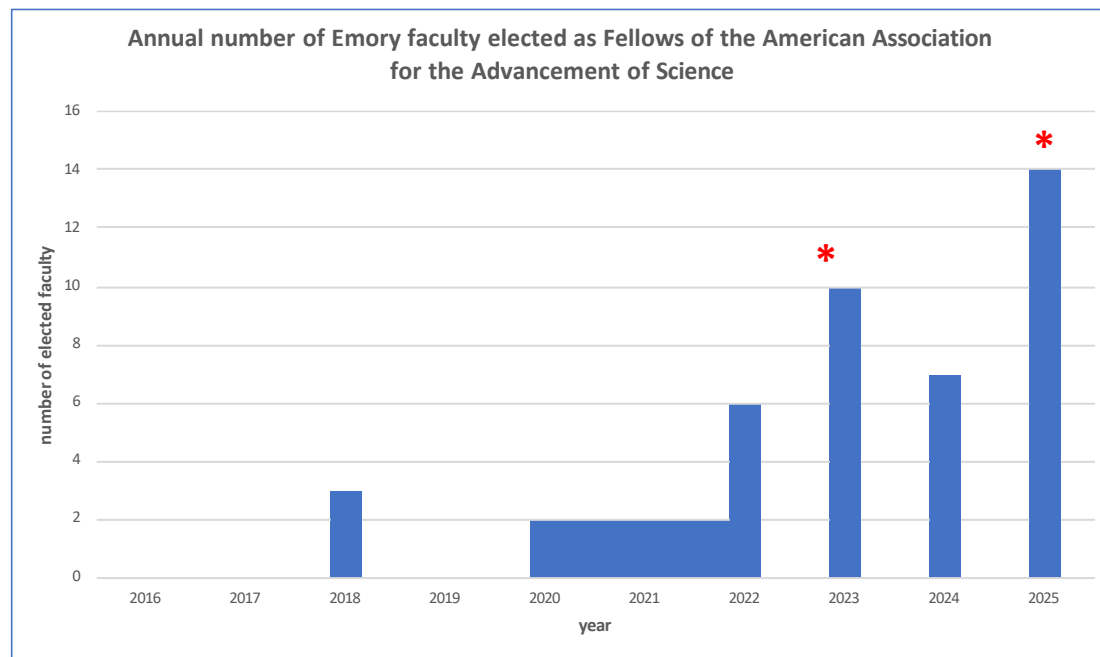
Average annual number of elected faculty, 2021-2025: 3.4

\* – denotes Emory record

**240% increase** in 2021-2025 vs 2016-2020



# American Association for the Advancement of Science



Average annual number of elected faculty, 2016-2019: 1.3

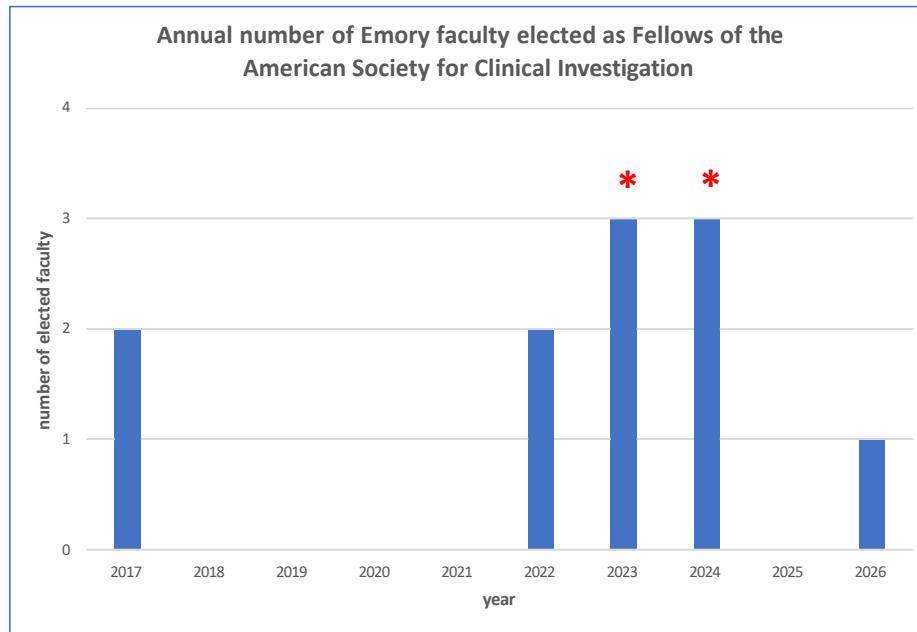
Average annual number of elected faculty, 2020-2023: 4.8

\* – denotes Emory record

**433% increase** in 2020-2025 vs 2016-2019



# American Society for Clinical Investigation



Average annual number of elected faculty, 2017-2021: 0.4

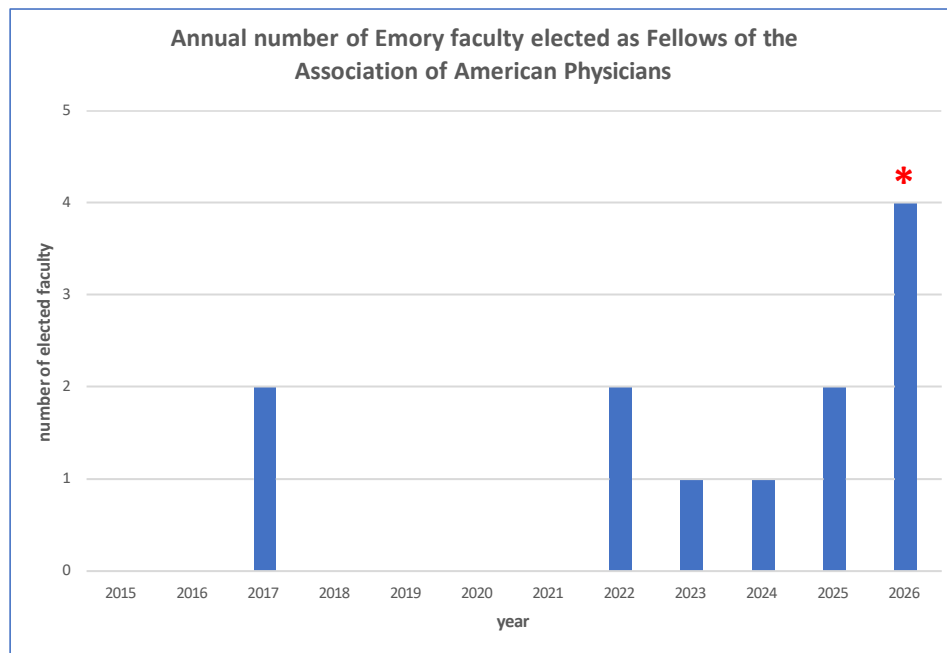
Average annual number of elected faculty, 2022-2026: 1.8

\* – denotes Emory record

**350% increase** in 2022-2026 vs 2017-2021



# Association of American Physicians



Average annual number of elected faculty, 2015-2021: 0.29

Average annual number of elected faculty, 2022-2026: 2.0

\* – denotes Emory record

**600% increase** in 2022-2026 vs 2015-2021



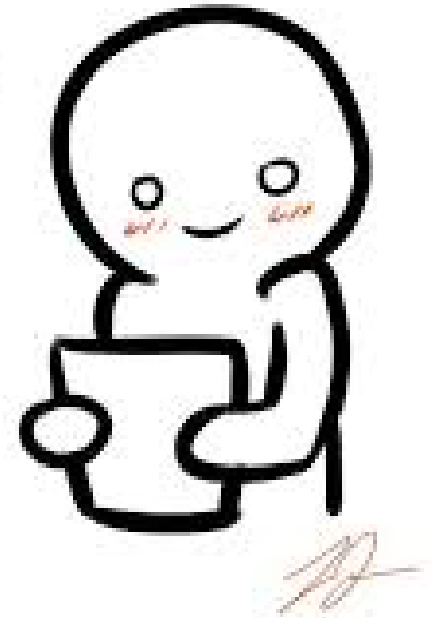
# Resolution

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



# Acknowledgement

Thank you  
for  
listening!





# AAMC Council of Faculty and Academic Societies (CFAS) Update



# What is CFAS?

The Council of Faculty and Academic Societies (CFAS) represents faculty within the AAMC and serves as a bridge between faculty perspectives and national leadership

- Represents clinicians, scientists, and educators across U.S. and Canadian medical schools
- Includes ~250 representatives from 73 academic societies
- Identifies and elevates issues impacting faculty across missions
- Contributes to AAMC policy, advocacy, and programming

# CWRU Representation



Amar Desai, PhD  
Assistant Professor- Case CCC  
CFAS Junior Representative



Lia Logio, MD  
Vice Dean, Medical Education, CWRU SOM  
CFAS Senior Representative

## Our Role:

- Bring CWRU faculty perspectives to national CFAS discussions
- Share national priorities and opportunities back to our faculty community

# Current CFAS Priorities

- **Research funding environment:** Ongoing NIH funding uncertainty, proposed budget cuts vs congressional increases, and downstream impact on grant success rates and lab stability
- **Facilities and administrative (F&A) policy:** Active efforts to cap indirect costs and ongoing legal and policy battles that directly affect institutional research infrastructure
- **Workforce development:** Challenges in sustaining the physician and biomedical workforce, including GME funding, visa policies, and pipeline support for trainees
- **Faculty wellbeing and career sustainability:** Increasing pressure from clinical, research, and administrative demands, with growing focus on retention, burnout, and career development pathways
- **Public trust and communication:** Declining trust in science and medicine, with a shift toward faculty-driven storytelling and direct engagement with communities
- **Advocacy and policy engagement:** Expanding role of faculty in shaping federal and state policy, with emphasis on more proactive and coordinated advocacy efforts

November 2025 (Amar and Lia attended)

## Key Takeaways from Learn Serve Lead

- Advocacy is shifting from data to narrative: Strong emphasis on storytelling and direct faculty engagement with policymakers and the public
- Public trust in science is no longer assumed: Growing disconnect requires more intentional communication and community engagement
- Faculty voice is not consistently represented: Institutional priorities are often driven by operational and financial pressures rather than faculty perspectives
- Expectation of faculty engagement is increasing: Clear push for faculty to be more proactive in shaping policy, not just responding to it

# What can we do at CWRU?

## **Increase visibility of existing resources**

- Centralize and communicate funding opportunities, grant writing support, and institutional programs

## **Create a clearer faculty voice**

- Establish a mechanism to gather and relay faculty priorities to institutional and national discussions

## **Strengthen faculty engagement beyond the institution**

- Encourage participation in policy, advocacy, and community-facing efforts

## **Build connections across faculty and programs**

- Share strategies and successes across departments rather than operating in silos

## **Goal**

- Develop practical, faculty-driven approaches that better align resources, representation, and impact

We welcome your input!

- Help us identify where this can have the greatest impact for our faculty
- What would be most valuable to you?
- Where are the biggest gaps today?

[abd10@case.edu](mailto:abd10@case.edu)

[lxl789@case.edu](mailto:lxl789@case.edu)

# PHS-MS: PHYSIOLOGY MS

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## In Workflow

1. University Registrar Review (jpn30@case.edu; rgs111@case.edu)
2. PHOL Chair (xxq38@case.edu)
3. MED Curriculum Committee GRAD (mcb19@case.edu)
4. MED Faculty Committee (nmd11@case.edu)
5. MED Full Faculty (MED Full Faculty@case.edu)
6. MED Dean (slg5@case.edu; sxr406@case.edu)
7. Faculty Senate (krm78@case.edu)
8. Provost Office - ODHE (dlf4@case.edu; mxn83@case.edu)
9. Provost Office - HLC (dlf4@case.edu)
10. GRAD Studies Office (lxh5@case.edu)
11. University Registrar - SIS Updates (hle@case.edu; jpn30@case.edu; rgs111@case.edu; ysd1@case.edu)
12. GRAD Updates (lxh5@case.edu; wtc22@case.edu)
13. Bulletin Updates - Univ Registrar (jpn30@case.edu; rgs111@case.edu)

## Approval Path

1. 2026-01-22T14:45:08Z  
Jeremy Naab (jpn30): Approved for University Registrar Review
2. 2026-01-22T15:52:50Z  
Xin Qi (xxq38): Approved for PHOL Chair
3. 2026-01-23T21:37:19Z  
Malana Bey (mcb19): Approved for MED Curriculum Committee GRAD

## History

1. Jul 5, 2023 by Kelsey Jorgensen (kjg23)

## Program Inactivation Proposal

Date Submitted: 2026-01-21T17:38:38Z

### Viewing: PHS-MS : Physiology MS

**Last approved: Wed, 05 Jul 2023 20:32:03 GMT**

**Last edit: 2026-01-21T17:38:37Z**

Changes proposed by: Bryan Jarmusch (bbj2)

### Final Catalog

2026-2027

### Rationale for Inactivation

[The department no longer offers this option.](#)

### Deactivation attachments

Physiology MS inactivation.docx

## Requestor Information

### Program Information

#### Program Type

Degree/Program/Major/Certificate

#### Program School

School of Medicine

#### Program Department

Physiology & Biophysics

#### Academic Level

Graduate

**Degree/Credential**

Master of Science

**Program Title**

Physiology MS

**Minimum credit hours required for completion**

31

**Completion Time (years)**

2

**Program Location**

Main campus/Cleveland

**Academic Technology****Will any course in this program be offered online?**

No

**Program Requirements (will appear in General Bulletin)****Program Requirements**

<b>Code</b>	<b>Title</b>	<b>Credit Hours</b>
<b>Required Courses:</b>		
PHOL 498A	Physiology and Biophysics Departmental Seminar	1
IBMS 453	Cell Biology I	3
IBMS 455	Molecular Biology I	3
PHOL 401A	Physiology and Biophysics of Molecules and Cells	2
PHOL 401B	Physiology and Biophysics of Molecules and Cells	2
PHOL 498B	Physiology Seminar B (Spring Semester)	1
PHOL 651	Thesis M.S.	15
<i>Choose one of the following:</i>		<i>1</i>
IBMS 456A	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section A	
IBMS 456B	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section B	
IBMS 456C	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section C	
IBMS 456D	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section D	
Elective Course		3
<b>Total Credit Hours</b>		<b>31</b>

**Sample Plan of Study****Thesis Option****First Year**

<b>Fall</b>		<b>Credit Hours</b>
PHOL 498A	Physiology and Biophysics Departmental Seminar	1
IBMS 453	Cell Biology I	3
IBMS 455	Molecular Biology I	3
<b>Select one of the following:</b>		<b>1</b>
IBMS 456A	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section A	
IBMS 456B	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section B	
IBMS 456C	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section C	
IBMS 456D	Since You Were Born: Nobel Prize Biomedical Research in the Last 21 Years- Section D	
<b>Credit Hours</b>		<b>8</b>

**Spring**

Elective		3
PHOL 401A	Physiology and Biophysics of Molecules and Cells	2
PHOL 401B	Physiology and Biophysics of Molecules and Cells	2
PHOL 498B	Physiology Seminar B (Spring Semester)	1

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<b>Credit Hours</b>		<b>8</b>
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**Summer**

PHOL 651	Thesis M.S.	3
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<b>Credit Hours</b>		<b>3</b>
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**Second Year****Fall**

PHOL 651	Thesis M.S.	6
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<b>Credit Hours</b>		<b>6</b>
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**Spring**

PHOL 651	Thesis M.S.	6
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<b>Credit Hours</b>		<b>6</b>
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<b>Total Credit Hours</b>		<b>31</b>
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**Concentration/Track/Field of Study**

Does this program have any concentrations?

No

**Program Learning Outcomes****Attachments**

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

**Administrative Information****Effective Bulletin Edition**

2026-2027

**CIM Program Code**

PHS-MS

**SIS Program Code**

PHSMS

**CIP Code**

260901 - Physiology, General.

Key: 416

# BST-CT: BIostatISTICS AND BIOMEDICAL ANALYTICS, GRADUATE CERTIFICATE

---

## In Workflow

1. University Registrar Review (jpn30@case.edu; rgs111@case.edu)
2. Graduate Studies Dean Review (lxh5@case.edu; mxn83@case.edu)
3. EMSE Chair (Other Department) (axs461@case.edu)
4. MAST Chair (Other Department) (wxc49@case.edu)
5. PQHS Chair (jlh213@case.edu; mes12@case.edu; jcs5@case.edu)
6. MED Library Review (jed115@case.edu; twh7@case.edu; kgp40@case.edu)
7. MED UTech/International Affairs Review Vote (mxr854@case.edu; exa313@case.edu; tmo13@case.edu)
8. MED Graduate Education Office Review (mcb19@case.edu; mwj7@case.edu)
9. MED Graduate Education Committee (npz@case.edu)
10. MED Faculty Committee (nmd11@case.edu)
11. MED Dean (slg5@case.edu; sxr406@case.edu)
12. Graduate Studies Dean Review (lxh5@case.edu; mxn83@case.edu)
13. Faculty Senate Graduate Studies Committee (lxh5@case.edu; jmp5@case.edu)
14. Faculty Senate Executive Committee (krm78@case.edu)
15. Faculty Senate (krm78@case.edu)
16. President's Office (krm78@case.edu)
17. Board of Trustees (krm78@case.edu)
18. Provost Office - ODHE (Graduate) (lxh5@case.edu; mxn83@case.edu)
19. Provost Office - HLC (dlf4@case.edu)
20. University Registrar - SIS Updates (hle@case.edu; jpn30@case.edu; rgs111@case.edu; ysd1@case.edu)
21. GRAD Updates (lxh5@case.edu; wtc22@case.edu)
22. Bulletin Updates - Univ Registrar (jpn30@case.edu; rgs111@case.edu)

## Approval Path

1. Mon, 04 Aug 2025 16:57:15 GMT  
Jeremy Naab (jpn30): Approved for University Registrar Review
2. Fri, 29 Aug 2025 15:03:48 GMT  
Lynmarie Hamel (lxh5): Approved for Graduate Studies Dean Review
3. Fri, 29 Aug 2025 16:12:34 GMT  
Weihong Guo (wxc49): Approved for MAST Chair (Other Department)
4. Wed, 03 Sep 2025 19:37:39 GMT  
Christine Moravec (cxm46): Rollback to MAST Chair (Other Department) for CMED Chair (Other Department)
5. Tue, 16 Sep 2025 15:32:31 GMT  
Jeremy Naab (jpn30): Rollback to Initiator
6. Wed, 17 Sep 2025 20:48:10 GMT  
Jeremy Naab (jpn30): Approved for University Registrar Review
7. Fri, 19 Sep 2025 21:04:21 GMT  
Lynmarie Hamel (lxh5): Approved for Graduate Studies Dean Review
8. Wed, 15 Oct 2025 20:34:19 GMT  
Alp Sehirlioglu (axs461): Approved for EMSE Chair (Other Department)
9. Wed, 15 Oct 2025 21:09:03 GMT  
Weihong Guo (wxc49): Approved for MAST Chair (Other Department)
10. Thu, 16 Oct 2025 00:03:30 GMT  
James Spilsbury (jcs5): Approved for PQHS Chair
11. Mon, 27 Oct 2025 19:44:59 GMT  
Thomas Hayes (twh7): Approved for MED Library Review
12. 2025-11-17T09:39:06Z  
2/3 votes cast.  
Yes: 100% No: 0%  
Approved for MED UTech/International Affairs Review Vote
13. 2026-02-12T17:14:12Z  
Malana Bey (mcb19): Approved for MED Graduate Education Office Review

14. 2026-02-12T17:25:37Z  
Nicholas Ziats (npz): Approved for MED Graduate Education Committee

### New Program Proposal

Date Submitted: Tue, 16 Sep 2025 15:38:11 GMT

**Viewing: BST-CT : Biostatistics and Biomedical Analytics, Graduate Certificate**

**Last edit: 2026-02-12T17:13:40Z**

Changes proposed by: Kim Krajcovic (kxk917)

#### Reviewer Comments

**Jeremy Naab (jpn30) (Mon, 04 Aug 2025 16:57:11 GMT):** Other Department approvals added based on courses listed in tracks/concentrations.

**Christine Moravec (cxm46) (Wed, 03 Sep 2025 19:37:39 GMT):** Rollback: "Unfortunately, due to capacity limitations, CMED 458 is exclusively offered to CCLCM students and cannot be made available as an alternative course for the certificate program. This course is a required course for the CCLCM CRSP program and is offered to the CCLCM students during their research thesis year. Therefore, we would prefer not having the CMED 458 course listed as an alternative since we do not think we would be able to accommodate the influx of students.

**Jeremy Naab (jpn30) (Tue, 16 Sep 2025 15:32:31 GMT):** Rollback: Per email.

### Requestor Information

#### Name

Kim Krajcovic

#### E-mail

kxk917@case.edu

#### Network ID

kxk917

#### Department

Popn & Quant Health Sci

#### School

School of Medicine

#### Are you completing this form on behalf of someone?

Yes

#### Contacts

Name	E-mail	Network ID
Ming Wang	mxw827@case.edu	1027315

### Effective Date Information

#### Effective Term

Spring

#### Effective Year

2026

### Program Information

#### Program Type

Degree/Program/Major/Certificate

#### Program School

School of Medicine

#### Program Department

Population & Quantitative Health Sciences

#### Does the proposal involve instruction, coursework or any resources from other departments or schools?

Yes

**Other Department(s) involved****Other Department(s)**

Math, Appld Math &amp; Statistics

Materials Science &amp; Engineering

**Academic Level**

Graduate

**Degree/Credential**

Graduate Certificate

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

Yes

**Program Title**

Biostatistics and Biomedical Analytics, Graduate Certificate

**Minimum credit hours required for completion**

15

**Completion Time (years)**

2

**Will the proposed program follow standard academic calendar for your school?**

Yes

**Program Location**

Main campus/Cleveland

**Does this program follow the standard academic load for your school?**

Yes

**Academic Technology****Which academic and/or research technology resources will be used in this program (both online and in the classroom)?**

Canvas, Zoom, Statistical Software (R, SAS), Classrooms with computers and projectors

**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**

PQHS 453 is offered in the summer and this is an online course.

**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

The Graduate Certificate in Biostatistics and Biomedical Analytics focuses on statistical modeling, epidemiology, clinical trial design, and computational data analysis, equipping students with essential tools for careers in biostatistics, biomedical sciences, and clinical research.

### Justification

The Graduate Certificate in Biostatistics and Biomedical Analytics is designed to provide students and professionals with a strong foundation in biostatistical methods and their applications in biomedical research.

This program aims to:

- 1) Equip students with a solid foundation in biostatistics, epidemiology, and biomedical analytics.
- 2) Enhance data-driven decision-making in clinical and biomedical research.
- 3) Provide hands-on experience with modern statistical tools and programming languages (e.g., R, SAS).
- 4) Prepare students for PhD studies or careers in biostatistics, biomedical sciences, clinical trials, and public health research.

## Program Requirements (will appear in General Bulletin)

### Program Requirements

The program requires **five courses (15 credit hours)**:

- **Three required courses (9 credits)** – providing core knowledge in statistical methods.
- **Two elective courses (6 credits)** – allowing specialization in one of three focused sets.

### Required Core Courses (9 Credits)

Students must complete three courses from below:

- **PQHS 431** – Statistical Methods in Biological and Medical Sciences I (**Fall**) – 3 Credits
- **PQHS 432** – Statistical Methods in Biological and Medical Sciences II (**Spring**) – 3 Credits

Other required courses (select one only):

- **PQHS 435** – Survival Analysis (**Spring**) – 3 Credits
- **PQHS 459** – Longitudinal Data Analysis (Spring) – 3 Credits

### Elective Tracks (Choose 2 courses, 6 credits)

### Sample Plan of Study

For students planning to complete the program in one year (e.g., full-time), here's an accelerated version:

Fall Semester:

- PQHS 431 – Statistical Methods I (3)
- Elective #1 (3)

Spring Semester:

- PQHS 432 – Statistical Methods II (3)
- PQHS 435 or 459 – Survival or Longitudinal Analysis (3)
- Elective #2 (3)

**Total: 15 credits in 2 semesters**

## Concentration/Track/Field of Study

Does this program have any concentrations?

Yes

Should the title(s) print on the transcript?

Yes

### Concentration(s)

Title(s)	Credit Hours
Biostatistical Modeling and Methods	6
Epidemiology and Public Health Analytics	6
Applied Data Analytics in Biomedical Research	6

## Concentration/Track/Field of Study Requirements (will appear in General Bulletin)

### Requirements for Concentration/Track/ Field of Study Option(s)

#### Elective Tracks (Choose 2 courses, 6 credits)

Students can specialize in **one of three tracks**:

**Track 1: Biostatistical Modeling and Methods** (For students interested in statistical theory and advanced methodologies)

- **PQHS 450** – Clinical Trials (**Spring**) – 3 Credits
- **STAT 439** – Bayesian Scientific Computing – 3 Credits
- **PQHS 453** – Categorical Data Analysis (**Summer**) – 3 Credits
- **PQHS 480** – Intro to Statistical Theory (Fall) – 3 Credits

**Track 2: Epidemiology and Public Health Analytics** (For students interested in epidemiological study design and statistical applications in public health)

- **PQHS 490** – Epidemiology: Introduction to Theory and Methods (**Fall**) – 3 Credits
- **PQHS 500** – Design & Analysis of Observational Studies (**Spring**) – 3 Credits
- **PQHS 452** – Statistical Methods for Genetic Epidemiology (**Spring**) – 3 Credits
- **PQHS 484** – Global Health Epidemiology – 3 Credits
- **PQHS 491** - Advanced Study Design and Analysis in Population Health Sciences – 3 Credits

**Track 3: Applied Data Analytics in Biomedical Research** (For students interested in computational and applied aspects of data analytics in biomedical sciences.)

- **PQHS 471** – Machine Learning & Data Mining (**Spring**) – 3 Credits
- **PQHS 515** – Secondary Analysis of Large Healthcare Databases – 3 Credits
- **MATH 473** – Introduction to Mathematical Image Processing & Computer Vision
- **DSCI 432** - Spatial Statistics for Near Surface, Surface, and Subsurface Modeling

## Program Learning Outcomes

### Program Learning Outcomes

Learning Outcome	
Outcome 1	<p>The Graduate Certificate in Biostatistics and Biomedical Analytics bridges the gap between statistical methods, epidemiology, and computational data analysis in biomedical research. It is designed to provide students and professionals with a rigorous foundation in biostatistical modeling and analytical techniques, preparing them for research careers and advanced studies.</p> <p>By offering specialized tracks in biostatistics, epidemiology, and applied biomedical analytics, this program ensures flexibility and relevance to students from diverse academic backgrounds.</p> <p>Graduates of this certificate program will be well-prepared for careers in:</p> <ul style="list-style-type: none"> <li>• Biostatistics and Biomedical Analytics – Working as biostatistical analysts in biomedical research institutes, hospitals, and clinical trials.</li> <li>• Clinical Research and Epidemiology – Contributing to population health research, observational studies, and public health analytics.</li> <li>• PhD or Advanced Studies – Strengthening credentials for admission to PhD programs in Biostatistics, Epidemiology, or Biomedical Sciences.</li> </ul>

## Attachments

### Attach File (optional)

Proposal on Biostatistics Certificate\_September 16\_2025.docx  
 Resource\_Review\_Biostats\_Commentary.docx  
 Resource\_Review\_Biostats.docx  
 BST\_Resources.xlsx  
 Revised Proposal on Biostatistics Certificate\_01292026 (1).docx  
 STATS (1).pdf  
 DSCI (1).pdf  
 Response to SOM program review committee\_final (1).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 Hayes, MLS

### Minimum additional resources

**Current staffing is adequate**

Yes

**Library Technology resources**

Adequate

**Library Content resources**

Adequate

### Adequacy of current content resources

**Books**

Partially adequate

**Additional resources required**

Core Titles

**One-time Costs (\$)**

\$2,109.34

**Recurring Costs (\$)**

\$400

**Journals**

Partially adequate

**Additional resources required**

Core Journals

**One-time Costs (\$)**

\$1,563

**Recurring Costs (\$)**

\$300

**Databases**

Fully adequate

**Media**

Fully adequate

**Total One-time Costs (\$)**

\$3,672.34

**Total Annual Recurring Costs (\$)**

\$700

**Do you support this proposal?**

Yes

## **Administrative Information**

### **CIM Program Code**

BST-CT

Key: 480

# Proposal: Graduate Certificate in Biostatistics and Biomedical Analytics

## Overview and rationale

- Provides a rigorous foundation in biostatistical methods and biomedical applications (e.g., clinical trial design, data modeling, and epidemiology).
- Designed for both students and working professionals, with a flexible elective structure that supports specialized training pathways in biostatistical methods, epidemiology/public health analytics, and biomedical data analytics.
- Distinct from existing CWRU certificates by emphasizing biostatistical methods for biomedical research (vs. quantitative methods in business, applied data science in engineering, or health informatics).



Presented by

**Ming Wang, PhD**

Director, MS Program in  
Biostatistics

Department of Population  
and Quantitative Health  
Sciences



Case Western Reserve  
University School of  
Medicine

# Curriculum (15 credits / 5 courses)

## Required core (6 credits)

PQHS 431: Statistical Methods in Biological and Medical Sciences I (Fall)

PQHS 432: Statistical Methods in Biological and Medical Sciences II (Spring)

## Electives (choose 3 courses / 9 credits): one of three specialization sets

### Set A: Biostatistical Modeling & Methods

Advanced statistical methodology

- Survival Analysis\* (PQHS 435)
- Longitudinal Data Analysis\* (PQHS 459)
- Clinical Trials (PQHS 450)
- Categorical Data Analysis (PQHS 453)
- Statistical Modeling in Clinical Research CMED 458)
- Bayesian Sci Comp (STAT 439)
- Spatial Statistics & Data Analysis (DSCI 432)

### Set B: Epi & Public Health Analytics

Study design and population health

- Epidemiology: Intro (PQHS 490)
- Observational Studies (PQHS 500)
- Genetic Epidemiology (PQHS 452)
- Global Health Epidemiology (PQHS 484)
- Advanced Study Design (PQHS 491)
- Survival Analysis\* (PQHS 435)
- Longitudinal Data Analysis\*(PQHS 459)

### Set C: Applied Data Analytics in Biomedical Research

Computational data analysis in biomedical science

- Machine Learning & Data Mining (PQHS 471)
- Secondary Analysis of Large Healthcare Databases (PQHS 515)
- Introduction to Mathematical Image Processing & Computer Vision (MATH 473)
- Spatial Statistics for Near Surface, Surface, and Subsurface Modeling (DSCI 432)
- Survival Analysis\* (PQHS 435)
- Longitudinal Data Analysis\*(PQHS 459)

*\* Strongly recommended elective options across sets*

# Admissions and Outcomes

## Admission requirements

- Bachelor's degree in a relevant field (e.g., math, biology, public health, medicine, biomedical engineering, data science)
- Basic quantitative background (calculus, algebra, or introductory statistics)
- Programming experience in R, SAS, MATLAB or Python (preferred, not required)

## Expected outcomes (~5 students per year)

- Career readiness for biostatistics and biomedical analytics roles in research institutes, hospitals, and clinical trials
- Training for clinical research and epidemiology (population health analytics, observational studies)
- Enhanced preparation for MS, PhD or advanced study in biostatistics, epidemiology, clinical or biomedical sciences

**Requested Faculty Council feedback: program scope, curriculum sets, and implementation timeline/resources**

# Faculty Council Steering Committee

Spring 2026 SOM Climate Survey Final Distribution Report and Data

Created using Qualtrics and Gemini\*



CASE WESTERN RESERVE  
UNIVERSITY  
School of Medicine



University  
Hospitals



Cleveland Clinic



Metro  
Health



VA

U.S. Department  
of Veterans Affairs

# Distribution

- **Distribution:** Successfully delivered to **3,128** out of **3,241** email addresses using appropriate security settings to ensure integrity of results.
- **Bouncebacks:** This data was sent to our Faculty Affairs Coordinators to follow up with the departments to ensure the email addresses are accurate and confirm the status of those faculty appointments.

# Responses

- **370 surveys** were submitted between February 24, 2026 - March 16, 2026. This response rate is consistent with two other recent faculty surveys conducted under the same parameters.
  - a. **Response Rate:** 14%, Calculated as surveys started (462) vs. total emails sent (3241)
  - b. **Completion Rate:** 80%, Calculated as surveys finished (370) vs. surveys started (462)
- **Response Quality:** Qualtrics flagged 30 of the recorded responses as potential bots and noted 15 respondents making duplicate attempts to complete the survey. However, it was confirmed that all recorded entries are legitimate.

# Executive Summary:

## Key Motivators and Barriers

The survey reveals:

- Faculty deeply value their association with Case Western Reserve University (CWRU) and the School of Medicine (SOM)
- There is a persistent "access gap" regarding University resources
- There is a significant "impact gap" in shared governance



# Professional Value (Q1 Responses)

Q1: I believe a faculty appointment at the SOM provides professional value to me. 368 ⓘ >

...

Q1 - I believe a faculty appointment at the SOM provides professional value to me.	Count	Count
Strongly Disagree	2%	9
Somewhat Disagree	5%	20
Neither Agree nor Disagree	9%	34
Somewhat Agree	25%	93
Strongly Agree	58%	212



# Key Strength: Professional Value

- **High Perceived Value (4.30/5):** Faculty strongly agree that their SOM appointment provides professional value. This is the highest-rated metric in the survey.
- **83% somewhat or strongly agree** that a SOM faculty appt provides professional value to them



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Metro  
Health



VA

U.S. Department  
of Veterans Affairs

# Access Barriers (Q3 Responses)

Q3: Difficulty accessing SOM resources limits my engagement with the School of Medicine. 368 ⓘ >

Q3 - Difficulty accessing SOM resources limits my engagement with the School of Medicine.	Count	Count
Strongly Agree	13%	49
Somewhat Agree	36%	132
Neither Agree nor Disagree	23%	84
Somewhat Disagree	17%	62
Strongly Disagree	11%	41



# Key Weakness: The Access Gap

- **Resource Access: 49% of faculty** strongly or somewhat agree that "Difficulty accessing SOM resources limits my engagement with the School of Medicine."

# Major Barrier: The "Access and Credentialing" Gap

## Resource Access Barriers:

- **Lacking Credentials:** Nearly **40% of faculty** (39.5%) report that they do not have the necessary Case credentials (email/network ID or ID card) to access University benefits.
- **Access Differences:**
  - **Benefits requiring a Case ID were scored lowest:** Access to the Veale Recreation Center/Pool (2.92/5) and Bookstore discounts (2.87/5).
  - **Benefits only requiring a Case email/network ID were scored highest:** Access to Library Resources (3.89/5) and Faculty Advancement resources (3.85/5).

# Professional Value and Opportunity Awareness (Q2 Statistics)

Q2: The School of Medicine makes me aware of the opportunities to provide input to the School of Medicine through faculty committees. 370 ⓘ >

Average (Q2 - The School of Medicine makes me aware of the opportunities to provide input to the School of Medicine through faculty committees.)	4.01
Minimum (Q2 - The School of Medicine makes me aware of the opportunities to provide input to the School of Medicine through faculty committees.)	1.00
Maximum (Q2 - The School of Medicine makes me aware of the opportunities to provide input to the School of Medicine through faculty committees.)	5.00
Standard Deviation (Q2 - The School of Medicine makes me aware of the opportunities to provide input to the School of Medicine through faculty committees.)	0.99
Variance (Q2 - The School of Medicine makes me aware of the opportunities to provide input to the School of Medicine through faculty committees.)	0.98
Count	370

# Key Strength: Opportunity Awareness

- **Awareness of Input Channels (4.01/5):** The SOM has successfully made faculty aware of opportunities to provide input through committees. Faculty generally know how to engage.

# Perceived Impact vs. Effort: Governance Gap

- **Shared Governance Challenge:** Despite being aware of opportunities, faculty feel they have the least impact on Governance (2.97/5)
- **Comparison:** Faculty feel significantly more impact on Education (3.55/5) than on the strategic direction or governance of the school.

# Perceived Impact vs. Effort (Q5 Statistics)

Q5: I believe my efforts at the School of Medicine have an impact on the direct... 369 >

I believe my efforts at the School of Medicine have an impact on the direct...	Average (I believe my efforts at the School of Medicine have an impact on the direct...)	Minimum (I believe my efforts at the School of Medicine have an impact on the direct...)	Maximum (I believe my efforts at the School of Medicine have an impact on the direct...)	Standard Deviation (I believe my efforts at the School of Medicine have an impact on the direct...)	Variance (I believe my efforts at the School of Medicine have an impact on the direct...)	Count
Governance	2.97	1.00	5.00	1.06	1.12	368
Professionalism	3.37	1.00	5.00	1.05	1.10	367
Education	3.55	1.00	5.00	1.09	1.19	366

# Perceived Impact vs. Effort: Governance Gap

- **25% of faculty strongly or somewhat agree** that their efforts have a direct impact on the direction of **school Governance** – the lowest of the three areas of impact queried
- **42% strongly or somewhat agree** that they impact the direction of **Professionalism**
- **53% strongly or somewhat agree** that they impact the direction of **Education**

# Perceived Impact (Q5 Responses)

Q5: I believe my efforts at the School of Medicine have an impact on the direct... 369

I believe my efforts at the School of Medicine have an impact on the direct...	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Governance	42	53	179	62	32
Professionalism	24	29	158	98	58
Education	20	33	119	114	80



# Perceived Impact vs. Effort: Governance Gap

## Finding:

- This suggests that while faculty are "at the table" (aware of how to engage),
- They do not yet feel their voices are resulting in meaningful change in how the school is governed.



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School of Medicine



University  
Hospitals



Cleveland Clinic



Metro  
Health



VA

U.S. Department  
of Veterans Affairs

# Professional Development Awareness

## Good Awareness of Academic Promotion Process:

Understand the process and standards for academic promotion: **3.9/5**

Believe the dept/hospital committees that review promotion materials are impartial and qualified: **3.88/5**



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School of Medicine



University  
Hospitals



Cleveland Clinic



Metro  
Health



VA

U.S. Department  
of Veterans Affairs

# The "Access and Credentialing" Gap (Q3 Statistics)

I have the necessary Case credentials (Case email/network ID (abc123) and/o...	Average (I have the necessary Case credentials (Case email/network ID (abc123) and/o...)	Minimum (I have the necessary Case credentials (Case email/network ID (abc123) and/o...)	Maximum (I have the necessary Case credentials (Case email/network ID (abc123) and/o...)	Standard Deviation (I have the necessary Case credentials (Case email/network ID (abc123) and/o...)	Variance (I have the necessary Case credentials (Case email/network ID (abc123) and/o...)	Count
University Faculty Resources: ( <a href="https://case.edu/facultyadvancement/resources/faculty-resources">https://case.edu/facultyadvancement/resources/faculty-resources</a> )	3.85	1.00	5.00	1.15	1.33	365
Ability to publish open access at no cost ( <a href="https://researchguides.case.edu/oadeals">https://researchguides.case.edu/oadeals</a> )	3.29	1.00	5.00	1.30	1.68	363
Access to teaching software: [Canvas, Turnitin, Echo360, Qualtrics, Active Learning Classroom] ( <a href="https://case.edu/utech/resources/faculty-and-staff-resources">https://case.edu/utech/resources/faculty-and-staff-resources</a> ) and the Software Center [Adobe, Microsoft 365] ( <a href="https://softwarecenter.case.edu/eula.php">https://softwarecenter.case.edu/eula.php</a> )	3.16	1.00	5.00	1.35	1.82	367
Access to the Library Resources and InterLibraryLoan- ( <a href="https://case.edu/chslibrary/">https://case.edu/chslibrary/</a> )	3.89	1.00	5.00	1.16	1.34	368
Access to Veale Recreation Center ( <a href="https://case.edu/wellness/facultystaff/resources/fitness/veale-recreation-center">https://case.edu/wellness/facultystaff/resources/fitness/veale-recreation-center</a> ) [e.g. pool]-requires CWRU Faculty ID card	2.92	1.00	5.00	1.40	1.97	367
CWRU Bookstore discount- requires CWRU Faculty ID card	2.87	1.00	5.00	1.38	1.90	366

# The "Access and Credentialing" Gap (Q6 Statistics)

I am aware of the following Faculty Professional Development Programs offer...	Average (I am aware of the following Faculty Professional Development Programs offer...)	Minimum (I am aware of the following Faculty Professional Development Programs offer...)	Maximum (I am aware of the following Faculty Professional Development Programs offer...)	Standard Deviation (I am aware of the following Faculty Professional Development Programs offer...)	Variance (I am aware of the following Faculty Professional Development Programs offer...)	Count
FRAME ( <a href="https://case.edu/medicine/FRAME">https://case.edu/medicine/FRAME</a> )	8.56	6.00	10.00	1.42	2.01	365
REFRAME ( <a href="https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/reframe">https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/reframe</a> )	8.38	6.00	10.00	1.43	2.06	368
FLEX ( <a href="https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/flex">https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/flex</a> )	8.37	6.00	10.00	1.42	2.01	365
Professional Coaching ( <a href="https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/coaching">https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/coaching</a> )	8.25	6.00	10.00	1.30	1.69	368
Faculty Toolkit Series ( <a href="https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/faculty-toolkit-series">https://case.edu/medicine/faculty-staff/office-faculty/faculty-resources/faculty-development/faculty-toolkit-series</a> )	8.94	6.00	10.00	1.18	1.39	368

# Professional Development Awareness

Awareness levels vary across the programs offered:

- **Most Known:**
  - a. Faculty Toolkit Series (3.94/5)
  - b. FRAME (3.56/5)
- **Least Known:**
  - a. Professional Coaching (3.25/5)
  - b. FLEX (3.37/5)
  - c. REFRAME (3.38/5)

# Key Opportunities to improve the Perceived Value Proposition of Being Faculty at SOM

## Access:

- 49% with difficulty accessing SOM resources
- 40% do not have the necessary CWRU credentials to access benefits
- Varied levels of knowledge of the benefits and professional development opportunities available to faculty

## Perceived Impact:

- Only 25% feel they impact School Governance

# 2026-2031 Strategic Plan Draft April 10, 2026

OBJECTIVES AND METRICS  
CWRU SCHOOL OF MEDICINE

## INTRODUCTION

We are delighted to share our consolidated DRAFT 2026-2031 Strategic Plan for your review and comment. This is an internal to the SOM document intended for faculty, staff, and leadership review and not to indicate any commitment or priority. Those commitments will be forthcoming in the final document scheduled for release on our web site in late June. Until then it is for internal assessment and review.

These documents reflect the CWRU priorities to **elevate academic excellence, expand the research enterprise and enhance community engagement.**

The School of Medicine Strategic Plan 2026-2031 is designed to be forward looking and resilient and one that sets our path, priorities and coalesces our investments.

As technology accelerates how we discover and learn, our core mission remains simple and essential: to address the health needs of our community and the world through education and research.

### **Mission of the Strategic Plan for the School of Medicine:**

**To improve health globally by linking groundbreaking innovation and research directly to patients and populations, within a world class medical and education ecosystem**

To guide our plans, we acknowledge significant medical challenges that require immediate attention, such as:

- Hard-to-treat diseases and unexpected pandemics
- Childhood and genetic disorders in need of a cure
- Disorders related to aging, and chronic diseases, which incorporate prevention and early interventions
- Improving community health

While our tools will evolve over the next five years, we maintain an unwavering commitment to these priorities. Within our unique medical ecosystem, we are positioned to accelerate learning, innovation, and therapy at a global pace.

**As a school we will focus on creating careers to cure diseases.**

**Feedback Requested:** To further guide our Strategic Plan, please provide comments and critiques via the Qualtrics QR code, which we will conscientiously incorporate into our final document, which we will then update annually.

With appreciation,  
Stan Gerson, Dean and the Vice Deans

## Table of Content

Academic Community	4
Clinical and Translational Strategy	5
Graduate Education	6
Medical Education	8
Philanthropy	11
Research	12

link and QR code for the current version of the Strategic Plan survey:  
[https://cwru.az1.qualtrics.com/jfe/form/SV\\_dbZxfCCXgxqYUHI](https://cwru.az1.qualtrics.com/jfe/form/SV_dbZxfCCXgxqYUHI)



## Academic Community Engagement & Advancement

Objectives	Measurable Results
1. Enhance the overall climate to reflect, promote and welcome excellence at every level	<ul style="list-style-type: none"> <li>• Benchmark progress through a regularly scheduled climate/culture/engagement survey</li> <li>• Implement and support employee education and engagement activities</li> <li>• Create interactions between and among faculty and student groups to network</li> </ul>
2. Improve and expand content and format of interpersonal and intrapersonal engagement of faculty, staff and students in the context of professionalism	<ul style="list-style-type: none"> <li>• Enhance best practice professional development and training for search, promotion, tenure and student-facing committees</li> <li>• Expand current career development and academic pathway programs</li> <li>• Advocate a speak-up culture where trainees and junior faculty feel safe</li> <li>• Promote the SOM Professional Code of Conduct through training and coaching</li> </ul>
3. Encourage excellence in scholarship using strategies to recruit, develop, promote and retain a broad range of faculty, staff and students and academic advancement	<ul style="list-style-type: none"> <li>• Promote an environment of academic advancement for all</li> <li>• Provide career support from staff, trainees, faculty and leaders attentive to the academic needs</li> <li>• Review curriculum for bias</li> <li>• Unconscious bias training for all incoming trainees and faculty</li> <li>• Mentor and thesis student faculty committee training in inclusivity and professionalism</li> </ul>

Please provide your feedback for this section



The CTSC catalyzes high quality clinical and translational science and transformative research to positively impact the health of those in NE Ohio and beyond. As a collaborative of multiple regional academic healthcare institutions, our impact is demonstrated across many categories: clinical and medical, community and public health, economic, as well as policy benefits.

Objectives	Measurable Results
1. Expand education and scientific communication about clinical and translational research at all levels	<ul style="list-style-type: none"> <li>• Build medical research education modules for all CWRU faculty, staff, and research professionals, including regulatory and compliance requirements</li> <li>• Maintain specialized editorial services to help clinical scientists communicate research with clarity and precision</li> <li>• Communicate impact and demonstrated measures of translational science benefits across the continuum, including policy, artificial intelligence and Real-World Data, and rural health.</li> </ul>
2. Plan timely dissemination of validated translational research findings from project inception to magnify impact	<ul style="list-style-type: none"> <li>• Increase multi-site academic and community collaborations</li> <li>• Create harmonized standard operating procedures and best practices</li> <li>• Improve access to health interventions that aim to promote health in our catchment area, including rural communities</li> </ul>
3. Train a robust and community representative workforce at all levels (including community-based liaisons) who represent the community and academia	<ul style="list-style-type: none"> <li>• Establish high-impact educational and training programs of all disciplines and levels, both in clinical and community settings</li> <li>• Promote early research experience and mentoring (high school, undergraduate) students without prior health experience</li> <li>• Ensure research support for medical students to optimize their research experience</li> </ul>
4. Develop innovative methods for clinical and translational research to increase the participation of a cross section of community members locally and across the US in pivotal national clinical trials	<ul style="list-style-type: none"> <li>• Build database of resources to support health research, including faculty, community organizations, publications, funding opportunities</li> <li>• Implement locally established models for research into a regional, national or international public health or research environment</li> <li>• Leverage emerging technologies, specifically Artificial Intelligence, and established data tools to catalyze high-impact research</li> <li>• Expand Real World Data availability to optimize analyses of outcomes in research</li> <li>• Streamline regulatory and operations to facilitate participation of CWRU faculty in clinical and population trials</li> <li>• Increase state and federal funding to demonstrate scalable implementation across the country</li> </ul>
5. Establish and expand a community engagement network for clinical and translational research to position CWRU as the preferred academic collaborator with local and national community organizations	<ul style="list-style-type: none"> <li>• Expand a robust and sustained community engagement network spanning emerging priority research communities (4) per year</li> <li>• Create brand awareness for the CWRU CTSI as a trusted source for scientific information and opportunities</li> <li>• Invest in resources for researchers, clinicians and community members/ organizations to co-lead projects, compete for research funding, disseminate and implement findings</li> </ul>

## Graduate Education Office (GEO)

**Pillar 1: Future readiness of graduate students:** Focus on preparing trainees for evolving careers in medical biotechnology, including AI-driven discovery, pharma-biotech-policy-administration roles, and beyond. This pillar orients education toward career spectra, career and professional development, and cutting-edge technologies, ensuring graduates are adaptable and innovative. To ensure success, we will develop a cross-stakeholder steering committee (faculty, students, alumni) to evaluate and guide programming.

### **Elevate each student's experience and success through career and professional development programming.**

Deliver longitudinal support throughout the PhD journey: early programming to prepare students for success in their doctoral program, and later guidance to facilitate a smooth transition to their next career stage.

- Metrics: Student satisfaction and perceived value (80% positive feedback); skill/competency gains; compliance of students completing required and optional programming (Individual Development Plans, achievement of SOM core competencies, participation in EMBARK, Research Day, career and professional development seminars and workshops).
- Resources: Faculty engagement; student engagement (through BGSO); external collaborators (alumni, biotech/pharma companies); pre/post satisfaction survey instruments; focus groups; MTC software for core competencies tracking; modes of communication (GEO newsletters).

### **Provide comprehensive fellowship and grant writing instruction.**

Provide structured grant writing courses to help PhD students prepare and submit successful fellowship applications in year 2.

- Metrics: Increase submission and success rates by 25% over 5 years (need to define current baseline submission and success rates); monitor fellowship awards leading to independent careers; peer review scores.
- Resources: Provide students an incentive for submission; expand formal GEO-sponsored course capacity by increasing faculty involvement in PHRM 526 and MGRD 540 (engage NIH Fellowship reviewers and student recipients). Inform students of fellowship writing resources and expectations in BSTP 400 (new course for Fall 2026).

### **Expand the integration of AI into the graduate curricula.**

Develop a certificate program for AI in biomedical research (data analysis, predictive modeling, drug discovery, etc.), available to PhD and master's students, (also available to postdocs?)

- Metrics: Annual surveys on perceived career readiness in AI technologies. Track post-graduation placement in AI-enabled roles (biotech firms using AI for discovery).
- Resources: Faculty experts in AI, cross-departmental/school collaborations (partnership with appropriate CWRU's AI initiatives); potential for external funding for curriculum development.

### **Enhance master's and postbaccalaureate programming with co-curricular activities.**

Establish co-curricular programming for career readiness, including MCAT preparation, expanded research opportunities, clinical shadowing, structured mentorship, and professional seminars/panels.

- Metrics: co-curricular program development; 80% graduate placement in further education or desired careers; annual career progression surveys; enrollment growth in programs like regulatory science, pharmacology, aerospace physiology, and entrepreneurship.
- Resources: Improvements to our alumni tracking; strengthen linkage agreements (to PhD & MD programs); expand combined bachelor's/master's degrees.

### **Expand career and professional programming for postdoctoral fellows.**

Revitalize career and professional development programming for postdocs to align with regional and national needs in academic, industry, and research workforce. Develop fellowship and grant writing instruction (integrate with PhD programming for efficiency?). Develop optional mentoring committee program for postdocs.

- Metrics: program development; postdoc participation; program surveys; placement in faculty/industry roles; fellowship writing metrics (submissions and success; define baseline and increase by 25% over 5-years).
- Resources: Faculty engagement for mentoring and grant-writing programming; alumni engagement; PhD alumni seminars.

**Pillar 2: Interdisciplinary Innovation:** Promote cross-disciplinary collaboration to drive innovative trainee research from discovery to translation, including expanding institutional training grants and innovative programs.

### **Expand opportunities for institutional training grants.**

Develop innovative cross-disciplinary institutional training grants. Centralize submissions for inter-departmental grants; offer workshops on grant development and reviews to program directors from current T32 reviewers.

- Metrics: Submit one new training grant each year 2027-2031
- Resources: faculty engagement in developing new grants; update data collection methods and database resources, including career outcomes. Faculty workshops, software and informatician(s) for data collection and tracking. Another grant specialist.

### **Launch PhD student Dream Experiment Fellowship Program.**

Fund innovative trainee research ideas through development of a SOM Dream Experiment Fellowship Program.

- Metrics: develop and fund the program; manage trainee peer review committee; award 5-10 fellowships annually; track resulting ROI (publications/patents; participant surveys on skill development).
- Resources: Funding (development team; \$50K-\$100K/year) and potential partnership with the Case CCC (where the idea originated); faculty engagement; data collection and tracking.

### **Diversify career training and engagement by expanding experiential learning opportunities with Cleveland-area companies.**

Embed career exploration in programs. Empower trainees with personalized, passion-aligned paths through mentoring and alumni engagement. Provide opportunities for students to participate in certificate programs (entrepreneurship, law, FDA/regulatory science, FUSION, AI in biomedicine) and increase internships/experiential learning.

- Metrics: increase trainee participation in non-academic activities; internship placement rates; post-internship job offers (ROI).
- Resources: Identify financial support and policies to streamline participation; expand partnership with Cleveland companies; engage with the CWRU career center.

### **Other:**

#### **Support faculty development of teaching and mentoring skills**

Develop Entering Mentoring workshops for new mentors using CIMER-trained facilitators; improve existing mentor training programs. Focus on leadership for GPDs

- Metrics: 80% faculty participation; survey data showing >75% value-added; reduced student-reported mentoring issues.
- Resources: Develop automated tracking systems; faculty volunteers for CIMER training and developing new mentor training modules; post-training surveys.

## Medical Education

Goal	Process	Metrics
<p>Cultivate a more accessible, technologically enabled learning environment that accelerates and deepens learning while <b>maximizing student success</b> (MD, MSA, PA) and aligning educational outcomes with workforce needs and system readiness</p>	<ul style="list-style-type: none"> <li>• Improve student support services including disabilities coordinator, psychologist, and social worker readily available to students</li> <li>• Coordinate data governance and warehousing program as first step</li> <li>• Use student data to create personalized dashboards that provide actionable feedback</li> <li>• AI-enabled learning tools in classroom curriculum to supplement learning specialists, librarians, and tutors</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor utilization and outcomes of added support services</li> <li>• Number and utilization of Student Dashboards</li> <li>• Number and utilization of learning specialists, librarians, and tutors.</li> <li>• Number and utilization of AI-enabled tutors</li> <li>• Program evaluation of novel components including disseminated scholarship</li> </ul>
<p><b>Innovate the curriculum</b> to balance high-tech personalized learning with high touch <b>relationship-centered patient care and humanistic practice</b> that intentionally includes managing difficult, complex and nuanced problems</p>	<ul style="list-style-type: none"> <li>• Emphasize humanistic practices of clinical medicine through curricular reform</li> <li>• MD Curriculum renewal that modernizes pedagogical approach and reinforces core doctoring (at the bedside) skills</li> <li>• Expand early clinical experiences focused on relationship-centered care</li> </ul>	<ul style="list-style-type: none"> <li>• Number of clinical sessions, patient-oriented activities, and virtual patients used in preclerkship for deliberate practice (Kowal SAGE, LCSP, SRHC, and other longitudinal patient care)</li> <li>• End of year/program evaluation data on preparedness (including GQ, RRS, other)</li> <li>• Metrics on anatomy and nutrition outcomes</li> </ul>
<p><b>Integrate artificial intelligence, data science and information sciences</b> into the curriculum to build digital literacy and enhance personalized feedback while leveraging efficiencies.</p>	<ul style="list-style-type: none"> <li>• Study, test, and optimize use of data-driven feedback tools across the continuum.</li> <li>• Develop robust AI curricular thread that includes core competencies in ethical, relevant and practical use of data and information.</li> <li>• Develop a mission-aligned applicant selection process based on longitudinal assessments of learner outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Track added curricular components, (quantity, quality, mapping) to outcomes</li> <li>• Track growth of simulations including higher order thinking skills (clinical years)</li> <li>• Outputs in academic scholarship on data-driven feedback to support deep learning</li> <li>• Yield and success of data-informed of admissions process including student outcomes</li> </ul>
<p>Strengthen the longitudinal career arc through <b>professional identity formation</b>, reflection, self-regulated learning, and</p>	<ul style="list-style-type: none"> <li>• Emphasize flourishing in medicine through professional identity formation curriculum</li> <li>• Add longitudinal reflections around awareness of self and the environment</li> </ul>	<ul style="list-style-type: none"> <li>• Metrics on portfolio system of student reflections and use data to monitor growth (number, effectiveness, value)</li> </ul>

<p>medical ethics: all focused on achieving <b>master adaptive expertise</b>.</p>	<ul style="list-style-type: none"> <li>• Orient learners to master adaptive expertise with focus on mastery through growth mindset</li> <li>• Add leadership training focused on emotional intelligence and teamwork</li> <li>• Add PIF and MAL assessments to Transition to Residency</li> </ul>	<ul style="list-style-type: none"> <li>• Collect student feedback on sense of belonging and PIF foundation</li> <li>• Systematic review of reflective practice skills and portfolio entries</li> <li>• Metrics on MAL/adaptive expertise, Including grit</li> <li>• Capture student response to data and feedback</li> </ul>
<p>Develop accurate, fair, and reliable assessment practices that provide <b>authentic high-value data on student performance</b> across the core competencies.</p>	<ul style="list-style-type: none"> <li>• Optimize multisource clinical assessments to provide robust authentic reliable data on student performance</li> <li>• Accelerate student learning through actionable personalized feedback</li> <li>• Create data-driven approach to drive improvements in faculty/preceptor assessments of student performance including preceptor development programs</li> <li>• Use high-value data on student performance to inform admissions processes</li> </ul>	<ul style="list-style-type: none"> <li>• Measure quantity and quality of student performance data</li> <li>• Measure preceptor (clinical faculty and resident) satisfaction with clinical assessment methods</li> <li>• Monitor student satisfaction with clinical assessment methods</li> <li>• Decrease number of grade appeals</li> <li>• Improve satisfaction on GQ survey about transparency for clinical grades</li> <li>• Track number of preceptor development programs and satisfaction with trainings</li> </ul>
<p>Ensure <b>organizational integration</b> and recognized value of CWRU SOM with clinical and community partners through intentional engagement and mutual benefits with an emphasis on best practice learning, coaching, assessment, and mentoring in research and clinical programs.</p>	<ul style="list-style-type: none"> <li>• Focus on value of teaching to clinical preceptors including benefits of CWRU community</li> <li>• Celebrate student research successes</li> <li>• Disseminate best practice teaching strategies through faculty development</li> <li>• Expand opportunities to recognize outstanding teaching and mentoring</li> <li>• Develop asynchronous educational modules for local, regional, national audiences through expanded faculty engagement in faculty development needs</li> <li>• Consider novel UME to GME transition strategies enlisting local GME leaders</li> <li>• Consideration to create Doctor of Medical Science (DMSc) Program</li> </ul>	<ul style="list-style-type: none"> <li>• Grow research mentor pool in MD student database to 15% of all faculty (currently 5%)</li> <li>• Track number of MD graduates with publication via ORCID; goal of 80%</li> <li>• Add recognition programs through Center for Medical Education and Academy of Scholar Educators</li> <li>• Grow outstanding research mentors for MD students- target 30% (currently 18%)</li> <li>• Track engagement/participation in med ed faculty development products and programs; create interface with FIS</li> <li>• Monitor GME satisfaction with CWRU graduates through national surveys</li> </ul>

<p>Aim for a regional reputation in <b>interprofessional education and practice</b> through simulation to realize team-based care that impacts patient outcomes.</p>	<ul style="list-style-type: none"> <li>• City-wide expansion of collaborative simulation programs, both high fidelity and low fidelity; regional impact</li> <li>• Generate revenue through high quality CME programs using technology, simulation, and interprofessional expertise.</li> <li>• Needs assessment and right-sizing CME workforce and model</li> </ul>	<ul style="list-style-type: none"> <li>• Number of programs, learners</li> <li>• Impact and reputation of programs</li> <li>• Scholarly output of simulation and CME oriented activities</li> <li>• Revenue generated through programs</li> <li>• Track number of programs created in partnership with health professional programs in HEC (SDM, SON, etc)</li> </ul>
<p><b>Mitigate rising costs of a medical education</b> through cost containment, fund raising, expanded revenue-generating programming, and novel scholarship mechanisms.</p>	<ul style="list-style-type: none"> <li>• Develop 3-year accelerated program track understanding limits of clinical capacity and infrastructure needs to support</li> <li>• Balance support staff with data systems to help decrease the cost of med ed operations; requires integrated data platform</li> <li>• Fund raising for scholarships</li> <li>• Optimize use of library resources to realize cost savings to medical education programs</li> <li>• Develop funding source for students seeking optional research year</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment, satisfaction, and outcomes of accelerated track</li> <li>• Cost of attendance as compared to national trend</li> <li>• Financial aid and award budget to grow by 15% per year</li> <li>• Track funds available to support students in research extensions.</li> </ul>

Important Needs:

- Blended data platform of student assessment information, eventually to include admissions data (coming in) and residency placement (going out)
- Data governance to know who owns what data and how to protect it.
- Need technical expert with authority and credibility with modern tools to redesign data infrastructure.

## Philanthropy – Strategic Plan: Objectives & Metrics

Objective	Metrics
Align philanthropy with SOM priorities (research, education, community health, faculty, unrestricted)	Overall campaign goal: \$750M; align gifts with SOM priorities. Funds raised to date: \$369M; track pace vs. multi-year target.
Advance research through catalytic philanthropy	Focus areas: Cancer, Neuroscience (incl. glial research), theranostics, inflammation/fibrosis, mitochondria, rare disease & inherited disorders, aging/geriatric needs. Use pilot and commercialization funds to accelerate translation and partnerships.
Grow education and student support	Scholarship funding for MD & graduate education; first-year PhD support; pathway/curricular enhancements; AI education tools. Annual scholarship fundraising target: \$9.7M/year.
Strengthen community health impact	Support Institute for Population & Community Health and CTSC initiatives. Resource programs that measurably improve health outcomes in Cleveland and beyond.
Build flexible, unrestricted capacity	Dean’s Catalytic Fund for emerging priorities (AI & machine learning). Annual unrestricted fundraising target: \$9.7M/year.
Invest in faculty excellence	Establish new named professorships and startup resources in research and education. Provide pilot awards and bridge funds for promising programs.

**Overarching Goal:**

**To focus research and training on understanding, treating, preventing and mitigating the global burden of chronic and untreatable diseases**

**Objectives**

**Measurable Results**

<p>1. Lead in <b><i>Mechanistic Brain Resilience and Neurodegeneration Across the Lifespan</i></b> to prevent, detect, and treat brain disorders by strategic integration of:</p> <ul style="list-style-type: none"> <li>○ Gene-environment research</li> <li>○ Glial and metabolic biology</li> <li>○ Neuro-immune science</li> <li>○ AI-enabled neurotechnology</li> <li>○ Cancer- Neuroscience interface</li> </ul>	<ul style="list-style-type: none"> <li>● Increase neuroscience-related R01, MPI, &amp; P-level funding 25%</li> <li>● Establish innovative core capabilities to expand neuroscience research (e.g., cores for organoid/iPSC, AI analysis core, neurotechnology)</li> <li>● Achieve a 25% increase in high-impact publications in each area</li> <li>● Recruit a critical mass of 8 strategic faculty hires (developmental, systems, glial, AI/neurogenomics, cancer neuroscience)</li> <li>● Increase neuroscience trainee enrollment by 25-30%</li> <li>● Increase new neuroscience startups by 1-2 per year</li> </ul>
<p>2. Lead in <b><i>Therapeutic Discovery and Development in Cancer and Complex Diseases</i></b> to advance an integrated, technology-enabled engine for discovering, validating, and translating next-generation cancer therapeutics by strategic expansion of:</p> <ul style="list-style-type: none"> <li>○ Theranostic platforms for precision cancer care</li> <li>○ AI and computational biology for target &amp; drug discovery</li> <li>○ Next-generation biological, RNA, and cell-based therapeutics</li> <li>○ Immune, neural, and spatial-omics approaches to tumor biology</li> </ul>	<ul style="list-style-type: none"> <li>● Increase cancer-related R01, MPI, and P-level funding by 20-25%</li> <li>● Establish a fully functional research cyclotron and theranostics center with &gt;3 new clinical first-in-human studies</li> <li>● Create &gt;5 validated AI tools in digital pathology, imaging, or drug discovery with workflows integrated into clinical trials</li> <li>● Expand computational biology and bioinformatics to support &gt;10 major cancer projects and &gt;5 multi-site consortium data efforts</li> <li>● Increase new cancer-related startups by 1-2 per year, e.g. RNA-based therapies, protein degraders, vaccines, and cell therapies</li> <li>● Recruit a critical mass of 8 strategic faculty hires (therapeutic development, AI/systems biology, cancer neuroscience)</li> <li>● Launch a cancer biology PhD program</li> </ul>
<p>3. Lead in <b><i>Adaptive Immune-Metabolic Systems for Precision Health</i></b> to integrate immune, infectious, microbial, and metabolic science into a unified adaptive-systems framework that drives precision diagnostics and therapeutics by strategic development of:</p> <ul style="list-style-type: none"> <li>○ Precision immunity and immunotherapies (transplant, cancer, autoimmunity, immune aging)</li> <li>○ Microbiome, pathogens, and host defense in chronic disease</li> <li>○ Infection and antimicrobial resistance as systems problems</li> </ul>	<ul style="list-style-type: none"> <li>● Increase program-level funding (P01, U19, U54, U01) in adaptive immune-metabolic systems by 30%</li> <li>● Establish a multi-institutional-wide accessible biobank platform</li> <li>● Create integrated multi-omics and computational platforms with workflows embedded in and linked to clinical trials</li> <li>● Increase clinical trials in adaptive immune-metabolic systems, with in-house and &gt;5 active industry partnerships</li> </ul>

<ul style="list-style-type: none"> <li>○ Metabolism, obesity, and systemic inflammation as drivers of multi-organ and vascular disease and brain health</li> </ul>	<ul style="list-style-type: none"> <li>● Expand T32 and K-series training in immunology, infection, and systems biology with &gt;2 cross-domain training programs</li> </ul>
<p>4. Lead in <b>Convergence Therapeutics and Imaging for Precision Health</b> integrating therapeutic discovery and development, advanced imaging, AI-enabled methods, and GMP CMC to disease-anchored convergence platforms</p> <ul style="list-style-type: none"> <li>○ Develop next-generation therapeutics and imaging (cell therapies, AI/enabling imaging)</li> <li>○ Radiation biology and radiotheranostics</li> <li>○ Gene delivery and genetic medicines as a cross-cutting enabler for gene therapies, nanotherapeutics, drug delivery, with AI/ML</li> </ul>	<ul style="list-style-type: none"> <li>● Increase translational throughput via IND-enabling packages, first-in-human trials, and radiotheranostic deployments</li> <li>● Increase MPI-level funding (P01, U19, U54, U01) in convergence therapeutics and imaging by 25-30%</li> <li>● Increase new precision health startups by 1-2 per year</li> <li>● Secure &gt;5 commercialization and industry partnerships linked to precision health</li> </ul>
<p>5. Lead in creating <b>Scholarly Excellence Through an Inclusive, High-Performing Culture</b> to grow a high-impact research enterprise by cultivating an excellence-driven, inclusive academic climate where faculty, staff, and trainees are engaged, psychologically safe, and connected across departments and campuses.</p>	<ul style="list-style-type: none"> <li>● Increase overall SOM climate/engagement survey “favorable” responses by &gt;10 percentage points</li> <li>● Improve 5-year retention of Assistant Professors by 15% and increase successful promotion to Associate Professor by 10%, including proportional gains for URiM and women faculty</li> <li>● Raise percentage of SOM publications in journals with I.F. &gt;10 to 15-20%, and increase research expenditures by 25%</li> <li>● Achieve a 25% increase in multi-department and -institution grant submissions and awards</li> <li>● Increase investments in existing faculty by 25-30% through bridge and pivot grants, program expansion, and pilot funding initiatives</li> </ul>
<p>6. Lead in <b>Investing in Enabling and Emerging Technologies</b> through cost-effective and shared resources</p>	<ul style="list-style-type: none"> <li>● Match investments to grants and impact, increase S10 grant applications, and increase philanthropy for technology acquisition</li> </ul>
<p>7. Lead in <b>Cancer Neuroscience</b> by exploiting the bidirectional interactions between the nervous system and cancer – from primary brain tumors to peripheral malignancies by strategic integration of:</p> <ul style="list-style-type: none"> <li>○ Tumor-neural circuit and glial interactions</li> <li>○ Neuro-immune, metabolic, and environmental-drivers of cancer progression</li> <li>○ Cancer neurotherapeutics and theranostics</li> <li>○ Systems, computation, and AI for cancer neuroscience</li> </ul>	<ul style="list-style-type: none"> <li>● Establish the Cancer-Neuroscience Center supported by &gt;5 new multi-PI or -institutional grants (P01, U01, MPI R01s)</li> <li>● Increase co-authored cancer-neuroscience papers by Center members to &gt;15 per year, with &gt;33% in journals with journals with I.F. &gt;10</li> <li>● Recruit a critical mass of 5 strategic faculty hires in cancer neuroscience,</li> <li>● launch &gt;1 targeted training program (T32, institutional)</li> <li>● Increase clinical trials, &gt;3 investigator-initiated or coop. group in cancer neuroscience (biomarker, imaging, neuromodulation)</li> <li>● Increase new IP filings (&gt;4/yr) and licensing agreements (&gt;2/yr), with 1-2 new cancer neuroscience startups per year</li> </ul>

Thank you to our various committees for their time and effort.  
We condensed their work but all plans will be available as an appendix in the final release.

DRAFT 2026-2031 Strategic

If you have questions, please contact Elizabeth Fehsenfeld, Chief of Staff: [eaf95@case.edu](mailto:eaf95@case.edu)

Thank you for reviewing. Please provide feedback via QR code.





# Mock Study Section: Call for LOIs and Reviewers

Are you interested in learning how grant applications are reviewed? Join us this May for a half-day Mock Study Section at the Midtown Collaboration Center, this interactive session will provide investigators with a behind-the-scenes look at the peer review process. Participants will observe and engage in a simulated study section to better understand how reviewers assess significance, innovation, approach, and overall impact, along with common strengths and weaknesses that influence scoring.

## Co-Chairs



Ian Neeland, MD



Goutham Rao, MD

## Call for Applications

We are now accepting applications for investigators interested in having a grant application discussed in a supportive, educational mock review setting. Participants will receive structured feedback and practical guidance to strengthen future submissions.

**LOI Deadline: April 2, 2026**

Scan or click to submit a LOI



## Call for Reviewers

Limited spots are available for investigators to serve as reviewers during the session. Compensation will be provided.

Scan or click to be a reviewer

