CASE WESTERN RESERVE UNIVERSITY
School of Medicine

Faculty Council Meeting
Meeting Minutes
May 18, 2026

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:04-4:10PM	Chair's Remarks and Announcements	Anastasia Rowland-Seymour, Chair of Faculty Council	The chair called the meeting to order at 4:00PM. The graduation that occurred this past weekend was a huge success. The next and final Faculty Council Meeting of the academic year will be held on June 15, from 4:00-5:30PM in Wolstein Auditorium and via Zoom. Dr. Rowland-Seymour thanked everyone for all their hard work this year, noting that engagement has been tremendous. Thank you to everyone who completed the Faculty Climate Survey and for the great responses they provided. The survey revealed several areas of improvement, e.g., there is a gap in how to obtain the CWRU ID cards which allow access to the buildings and resources. The Office of Faculty Affairs has reached out to Access Services who will allow us to email a picture through a secure upload and use information from the Faculty Information System (FIS). They can then arrange for faculty to pick up the card or work with individual departments for a central location for faculty to pick up their IDs in advance of the orientation date. The process is still being refined. Nicole Deming stated that there is always a need for professional development and we want to ensure that faculty are aware of what is in existence and what the gaps are. Dr. Lia Logio, Vice Dean of Medical Education, has worked on this together with individuals from each of the hospitals. Tina Lining, Senior Director, Faculty Development, oversees the many faculty development programs offered in the SOM. They, and the Office of Faculty Affairs, are collaborating to map existing programs, identify gaps, connect faculty with the right program at the right time, and improve promotion and advancement guidelines. In response to the LCME citation we received regarding the Responsibilities of the Dean, the document was has been amended and was sent to the Faculty Senate on April 14. There was a meeting	Quorum is 43

	Chair's Remarks and Announcements (continued)		with the Faculty Senate Chair and Bylaws Chair, from which was learned that this has passed Bylaws and is on the consent agenda for the first meeting of the Faculty Senate in the 26-27 cycle beginning in September. The Chair provided an overview of upcoming events including the New Faculty Council Members in-person Orientation on Friday, August 28, from 3:00-5:00PM. All Faculty Council members are invited to attend. The first Faculty Council Meeting will be held on Monday, September 14, from 4:00-5:30PM via Zoom. The 26-27 meeting dates for the Faculty Council Steering Committee and Faculty Council, as well as the due dates for materials for these meetings, will soon be posted to the website. Pertinent to the recent voting, an update will be provided by the NEC on the results for the standing committees and at-large Faculty Council seats. It is extremely important for us to know who our Faculty Senators are as we move forward with what topics we want to discuss in Faculty Council. The recently elected senators are Robert Bonomo, Neil Fernandes, Kelly Gibson, and Phoo Pwint Nandar who will join Matthias Buck (Adil Menon will substitute until Dr. Buck is back from sabbatical), Moises Auron, Patrick Osei-Owusu, Goutham Rao, Suzanne Russo, and Mamta Singh. Our Faculty Senate ExCom Rep will be Dr. Bonomo, who is our go-to person for getting things addressed through the Faculty Senate. The Faculty Council Steering Committee nominations will be solicited from the floor today. Faculty Council members may self-nominate for the FCSC.	
4:10-4:11PM	Approval of CFAS Annual Report		The approval of the CFAS Annual Report was on the April 27 Faculty Council agenda and deferred to today's meeting. There being no further discussion, a vote was taken.	A motion was made by a FC member and seconded by a FC member to approve the CFAS Annual Report presented at the April 27 Faculty Council Meeting. Vote: 36 in favor, 0 not in favor, 1 abstained, and 11 are ineligible. The motion passes.

4:11-4:12PM	Approval of April Faculty Council Meeting Minutes	Anastasia Rowland-Seymour	The Chair did not receive any suggestions for changes or adjustments to the April 27 Faculty Council Meeting minutes.	There being no edits to the April Faculty Council Meeting minutes as posted in BOX, the minutes are approved by general consensus.
4:12-4:22PM	NEC Voting Updates	Himika Dalia, Chair, Nomination and Elections Committee	The NEC is in the process of finalizing the votes and will be sharing those results with the Faculty Council very soon. Overall engagement was approximately 6%. 3,609 emails were sent spanning the SOM campuses. Among the sent-out emails, the completion rate is 65% throughout the SOM. The breakdown of engagement indicating how many faculty from each location are voting is as follows: Cleveland Clinic – 1%, VA -- 9%, Metro -- 5%, SOM -- 29%, and UH --5%, with a grand total average of 6% engagement throughout the campuses. If you know of a reason that faculty find it challenging to fill out a ballot, please let us know. The following votes are in progress: Bylaws Amendment (Provost's recommended changes regarding professionalism) - closes 5/20 Election for Part-time Faculty Council Representatives - closes 5/27 Election for NEC At-large Basic Sciences (SOM) - closes 5/27 One person has submitted their name for Chair Elect. Three people have submitted their names for the Faculty Council Steering Committee: Tirosh Boaz, Qingzhong Kong, and Calen Frolkis. We require two more. If you have questions as to whether someone is eligible, or willing to serve, nominate them now and we will respond in the end. Anyone who is interested in nominating themselves or a colleague for chair elect, please take a snap of the QR code for the SOI's that we are still collecting throughout the week. There are no rank requirements for applying. A ballot will go out early next week and be open for one week. We will have a Faculty Council Chair Elect by the June 15 Faculty Council meeting.	
4:22-4:27PM	Program Review Committee Annual Report	Nick Ziats, Chair, Program Review Committee	Dr. Ziats explained that the Program Review Committee serves as the "college curriculum committee" in the CWRU approval matrix. It is distinct from the Curriculum Review Committee that reviews new courses. This committee reviews major changes to existing programs (>50%), presents recommendations to Faculty Council, and reviews other non-MD programs at the request of the Dean.	

	Program Review Committee Annual Report (continued)		Dr. Ziats highlighted the terms of membership and the committee members. It was noted that there are several members who have terms ending this year and will need to be replaced. The workflow follows the new online Program Action Form. The Flow Approval Process for New Programs begins with the department review, library resources review, Utech – IT review, and then the Program Committee Review. After which it is sent to Faculty Council for presentation and a vote, reviewed by the Dean, the Graduate Studies Committee of the Faculty Senate, the Faculty Senate, the President or Provost, the Board of Trustees, and the Ohio Department of Higher Education. Over the past year, the Program Review Committee has reviewed (only programs with the medical and graduate school): MS in Biotechnology, MS in Genetic Counseling, MS in Medical Physiology, MS in Medical Physiology (on-line), MS in Physiology, MS in Translational Pharmaceutical Science, MS in Medicine, MD, and MS/MD in Nutrition. In addition, they reviewed a PhD Biomedical Sciences Training Program (BSTP), PhD Molecular Medicine, and PhD in Physiology and Biophysics. They also reviewed an Interschool Quantitative Biosciences Graduate Certificate, a Doctor of Medicine (University Program), Biostatistics and Biomedical Analytics Graduate Certificate, and minors in Anatomical Sciences and Food is Medicine.	A motion was made by a FC member and seconded by a FC member to approve the Program Review Annual Report as presented. Vote: 38. in favor, 1 not in favor, 1 abstained, and 10 are ineligible to vote The motion passes.
4:27-4:37PM	BME - Annual Review - Joint FAR in FIS	Efstathios (Stathis) Karathanasis	Under the current system, the Department of Biomedical Engineering is split across the School of Medicine and the Case School of Engineering requiring a unified BME Faculty Annual Review (FAR) that merges both schools' review systems. Right now, as part of our process, the two annual reviews were reconciled, shared with the faculty in that department and with the two deans. The goal is to reduce administrative redundancy and capture activities previously missing from one school's form (e.g. SOM-specific clinical training, CSE under-graduate teaching), providing an easy button" for faculty. Nicole Deming confirmed that chairs do have the ability to export cumulative faculty data and will inform Dr. Ajiboye. BME faculty have reviewed and approved the combined form. Dr. Karathanasis noted that it would be beneficial if leadership of the department were instructed in retrieving information; this suggestion will be discussed.	A motion was made by a FC member and seconded by a FC member to approve the Biomedical Engineering joint FAR in FIS. Vote: 41 favor, 0 not in favor, 1 abstained, and 11 are ineligible. The motion passes.

4:37- 4:57PM	Committee on Budget, Finance and Compensation Annual Report	Craig Hodges, Chair, Committee on Budget, Finance and Compensation	Dr. Hodges presented the Committee on Budget, Finance and Compensation's annual report. The purpose of this Committee is to serve as the faculty's principal forum for the consideration of matters relating to the SOM's budgeting and financing. With regards to compensation, the purpose of this Committee is to consult with and advise the SOM administration on the formation and review of SOM policies and procedures concerning faculty compensation. Dr. Hodges listed the current committee members and noted that two members will be leaving this year. The committee is comprised of two clinical department representatives, five basic science department representatives, and four ex-officio non-voting members. Paul Bristol, the Vice Dean of Finance for the SOM left his position at the end of January and was replaced by the Central Finance Team of Rose Kelly, Jonathan Carlson and Craig Zullig. FY25- SOM finished with $6.6 million surplus ($2.8 million less than what the university budgeted at $9.4 million. This was a herculean effort considering most was due to budget cuts to the individual departments. FY26- SOM is projected to finish with $11 million surplus. Approximately half of that comes from endowment reallocations and the other half from operational improvements and cost-sharing adjustments, as well as support from central university. This will still be below the $13.9 million that the university budgeted. Dr. Hodges reminded the council that any generated surplus stays with each school and is used for strategic initiatives. As a general rule, 50% is slated for new recruits and 50% is slated for facility projects. Challenges faced by the SOM include reduced NIH indirect rate cuts from 61% to 57%; a slowdown of NIH approvals and reduced paylines. Tariffs have increased costs for everything and everyone. While enrollments in the Master's programs have decreased, there has been an increase in undergraduate enrollment in certain departments (e.g., Biochemistry). While there is still no Vice Dean of Finance for the SOM, the Central Finance Team have been extremely helpful. Some of the SOM's proposed actions, for last year and into this year, include an increase in faculty salary coverage off grants from ~48% to 52% with an overall goal of 70%. They hope to increase philan-	

	Committee on Budget, Finance and Compensation Annual Report (continued)		thropy, and ensure that Master's programs are sustainable and competitive. They will recruit faculty at all levels with proven track records in funding and build centers to improve multi-PI awards. They plan to reduce departmental deficits and increase tuition 2.5% over all programs. Dr. Hodges listed the latest medical school salary comparisons for 2025** a. Professor (AAMC - $224,469 (n=5,207); CWRU - $222,520 (n=103)) b. Associate Professor – (AAMC - $155,725(n=3,950); CWRU - $148,202; (n=56)) c. Assistant Professor – (AAMC - $122,823(n=5,000); CWRU - $125,781 (n=94)) **AAMC (Association of American Medical Colleges) – median salary All Basic Science depts, CWRU – median salary Basic Sciences 100% CWRU paid-from Eddie Bolden, Institutional Resources, includes base+incentive The % range discrepancy by rank AAMC salary (CWRU median salaries are on all below published data): Assistant Professor – +2.4 to -3.3% compared to other schools. Associate Professor – -5.1 to -10.9% compared to other schools. Full Professor – -1.0 to -6.3% compared to other schools. Raise pool at CWRU since June of 2022 has been 21%, whereas inflation from that same time period is 12%. The President has been trying to increase the raise pool for Case. The SOM merit pool for FY27 will be for 3%. Dr. Hodges provided a summary of the current incentive portion of the compensation plan. Incentive Pay: The School of Medicine's structured incentive compensation plan is designed to align financial incentives with performance metrics, particularly for tenure-track faculty whose primary mission is research. The model is grounded in the principle of "at-risk" incentive compensation, where a portion of the incentive pay is contingent upon individual faculty performance, primarily in securing external salary support. Incentive pay is only available to faculty who are 100% paid by CWRU. Changes to the SOM Faculty Incentive Compensation Plan: The maximum incentive will be capped at 12% of total compensation (last year was 17%) and anything over 12% will be transitioned to base salary. If faculty do not reach 50% salary support from external	

	Committee on Budget, Finance and Compensation Annual Report (continued)		sources, the incentive becomes at risk. The 50% salary will be evaluated over the previous three-year period, then the window rolls three years after that. If the three-year average is below 50%, faculty will lose 1/3 of their incentive starting July 2026. If that shortfall continues then they would lose another 1/3 July 2027 and then another 1/3 July 2028 if average coverage below 50% continues. The SOM will consider certain teaching contributions to put the faculty member above 50%. Teaching can offset up to 15% effort. There are some exclusions to this plan e.g. junior faculty in the first 3 years of hire date, dependent faculty (under a primary faculty member's funding support) and teaching faculty (hired as primary educators). The Faculty Research Achievement Program (FRAP) is a pilot program which provides research investment to qualified SOM faculty who charge at least 50% of their salary to externally funded research and training projects. Funds must be used for research and training purposes, with the goal of submitting additional grant proposals. Allowable expenses include consulting, student support, software, data sets, animal research costs, research supplies, technology, publication fees, and travel to present findings or conduct research. Funds cannot be spent on faculty and staff salary support. FY26 is the initial year and $3,000 will be the highest amount given. FRAP can accrue year-to-year but cannot exceed $27K. Dr. Hodges stated that faculty can roll over up to $27,000. However, if you were to leave the university you do not get to take any of that with you; spend it before you leave. The Office for Research Technology Management may reduce/ abolish subsidies. This was told to us in several emails and meetings that faculty attended. Since CWRU just received the biggest donation in the State of Ohio, it is hoped that they will rethink their thought that there is no money. This could be an issue if CWRU still wants to be a top-notch research university. When asked if tapping into the endowment was a one-year fix, Dr. Hodges noted that they had also asked that question, and the response was that this is actually going to extend over 4-5 years. The committee will work with the SOM administration to suggest improvements on the current incentive compensation plan, and work with SOM and Central University administration on how to minimize	

	Committee on Budget, Finance and Compensation Annual Report (continued)		budgetary issues, and work to obtain more granular salary distribution data for future reports. There being no further discussion, a vote was taken.	Because this is a standing committee, a motion is not required. Vote: 36 in favor of accepting the CBFC annual report, 0 not in favor, 0 abstained, and 9 were ineligible to vote The motion passes.
4:57-5:05PM	Faculty Council Steering Committee Report	Elvera Baron, Chair-Elect, Faculty Council	The Faculty Council Steering Committee met on May 4. They are still looking for nominations for different positions; there are still open positions available. If you are interested in running, please submit your name. The FCSC reviewed the agenda for today's Faculty Council Meeting. Everyone who presented today was reviewed. They also voted on an amendment to the Faculty Handbook to add the word "academic" full time faculty title into the handbook. Two Faculty Senate guest speakers attended the meeting to discuss communication pathways and the roles of senators and ExCom representatives. An election was held among incoming senators to elect an ExCom representative and Dr. Bonomo was selected as ExCom representative for the 26-27 term. The BME Faculty Annual Review process was discussed and the unified FAR in FIS was reviewed. The committee voted on two chair appointments, and several emeritus packets were discussed and voted upon. The meeting was adjourned at 5:44PM.	
5:05-5:21PM	Dean Gerson's Remarks	Stan Gerson, Dean	Commencement activities spanned five and a half days with highlights including Anthony Wynshaw-Boris, MD, PhD being awarded the Distinguished University Professor Award, and an honorary degree in medicine which was awarded to Carl June, MD. The Dean noted that this year's medical class, at 229, is the largest we have ever had. They are an incredibly enthusiastic group, very strong in activity and have an appreciation for the qualities of this school.	

	Dean Gerson's Remarks (continued)		The Dean felt that Dr. Hodges did a very nice job summarizing the current financial status, noting that finances remain thin and NIH funding uncertainty is a significant concern. Faculty are encouraged to manage programmatic expectations carefully. The Dean noted that the increased scrutiny concerning endowments is beyond what he has seen in a decade. He expressed optimism that this will provide a more consistent use of the resources available to all of the SOM and expects it to benefit the school significantly into the future, not just for the next 3-4 years. An education retreat focusing on artificial intelligence was held and anticipated major AI alignment announcements will be made by the fall regarding AI integration into education and research and potentially including new degrees and coursework. A discussion followed on formally requesting the Faculty Senate to amend the faculty handbook to include "academic" as a full-time faculty title. "Academic" is intended to recognize faculty, particularly non-tenured clinicians, for their impact on the field of medicine, including scholarship, national/international reputation, and contributions beyond patient care. It widens the tent for advancement and promotion, particularly for those who would not otherwise qualify. In a previous vote, it was an amendment to the bylaws. Since we were told that the term did not exist, we will now be voting to change the term in the Faculty Handbook so that we can then vote on what we have already approved. Faculty Council's only route to Faculty Senate is through its senators and the ExCom rep, who would need to collectively advocate for the SOM's unique position and the importance of this title for non-tenure clinicians. Dr. Baron noted that the Faculty Senate is extremely procedural, and in order to accomplish that, we need the senators to participate collectively. There being no further discussion, a vote was taken.	A motion was made by a FC member and seconded by a FC member to submit a formal request to Faculty Senate to amend the Faculty Senate Bylaws by adding the term "Academic" as a full-time faculty title in the Faculty Handbook. This change was approved by the SOM Faculty Council and reviewed by the SOM Bylaws Committee Vote: 36 in favor, 1 not in favor, 2 abstained, 8 were ineligible to vote. The motion passes.
5:21-5:31PM	Strategic Plan		The strategic plan has been available for review and comments. The survey QR code is open until 11:59 PM on Wednesday, May 20. A question from the floor asked how these suggestions will be put into place, how will it be measured and where the resources will come from. The Chair asked that Rachel Moore keep track of the questions	

	Strategic Plan (continued)		so that we can bring them forward at a later date. The Dean noted that in every strategic plan you have aspirational goals and measurable goals. In the last strategic plan, we realized that we had no way of measuring half of the goals we had set. In the final document we are going to want to know the goals and metrics and then do our best to measure the metrics. While we need to know what progress we have made, sometimes we have to be aspirational. The Dean agreed that the Chair's idea of prioritizing the 7-8 components qualitatively sounded like a good idea. Explicit priorities can aid in recruitment targeting and community alignment. There is a need to ensure that the metrics actually measure what is intended.	
5:31PM	Adjourn		There being no additional agenda items to address, the chair adjourned the meeting at 5:31PM.	

Present

Mohamed Abdalla	Ani Das	Susan Linder	Henry Ng	Demitre Serletis
Atallah Baydoun	Nadim El Chakhtoura	Aram Loeb	Nona Nichols	Paul Shaniuk
Stephanie Barnes	Jonathan Fanaroff	Jennifer Lucas	Elizabeth Painter	Simran Singh
Elvera L. Baron	Stan Gerson	Janice Lyons	Abigaill Raffner (Basson)	Stacy Smrz
Kavita Bhatt	Peter Harte	Ryan Marino	Elizabeth Rainbolt	Boaz Tirosh
Julie Bucklan	Christopher Hine	Amy McDonald	Anastasia Rowland-Seymour	Saba Valadkhkan
Hulya Bukulmez	Jason Ho	Claudio Milstein	Anas Saleh	Gregory Videtic
Adrienne Callahan	Venkatesh Kambhampati	Michael Moffitt	Mankaran Sawhney	Scott Williams
Karla Coburn	Camilla Kilbane	Tyfanni Monford	Hemalatha Senthilkumar	Peng Zhang
Marta Couce	Bret Lashner	Monica Montano		

Not Present

Shane Angus	Wayne Cohen-Levy	Eric W. Kaler	Jennifer Li	Rania Rayes-Danan
Antoinette Abou-Haidar	Xinghong Dai	Manasvee Kapadia	Ang Li	Deven Reddy
Elisa Bala	Mirela Dobre	Adina Kern-Goldberger	Philip Linden	Ann Rivera
Michael Baldonieri	Mackenzie Deighen	Sandeep Khanna	Gillian Michaelson	Ben Schwan
Alfred P. Bowles	Jeremiah Escajeda	Qingzhong Kong	Rebecca Obeng	Matthew Sikora
Sonji Boyd	Calen Frolkis	Siran Koroukian	Ruben Olivares	Michael Staudt
Matthias Buck	Lisa Gelles	Vijaya Kosaraju	Sarah Ondrejka	Madelyn Stevens
Francis Caputo	Rachael Gowen	Christina Krudy	Roger Ove	Phoebe Stewart
Sonny Caradonna	Andrew Harris	Stephen Leb	Neal Peachey	Michael Weber
Andy Chen	Jason Ho	Alan Levine	Antonio Rampazzo	Ping Xia
William Chad Cook	Sheronica James			

Others Present

Todd Chengsupanimit	Himika Dalia	Kelly Gibson	Efstathios Karathanasis	John Weaver
Thomas Collins	Nicole Deming	Joyce Helton	Rachel Moore	Nick Ziats
Danette Conklin	Neil Fernandes	Craig Hodges	Ming Wang	

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?

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CASE WESTERN RESERVE UNIVERSITY
School of Medicine

Faculty Council Meeting
Draft Meeting Minutes
April 27, 2026

Timing	Agenda Item	Presenter	Summary of discussion	Action items/Motions/ Votes
4:04-4:20PM	Chair's Remarks and Announcements	Anastasia Rowland-Seymour, Chair of Faculty Council	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. 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). 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 (3rd 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. 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	Quorum is 43

	Chair's Remarks and Announcements (continued)		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 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. 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 qualitied 3.88/5. 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.	

	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.	

			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.	
4:20-4:22PM	Faculty Council Meeting Minutes for March		When polled, there were no edits to the March 2 Faculty Council Meeting minutes as posted.	There being no edits to the March Faculty Council Meeting minutes as posted in BOX, the minutes are approved by general consensus.
4:22-4:27PM	Remarks by Dean Gerson	Stan Gerson	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. 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. 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	

			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.	
4:27-4:59PM	Honors and Awards Committee Annual Report	Lynn Singer, Chair	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. 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. 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	

			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 seven7 awards; in 2024 – 21, and in 2025 there were 16 nominations. 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. 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.	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. Vote: 52 in favor; 0 not in favor, 0 abstained, and 9 were ineligible to vote The motion passes.
4:59-5:17PM	MESL (Medical Education Senior Leaders -- AAMC)	Amar Desai Lia Logio	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. 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	

	MESL (Medical Education Senior Leaders -- AAMC) (continued)		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. 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. What can we do at CWRU? First increase the visibility of existing resources. Much of the current existing infrastructure is underepresented. 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. 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. Dr. Desai invited the attendees to provide feedback on how to best represent faculty issues at the national level.	
5:17-5:22PM	Closure of MS in Physiology and Biophysics	Corey Smith	Dr. Corey Smith, Graduate Program Director in the Department of Physiology and Biophysics, stated that they currently have 11	

	Closure of MS in Physiology and Biophysics (continued)		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. 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.	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. Vote: 46 in favor; 0 not in favor, 0 abstained, and 5 were ineligible to vote The motion passes.
5:22-5:29PM	Approval of New Program: PAF - BST-CT: Biostatistics and Biomedical Analytics	Ming Wang	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. 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. There being no further discussion, a vote was taken for approval of the program.	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. Vote: 41 in favor; 0 not in favor, 3 abstained, and 9 were ineligible to vote The motion passes.
5:29-5:33PM	Faculty Council Steering Committee Report	Elvera Baron	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	

	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 Valadkhkan
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

Summary for the Faculty Council Committee on Budget, Finance and Compensation 2025 (June)-2026 (April) . Chair: Craig Hodges Vice Chair: Ming Wang

This committee meets monthly on the third Thursday of the month from 3:00-4:00. The below summary is put together solely by Craig Hodges and was not agreed upon or approved by the whole committee. The summary is Dr. Hodges' interpretation of the monthly meetings and should be attributed to him alone.

1. Given the financial turmoil brought upon our country by the current incompetent federal administration, it is no surprise that the major topic of discussion was how this turmoil affects CWRU's bottom line in FY25 and FY26. While most of NIH's budget approved by congress for FY25 was spent, there were massive delays on most if not all grants. While the NIH budget was not cut in FY26 and approved by congress at a slight increase from last year, most approvals at NIH have still been massively delayed which has made the SOM projected surplus a moving target to say the least. One of the biggest take aways from FY25 was that the SOM finished the FY25 $6.6 million in surplus. While this was lower than the CWRU requested $9.4 million, this was considered quite the success story considering late in the fiscal year Paul Bristol, the vice dean of finance for SOM, didn't know if we would make $5 million. Paul gave all the credit to the departments that made requested cuts. Despite not making the requested surplus for FY25, the university increased the requested surplus by over $4 million to $13.9 million for FY26. SOM administration requested $25 million in budget cuts across the SOM departments for FY26 to try and meet the requested $13.9 million in surplus. While the committee was assured that every penny of surplus stayed with the SOM to use at a later time point, the logic of increasing the surplus requested after a fiscal year in which we were $2.8 million under a smaller number did not make sense to the committee. Throughout the year there were concerns that these budget cuts for FY26 would lead to reductions in force for departments in SOM. In response, the faculty council sent a letter to President Kaler requesting a reprieve for budget cuts as the worry was reductions in force would lead to departments not being able to function as they have. President Kaler gave a very nonspecific response. Soon after, Paul Bristol was relieved of his duties as vice dean of finance for SOM and a new Central finance team was named as a replacement to direct SOM's finance. The three person team, Rose Kelly, Jon Carlson and Craig Zullig met with this committee starting in February 2026. The reason for this change was because SOMs budget constitutes so a large part of the university's budget, there should be more alignment between the university and SOM. Initially, the Central team stated that the outlook for FY26 was poor for SOM with a projected surplus of $750K at the end of Q2 but now at the end of Q3 there is a projected surplus of $11 million by fiscal year-end, with approximately half of this coming from endowment reallocations and the other half from operational improvements and cost-sharing adjustments. The

future of the SOM finance looks a bit bleak given the current federal situation but since federal decisions seem to be based on the weather, time of day, which side of the bed they wake up on… the future is foggy. What we can be certain of is the university setting a surplus that SOM can not achieve in this funding climate. These unachievable goals may make faculty and staff feel unmotivated and an eventual exodus may occur if this is encountered year after year.

2. This past year a new NIH indirect cost rate (IDC) for CWRU was agreed upon with the federal government cutting our past IDC from 61% to 57%. While this will reduce the amount brought in by SOM, CWRU and SOM suggested this was a better rate than others have gotten and it was a good outcome overall.

3. This point of discussion was raised last year and continues to be a concern. It was discussed as to whether the raise provided at promotion should come from the raise pool or represent a separate pot of money. Several people answered this question in different ways BUT the University President has said that the promotion raise pool is included in raise pool and there is not a separate pot of money. In departments that may have several members getting promoted in a year, this would significantly reduce the raise pool for everyone else. In the past, SOM has been able to not include promotions as part of the raise pool. At our latest meeting in April, it was announced for at least FY27 that promotions would not count as part of the merit pool that was announced at 3% this year. This is overall welcome news but continues to be a concern.

4. The committee also discussed the changes to the Dean's faculty incentive plan for FY27 for all 100% CWRU paid faculty members. There were several areas of discussion:
    a. changes to the incentive plan, include a reduction in the maximum incentive cap from 17% to 12%, which would mean an extra $1.6 million would be permanently added to faculty base salaries.
    b. Faculty incentive reduction was noted for faculty below a 50% salary support average over three years will lose portions of their incentive, with a progressive reduction system in place with a third being lost each year. There were expressed concerns about the policy changing departmental metrics and noted that the School of Medicine Compensation policy hasn't been strictly followed in recent years.
    c. There were also concerns about the common practice of new assistant professors having 10% of their salary in the incentive category, arguing this could discourage junior faculty from staying at the institution
    d. The committee discussed the Faculty Research Achievement Program (FRAP) as an additional support mechanism for those exceeding 50% coverage. The funding source for this is from SOM and not the departments. This was thought to be a modest carrot opposite the stick discussed above for increasing salary coverage.

e. However, the discussion highlighted concerns about the incentive plan's structure and whether it aligns with university bylaws requiring Senate review.

5. Another topic for this year was about ORTM's announcement of increased animal care costs and impact on research and discuss data on how CWRU compares to other universities. Dr. Hodges shared data that CWRU is already one of the highest universities of 43 recorded in animal costs and the highest in the region. This increase will negatively impact research production at CWRU. This is due to CWRU not wanting to subsidy costs to the ARC but this is a common practice in all medical schools so CWRU is just trying to save money while putting the cost on the investigators. This is a common occurrence lately at the institution. Trying to make ARC complete tasks more efficiently is one possibility to reduce costs.

Below are the minutes from each meeting so the steering committee and faculty council can read them over at their leisure.

Minutes of the June 18th, 2025 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from May with minor edits
2. Paul Bristol presented a powerpoint presentation he had shared with the SOM department chairs. Paul mentioned that the Departments had cut their budgets in the FY26 budget they already turned in, but the university's margin target and other factors required additional reductions. There were several financial prediction models moving forward and SOM is focusing on Model 3 which anticipates a 20% reduction in research awards and a reduction of IDCs to ~50-57% which would lead to a $60 million revenue loss for FY26. In addition, the University requested a margin target of $13.9 million for FY26 which is $10 million more than what the SOM was able to achieve for FY25. This increase in margin is most likely due to the University wanting to have a buffer for SOM potential losses in FY26. Due to these predictions and changes the SOM needs to reduce its budget by $25 million for FY 26. Paul Bristol indicated all units (not just departments) in the SOM would be asked to cut budget (includes things like Dean's administration, marketing and development offices).
3. While all departments were asked to cut budgets, a formula (fair and consistent approach) that was equal across all departments was used (but not really defined). The bigger the department most likely corresponded to bigger cuts BUT previous budget cuts were taken into account in this formula. Most departments were asked to cut their budget by 20-50%. It is up to the departments on how to make these cuts using both salary and

non-salary components. Sam Xiao stated that even if his department of pathology cut all the administrators that this would not make up for the $1 million dollar budget cuts the SOM was asking for. Paul stated that he and the dean understand this point and a "good faith" effort is needed to reduce departmental budgets but that the cuts should make it so that the research operations couldn't occur in the department. The proposed budget adjustments are required by august 1st to take effect by October 1st.

4. There was still no final news on NIH budget cuts or a new IDC rate. Craig pointed out that making predictions of IDC rates at 50-57% without any facts could be dangerous for budgets. He felt like the model 3 predictions mention above were a best case scenario. Further changes to FY26 budget may occur when NIH cuts and IDC rates are known. Even though after this recent budget cut there may be no places to cut more without making the departments nonoperational. Paul mentioned plans to centralize pre-award functions to absorb potential layoffs.

5. There was some discussion of higher paid faculty and administration (those making over $500K and $1 million taking voluntary 5-10% pay cuts but savings would only amount to ~$1 million.

6. There are 9 planned SOM faculty hires for FY26 and these are all replacement hires which would replace retired or moving faculty. While hiring 0 faculty would save money, Paul pointed out that this was requested by the department chairs and it is not his decision. Any new hires would have startup packages but spending allowances would be proposed by rank so there is more even spending patterns.

There was no July meeting

Minutes of the August 22nd, 2025 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. A short introduction of all members was completed as we had a few new members with the start of a new year.
2. We approved the minutes from June.
3. Paul Bristol presented a powerpoint presentation that was the most recent information from fiscal year ending June 2025 and gave us some outlooks for the next fiscal year 2026. One of the biggest take aways was that the SOM finished the previous year $6.6 million in surplus. While this was lower than the CWRU requested $9.4 million, this was considered quite the success story considering late in the fiscal year Paul didn't know if we would make $5 million. Paul gave all the credit to the departments that made requested cuts.
4. For the current fiscal year 2026, the margin target was set by the university to $13.9 million. Paul suggested that ~$25 million reduction in budget was necessary to come anywhere close to meeting this margin. The departments were asked to make cuts for this fiscal year and 90% of departments met at least 50% of the target cuts while 50% of departments met at least 75% of the target cuts. Paul thought this was quite successful and is hoping no further cuts to departmental budgets will be necessary IF the proposed NIH budget that went through senate appropriations

committee held (1% increase for NIH over last year). In the SOM, 7 planned staff reduction in force was implemented which was far less than other schools we were told. Paul did predict that if the SOM was between 0 (break even) and $4 million over this next year, he would consider this a win. He sincerely doubted there was any way to get to the ask of $13.9 million.

5. Paul also mentioned that CWRU's new indirect cost rate (IDC) was done being negotiated but he could not tell us what the final number was. Given that his prediction was previously between 57-61%, we can hope that this was true. We hope to learn the new IDC rate soon. (We learned later the new IDC rate is 57%).

6. There was a brief discussion on the question of who gets to decide if a PI can lower their effort on a grant once the grant is already awarded. The SOM has sent out a document with standard efforts to add on to different grants at the NIH which most PIs found helpful. However, if a PI would like to reduce their salary on an award to provide necessary effort for staff in the lab this would need to be approved mainly by the department chair (and sometimes the Dean). It was discussed that there are so many moving parts with the department budget with the reduction in effort hurting the department overall and require other labs to "make up" for that effort which could lead to an equity issue among faculty. Reducing PI efforts on grants should only be approved in special circumstances by the chair.

7. Matthias made an inquiry about the new incentive plan that recently rolled out in the SOM. Paul mentioned that there were 53 faculty at risk for salary reductions but the chairs appealed many of these with a good portion of the appeals granted. Paul did not mention a final number of salary reductions that were instituted. Paul did mention however that the incentive program would be modified this year to reward those faculty who exceed salary coverage by giving them a personal discretionary account which may motivate more faculty to increase coverage on grants.

Minutes of the September 18th, 2025 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the August meeting of the CFBFC.

2. The chair discussed updates from the federal side for NIH budgeting for 2026. Both the Senate and the house rejected the White House's request to cut NIH budget by 40%. NIH Budget to start in October would largely remain the same as last year with a possibility of a 1% or $400 million increase if the senate appropriations committee suggestions go

through. The house proposal did not include that raise. ARPA-H (advanced research projects Agency for Health) is proposed to be cut by 37% and CDC is proposed to be cut by 19%. Final funding levels should be done by the end of September but we are not sure with the looming government shutdown.

3. The committee discussed updates from CWRU SOM for the current fiscal year. It was confirmed that the IDC rate negotiated with the government is now 57% for 4 years (rather than 61%) but this was still thought to be a win overall for CWRU. There was some discussion of whether that less money would be absorbed by the university or SOM but we weren't sure.

4. There was some discussion about the incentive plan that rolled out in SOM. Letters were received this past week by faculty in SOM who were endanger of having salary reductions based on the past three years of funding.. specifically if they did not meet the 50% salary coverage off of grants. Although the chairs were cc'd on these letters they did not receive them beforehand which seems like an oversight that should be corrected before next year. However, getting notice 1year in advance is a positive change since now the faculty can try to adjust grants or teaching to get over the 50% salary coverage goal. The topic of the incentive plan's specific rules and changes as well as teaching coverage should be better defined in the incentive plan will be a future topic of this committee. Comparing this incentive plan with other SOMs would be helpful as well.

5. Given that some of the salary coverage can be made up by completing more teaching there was an extensive discussion about what counts as teaching under the incentive plan as well as what faculty get credit for in teaching in general. Ming Wang mentioned a document that will she shared that denotes how many teaching hours should be given for each medical school teaching activity which was very helpful.

6. On the topic of teaching, Bill Merrick brought up where should undergraduate or master's programs teaching credit should be included as those are not listed in the incentive plan currently and those do bring in revenue. Then we discussed that PhD student teaching and mentoring is most likely included in most departmental metrics but not the incentive portion of salary. We also discussed that clinical faculty also do a lot of teaching at the bedside of not just medical students but also fellows and residents… so teaching takes all forms. The clinical faculty are being squeezed for time these days by the hospitals so they may not have time to teach in the classroom setting.

7. There was a discussion of if the specific amount of teaching per faculty member should come from the Chair or the Dean. This should probably be handled on the Chair

level with the Chair having discussion with specific faculty on the teaching contributions when compared to the grant coverage etc.

8. Completing an internal salary comparison between rank and gender was something that should be completed over this next. There were positive comments that this should be done as well as external comparisons on rank and how to complete those comparisons. Even though there are big differences between departments, the best numbers to use externally are probably from all basic science departments used by AAMC. For CWRU we would focus on PhDs in basic science departments. We did not discuss if the whole nation should be used versus regional and if all private schools numbers should be used versus all schools. This will be followed up on a future meeting as well.

Minutes of the October 16th, 2025 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the September meeting of the CFBFC.
2. Dr. Hodges announced that Dr. Ming Wang has graciously accepted the invitation to serve as vice chair of the CFBFC and will become chair in July 2026.
3. Dr. Hodges gave an update from the University Finance Committee that he attended 9-19-25. The main points discussed are listed below:
    a. CWRU is not subject to the new endowment tax as we ONLY have $209,370 per student vs. the $500,000 per student needed for this tax to take place.
    b. CWRU has had a positive overall operating margin of at least 1.5% for 18 straight years
    c. The new F&A rate of 57% rather than 61% (for 4 years). However Paul Bristol discussed that a new way of figuring out indirect costs may be coming in which they are applied for on a grant per grant basis rather than have one rate for the whole institution. Craig commented that this would be a lot more work for the PI but Paul suggested that there might be a gradual switch over to this new way of figuring out IDC rates and the university would have to prepare for such a change.
    d. For fiscal year 2025-SOM was 6.5 million in the black but still 2.8 million under what was budgeted. SOM budget for 2026 is 13.8 million surplus.
    e. Jon Carlson had said all surplus is kept in a “savings account” for each school to pay for renovations and startup packages. Paul Bristol confirmed this was the case but it is bit misleading as SOM needs permission to use the money on very specific costs.

    f. Craig also asked about indirect costs as Jon also mentioned ALL indirect costs go to each school and not the university. Paul said while this was true, the university taxes each school for things so that is how they get their chunk of indirect costs back.
4. Dr. Merrick gave an update from the University faculty senate compensation committee and showed slides he was planning on presenting to the provost. There was discussion that CWRU's faculty compensation/salaries were below the AAU levels and there were nonexclusive suggestions to increase the salary pool to 6% CWRU faculty to attain AAU averages in 5 years or 4% increases to reach that AAU averages in 15 years. Also a 15% increase of salary for promotion to promotion to associate professor and a 20% increase of salary for promotion to full professor might also bring salaries to AAU levels. The main point was for the provost to have a concrete plan on how to accomplish the goal of getting CWRU faculty salaries to AAU values. There was also discussion of when salary can be increased or decreased per the wording in the faculty handbook as well as different definitions of what salary is. A push for having one definition was suggested. Last, Dr. Merrick showed a slide showing that if you compare what is put into the fringe pay by faculty versus by staff, that the staff are contributing less but getting much more when you look at benefits and tuition usage. The committee was thought that this last slide might not be well received by the administration especially since the asks about faculty compensation in the previous slides might already stress resources.
5. Paul Bristol gave a brief update on the SOM finance so far through the first quarter. He described the situation as stable but not the best conditions. Non NIH money is down $4 million to date. NIH research money is also looking worrisome considering the delays by NIH and now the shutdown of the federal government. Proposed cuts by departments to their budgets are really helping SOM to try to stick to the proposed budget but it is unlikely to keep up given that the surplus usually decreases as the year goes on. Right now it is 19.6 million projected but that will go down.
6. Paul mentioned changes to the incentive plan will be mentioned by Dean Gerson at his state of the school address in November that would introduce discretionary accounts for high achieving faculty but no specifics were given at the current meeting. Dean Gerson will elaborate at his state of the school address.
7. The last part of the meeting was the discussion of up-front funding of NIH grants that has been mentioned over the past year as a directive of the current administration. It seems that 25% of NIH grants will be funded up-front (money for all years of the grant are given at the beginning) in 2025, 50% will work this way in 2026 and by 2027 100% will be funded up-front. This will lead to a decrease in fundable %s that are already really low. There was concern that this will drastically affect faculty's ability to garner NIH funding and eventually have a negative effect SOM's finances. While the 2026 budget is already set for the University and SOM, it was suggested that some acknowledgement of this major change be put in place for future budgets and consideration of the herculean efforts it will now take to receive NIH grants. This point will be discussed further at future meetings.

Minutes of the November 20th, 2025 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the October meeting of the CFBFC.

2. The committee discussed updates from the university faculty senate committees on Finance and Compensation.

a. From the Senate compensation committee, Dr. Merrick presented a statement from the committee that says the following :" "Although the school has "published" its stated policy, it does not adhere to it and recently has added changes to the policy that have not been vetted by the school's Faculty Council nor approved by the Council. It would appear that the school has adopted a random plan on an annual basis for increasing or decreasing salary. It is recommended that the Dean should present a comprehensive plan to the Faculty Senate for input and possible approval as well as a check on whether the policy is consistent with the Faculty Handbook."

b. From the finance committee, the finances of the school of law was presented in October, the school of engineering will be presented in November and SOM will be presented in the December. Dr. Hodges mentioned that he attended the daylong event Finance academy that Brian Burnett the CFO put on and it was very transparent about the budget and finance operations of the university. In short, CWRU's finances seem stable and not as bad off as other AAU institutions.

3. Next the committee discussed the recent announcement that an extra $8 million needs to be cut in the SOM 2026 budget. The exact amount each department has to come up with has not been announced but that will difficult considering the departments already went through multiple cuts last year. We hope to hear more from Paul in the next meeting in December.

4. There was a brief discussion about the potential changes to the faculty compensation incentive plan. The Dean did not mention any specifics at his State of the School address and Paul Bristol emailed a reply to Dr. Hodges saying that specifics were not set and we could wait until December to discuss. It was mentioned that since the average coverage of SOM faculty was down to 45% that this might be the new "line" to be above so that incentives wouldn't be cut but that is not written in stone yet. Defining what incentive actually is with the administration does need to occur. If incentive pay is for those that cover a certain percentage of their salary over the past three years then why are new

faculty given incentive pay when they have not covered their salary at all for the past 3 years. Essentially this is just adding money to their salary that can be taken away later rather than a true incentive. We hope to discuss this more in the December meeting.

5. The committee discussed the transition of NIH instituting up front or forward funding grants for an increasing number of their grants over the next 3 years. We discussed that while this might not be such a bad plan to up front pay NIH grants long term, the short term pain of having much lower paylines (~4 years) will be tough on investigators and CWRU. While the overall census from the group was that everything we have observed pointed in the direction of forward funding grants at NIH, there has not been direct confirmation from the current federal administration on how this would be implemented. There is still a lot up in the air about this potential policy.

Minutes of the December 18th, 2025 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the November meeting of the FCBFC.

2. The committee discussed updates from the university faculty senate committees on Finance and Compensation.

a. From the Senate compensation committee, Dr. Merrick presented a proposal to increase faculty salaries by 6% over 5 years to get average salary to AAU or AAMC means for comparable schools. In addition, a 15% increase in salary for promotion to Associate professor and a 20% increase in salary for promotion to Professor. This was defeated /declined by the president due to financial concerns. There was also some discussion about the definition of salary. It was suggested the total salary on the faculty appointment letter should serve as the preferred definition of salary.

b. From the finance committee, there were no updates.

3. There was a discussion on the letter that the faculty council sent to President Kaler stating that more budget cuts to SOM would impede the ability to apply for more grants and manage the ones we have. Paul Bristol expressed gratitude to the Faculty council for sending the letter as the President did seem to take the letter seriously and is willing to work with SOM on the amount of surplus SOM needed to budget for FY2026. Paul mentioned that he hopes the budget methodologies used by the university can be changed for next year so SOM does not end up with major budget cuts like we did this year.

4. Paul Bristol gave an update on Q2 and that SOM is currently tracking round $2.2 to $2.5 million surplus through November. There were major concerns about research funding levels that have declined by about $10 million from the expected run rate. It was acknowledged that the 1 month government shut down did exacerbate this so it may take another month or two to figure out where SOM really stands with funding compared to expected rate.

5. The initial margin number for SOM was $14 million for FY 2026 but that may be reduced by the president. The final number of the margin needed by SOM is not known but Paul will share that with the committee once he receives it.

6. The committee also discussed that the university is requiring that all promotions come from the overall merit pool which would really reduce raises in departments with several faculty being promoted. This makes a difficult situation for department chairs and not being to give high performers even an average raise in years where several promotions are being executed. This committee agreed this policy is not acceptable and we will push back on this. SOM has tried to push back as well but the university is not requiring this policy to go into effect.

7. Last, it was announced that there will no meeting in January do to a previous meeting that Dr. Hodges has and they will meet in February where they hope to get an update on any incentive plan modifications for the current and upcoming years.

There was no January meeting

Minutes of the February 19th, 2026 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the December meeting of the FCBFC.
2. The new members from Central's Finance Team introduced themselves and the questions sent from the FCBFC to them before the meeting (The questions and answers are sent in a separate document.
3. One important update we learned from the Central team is that at the end of Q2 close the SOM is projected to have only $750K in surplus compared to the $13.8 million budget set at the beginning of FY26. This team is looking at ways to increase the surplus before the close of FY26.
4. A short discussion was held on last year's incentive plan and the results of how many faculty actually had their incentive reduced (17 faculty in FY25). The plan is changing for FY26 but we had not heard of the changes by this meeting.

5. There was a brief discussion about ORTM's announcement of increased animal care costs and impact on research and discuss data on how CWRU compares to other universities. Dr. Hodges shared data that CWRU is already one of the highest universities of 43 recorded in animal costs and the highest in the region. This increase will negatively impact research production at CWRU. This is due to CWRU not wanting to subsidy costs to the ARC but this is a common practice in all medical schools so CWRU is just trying to save money while putting the cost on the investigators. This is a common occurrence lately at the institution. Trying to make ARC complete tasks more efficiently is one possibility to reduce costs.

Minutes of the March 19th, 2026 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the February meeting of the FCBFC.
2. Central's Finance Team discussed positive budget projections for FY26 showing a potential surplus of $7-10 million by fiscal year-end, with approximately half of this coming from endowment reallocation and the other half from operational improvements and cost-sharing adjustments. This was compared to a projected surplus of $750K at the end of Q2. Rose Kelly and Jon Carlson explained that the improvement stems from better accounting practices, timing adjustments for expenses, and a January cost-cutting initiative that departments are maintaining. The group discussed how endowment funds are being strategically used over multiple years to provide operating relief while addressing departmental needs for faculty hires and startup packages in fiscal year 27.
3. The committee next discussed the changes to the Dean's faculty incentive plan. There were several areas of discussion:

a. changes to the incentive plan, include a reduction in the maximum incentive cap from 17% to 12%, which would mean an extra $1.6 million would be permanently added to faculty base salaries.

b. Faculty incentive reduction was noted for faculty below a 50% salary support average over three years will lose portions of their incentive, with a progressive reduction system in place with a third being lost each year. There were expressed concerns about the policy changing departmental metrics and noted that the School of Medicine Compensation policy hasn't been strictly followed in recent years.

c. There were also concerns about the common practice of new assistant professors having 10% of their salary in the incentive category, arguing this could discourage junior faculty from staying at the institution

d. The committee discussed the Faculty Research Achievement Program (FRAP) as an additional support mechanism for those exceeding 50% coverage. The funding source for this is from SOM and not the departments. This was thought to be a modest carrot opposite the stick discussed above for increasing salary coverage.

e. However, the discussion highlighted concerns about the incentive plan's structure and whether it aligns with university bylaws requiring Senate review.

4. The last point of discussion for this meeting focused on salary pools and promotion processes within the School of Medicine. Craig Hodges raised concerns about how promotion raises affect departmental salary pools, noting that including promotion increases in merit pools could negatively impact other faculty members' raises. Jon Carlson explained that while the current system includes promotion raises in the overall pool, there has been discussion about potentially separating these, though Jon noted this would likely reduce the overall pool available for merit raises. The group also discussed how the School of Medicine's higher external funding (50% vs other schools) might provide more flexibility in managing salary pools, and it was suggested that different schools with varying financial health could potentially have different raise pools.

Minutes of the April 16th, 2026 meeting of the Faculty Council Committee on Budget, Finance and Compensation

1. We approved the minutes from the March meeting of the FCBFC.
2. Rose Kelly from Central's Finance Team discussed positive budget projections for FY26. There is an estimated $8 million margin for Q3 and a projected margin of $11 million by fiscal year-end, with approximately half of this coming from endowment reallocation and the other half from operational improvements and cost-sharing adjustments and assistance from central university.
3. The committee discussed the Dean's faculty meeting from earlier in the day and discussed how the Dean emphasized that SOM used to get about 65% of its funding from NIH but that is dropping. The Dean suggested applying to other funding agencies like foundations or even biotech or pharm companies for funding. While there was a discussion about indirects being lower from those sources of funding there seemed to be a consensus that CWRU and SOM would allow us to accept those funds because some money is better than no money. Also the Dean seemed to be very supportive of getting other sources of grant funding.
4. There was also discussion about the endowment and how using money from endowments (of which there are over 900 for SOM) can be tricky depending on each one. Rose suggested it takes about 1 hour to go through 10 of them so this will be a multi-year process. Cliff reminded everyone that most endowments are for specific purposes so SOM can't just spend the accumulated money in them unless they are legally authorized to do so. So while this could be a source of money for SOM, each one will be assessed on what can and cannot be done with the money.
5. It was mentioned from Matthias that it was agreed upon for this year at least at the senate excom meeting that promotions would not count against the raise pool which is a great thing. Hopefully they will continue that. Rose suggested news of a

continuance of this would come from the provost. FY27 raise pool is reported to be 3%.

6. Dr. Kazura updated the committee on new requirements from NIH collaborations with international colleagues and those done in the field in other countries. The administrative burden on the PI has increased tremendously and may lead to fewer international studies being completed. Also, such obstacles seem to be increasing in NIH that dissuade international collaborations. Dr. Hodges suggested that the current federal administration knew what they were doing for this purpose to decrease international collaboration even though they say that they want international collaborations.
7. Dr. Hodges went through his potential presentation to faculty council for their May meeting with the committee. Everyone gave good suggestions for edits which Dr. Hodges was thankful for.

Faculty Council Committee on Budget, Finance and Compensation

Annual report 2025-2026

Summary of FCBFC Charges

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

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

Members of the FCBFC

Clinical Department Representatives

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

Kelsey Duncan, MD Department of Neurology – UH (2028)

Basic Science Department Representatives

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

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

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

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

James Kazura, MD Department of Pathology- SOM (2028)

Ex-officio non-voting

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

Central Finance Team- Rose Kelley, Jon Carlson and Craig Zullig

Cliff Harding, Ph.D. Basic Science Chair appointed by the Chair of the Council of Basic Science

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

Finances of CWRU SOM

FY25- SOM finished with $6.6 million surplus but $2.8 million less than the university budgeted ($9.4 million). Still this was a herculean effort considering most was due to budget cuts to the individual departments.

FY26- SOM is projected to finish with $11 million surplus with approximately half of this coming from endowment reallocations and the other half from operational improvements and cost-sharing adjustments as well as support from central university. This will still be below the $13.9 million that the university budgeted.

***Reminder that any surplus generated stays with each school and is used for strategic initiatives and as a general rule 50% is for new recruits and 50% is for facility projects.

Finances of CWRU SOM

Current Challenges:

- Reduced NIH indirect rate cuts from 61% to 57%
- Slow down of NIH approvals and reduced paylines FY26-???
- Tariffs have increased costs for everything and everyone
- Decreased enrollments in Master's programs **Increase in undergrad enrollment in certain departments (e.g., Biochemistry)
- No vice dean of finance for SOM **Central finance team have been extremely helpful.

Finances of CWRU SOM

Proposed actions by SOM (last year and into this year):

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

SOM Compensation in FY26 (median)
All schools

The latest medical school salary comparisons for 2025**

a. Professor (AAMC - $224,469 (n=5,207); CWRU - $222,520 (n=103))

b. Associate Professor – (AAMC - $155,725(n=3,950); CWRU - $148,202; (n=56))

c. Assistant Professor – (AAMC - $122,823(n=5,000); CWRU - $125,781 (n=94))

**AAMC (Association of American Medical Colleges) – median salary All Basic Science depts, CWRU – median salary Basic Sciences 100% CWRU paid-from Eddie Bolden, Institutional Resources, includes base+incentive

SOM Compensation in FY26 (median)
Private schools

The latest medical school salary comparisons for 2025**

a. Professor (AAMC - $236,619 (n=2,217); CWRU - $222,520 (n=103))

b. Associate Professor – (AAMC - $164,373(n=1,682); CWRU - $148,202; (n=56))

c. Assistant Professor – (AAMC - $130,000(n=2,158); CWRU - $125,781 (n=94))

**AAMC (Association of American Medical Colleges) – median salary All Basic Science depts, CWRU – median salary Basic Sciences 100% CWRU paid-from Eddie Bolden, Institutional Resources, includes base+incentive

Median Compensation discrepancy comparing CWRU SOM and all universities by rank

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

Assistant Professor – +2.4 to -3.3% compared to other schools

Associate Professor – -5.1 to -10.9% compared to other schools

Full Professor – -1.0 to -6.3% compared to other schools

Raise pool at CWRU since June of 2022 has been 21% where as inflation from that same time period is 12%. The SOM merit pool for FY27 will be for 3%.

Summary of current incentive portion of compensation plan

- **Incentive pay:** The School of Medicine‘s structured incentive compensation plan is designed to align financial incentives with performance metrics, particularly for tenure-track faculty whose primary mission is research. The model is grounded in the principle of **"at-risk" incentive compensation**, where a portion of the incentive pay is contingent upon individual faculty performance, primarily in securing external salary support. Incentive pay is only available to faculty who are 100% paid by CWRU.

Changes to the SOM faculty incentive compensation plan

- Maximum incentive will be capped at 12% of total compensation (last year was 17%) and anything over 12% will be transitioned to base salary
- If faculty do not reach 50% salary support from external sources the incentive becomes at risk. The 50% salary will be evaluated over the previous three year period. Then the window rolls over three years after that.
- If the three year average is below 50% faculty will lose 1/3 of their incentive starting July 2026. If that shortfall continues then they would lose another 1/3 July 2027 and then another 1/3 July 2028 if average coverage below 50% continues.
- SOM will consider certain teaching contributions to put the faculty member above 50%. Teaching can offset up to 15% effort.
- There are some exclusions to this plan like junior faculty in the first 3 years of hire date, dependent faculty (under a primary faculty member's funding support) and teaching faculty (hired as primary educators).

Faculty Research Achievement Program (FRAP)

- This pilot program provides a research investment to qualified School of Medicine faculty who charge at least 50% of their salary to externally funded Research and Training projects

- Funds must be used for research and training purposes, with the goal of submitting additional grant proposals. Allowable expenses include consulting, student support, software, data sets, animal research costs, research supplies, technology, publication fees, and travel to present findings or conduct research. Funds cannot be spent on faculty and staff salary support.

- FY26 is the initial year and $3000 will be the highest amount given

- FRAP can accrue year to year but cannot exceed $27K

Tier	Yearly Salary Coverage Percentage	Yearly Research Investment
1	50% - 60%	$3,000
2	61% - 75%	$6,000
3	76% - 100%	$9,000

Future goals of FCBFC

- Work with SOM administration to suggest improvements on current incentive compensation plan
- Work with SOM and Central University administration on how to minimize budgetary issues
- Open to suggestions: craig.hodges@case.edu

Program Review Committee

Report to Faculty Council

May 18, 2026

Nicholas P. Ziats, Ph.D., Chair
Professor of Pathology,
Biomedical Engineering and Anatomy



CASE WESTERN RESERVE
UNIVERSITY
School of Medicine

Program Review Committee- Charge

"The Program Review Committee shall consist of eight full-time members of the School of Medicine faculty, elected at-large by the full-time faculty, with no more than two members from a single department, and three ex officio members. The elected members shall serve staggered three-year terms, two or three new members being elected each year. Elected members may stand for re-election and serve at most two consecutive terms. All elected and ex officio members shall be voting members on the committee."

- Standing Committee of the Faculty of Medicine
- Serves as the "college curriculum committee" in the CWRU approval matrix
- Reviews major changes to existing programs (>50%)
- Presents recommendations to the Faculty Council
- Review other non-MD programs at the Dean's request
- Distinct from the Curriculum Review Committee that reviews new courses

Program Review Committee- Membership Term

Membership Terms: The Program Review Committee shall consist of eight full-time members of the School of Medicine faculty, elected at-large by the full-time faculty, with no more than two members from a single department, and three ex officio members. The elected members shall serve staggered three-year terms, two or three new members being elected each year. Elected members may stand for re-election and serve at most two consecutive terms. All elected and ex officio members shall be voting members on the committee

Program Review Committee- Members, 2025-26

Members of the Program Review Committee
Case Western Reserve University School of Medicine
2025 - 2026

NAME	DEPARTMENT	EMAIL	EXPIRATION TERM
5 elected faculty members currently in charge of on-going graduate or undergraduate programs involving SOM depts			
Nicholas Ziats - Chair	Pathology (SOM)	npz@case.edu	2027
Sarah Lynam	Reproductive Biology (UH)	sarah.lynam@uhhospitals.org	2028
Ganapati Mahabaleshwar	Pathology (SOM)	ghm4@case.edu	2028
Christina Vargas	Surgery (MH)	cvargas@metrohealth.org	2026
Nicholas Zaorsky	Radiation Oncology (U)	nicholas.zaorsky@uhhospitals.org	2026
3 elected faculty members involved in graduate or undergraduate education in SOM			
Gurkan Bebek	Nutrition (SOM)	gurkan@case.edu	2027
Colin Drummond	Biomedical Engineering CSE (SOM)	cxd@case.edu	2028
Krupa Parikh	Medicine (MH)	kparikh@metrohealth.org kxp533@case.edu	2026
1 SOM faculty serving on University Faculty Senate Committee on Graduate Studies (ex officio)			
Hope Barkoukis	Nutrition (SOM)	hdb@case.edu	2026
1 SOM faculty serving on University Faculty Senate Committee on Undergraduate Education (ex officio)			
Vivien Yee	Biochemistry (SOM)	vcy2@case.edu	2026
Vice Dean for Graduate Education (ex officio)			
Mark Jackson	Pathology (SOM)	mwj7@case.edu	

2026:
One member leaving:
Dr. Zaorsky to new institution

Drs. Vargas and Parikh need replacement

Drs. Barkoukis and Yee needs reappointment

CASE WESTERN RESERVE UNIVERSITY
School of Medicine

Program Review Committee- Process

- **The workflow follows the new online Program Action Form**
  - https://case.edu/registrar/
  - Faculty and Staff - Curriculum and Program Management
- **Office of the Provost**
  - https://case.edu/provost/faculty-academics/approvals-and-governance-academic-programs-and-processes
- **School of Graduate Studies**
  - https://case.edu/gradstudies/faculty/faculty-guidelines/new-program-development-guidelines

Program Review Committee- Approval Matrix

Academic Approval Matrix																
	Department	School/College Curriculum Committee	School/College Faculty	School/College Dean	International Affairs Office	Library Resources Review	UTech Information Technology Review	Faculty Senate Committee on Undergraduate Education (FSCUE)	Faculty Senate Graduate Studies Committee	Faculty Senate	President or Provost	Board of Trustees	Ohio Dept of Higher Education	Ohio Dept of Higher Education	Higher Learning Commission (HLC)	Higher Learning Commission (HLC)
	Action Required	Action Required	Action Required	Action Required	Action Required	Action Required	Action Required	Action Required	Action Required	Action Required	Acknowledgment only	Action Required	Action Required	Information Only	Action Required	Information Only
Administrative Structures																
School/College (new)							X			X	X	X				
School /College (name change)			X	X						X	X	X				
Department (new)			X	X			X			X	X	X				
Department (name change)	X		X	X						X	X	X				
Off-campus location (new)	X	X	X	X	I		X	U	G/P	X	X		X		X	
Academic Programs																
Degrees (new)	X	X	X	X	I	X	X	U	G/P	X	X	X	X		X	
Degrees (name change)	X	X	X	X				U	G/P	X	X	X	X			X
Degrees (change in delivery mode)	X	X	X	X	I	X	X	U	G/P	X	X	X	X		X	
Degrees (changes in credit hours)	X	X	X	X				U								
Programs/Majors (new)	X	X	X	X		X	X	U	G/P	X	X	X	X		X	X
Programs/ Majors (name change)	X	X	X	X				U	G/P	X	X	X		X		X
Programs/ Majors (change in delivery mode)	X	X	X	X	I	X	X	U	G/P	X	X	X		X	X	
Programs/Majors (termination)	X	X	X	X						X	X					
Minors (new)	X	X	X	X		X	X	U		U		X		X		
Minors (name change)	X	X	X	X				U				X				
Certificates (new)	X	X				X	X	U	X	X	X	X	P		P	P
Concentration/Sequence/Track (new)	X	X					X	U	G/P							
Concentration/Sequence/Track (change)	X	X						U			P					
Course Subject Codes (new, desc changes)	X	X	X	X							P					
Academic Processes																
Grades or grading system (new)	X	X	X	X				U	G/P	X						
Diploma format Univ-wide (new/change)				X				U	G/P	X	X	X				
Diploma wording change, school				X							X	X				
Transcript format (new/change)				X				U	G/P	X	X					
Five Year Academic Calendar (new/change)										X		X				
Five Year Academic Calendar (deviations)											P					

Notes:
X = all levels
U = undergraduate level
G/P = graduate and professional level
I = if international students are to be enrolled
P = possibly, depending on the program. University Registrar to check with the Provost's Office

Program Review Committee- Flow Approval Process for New Programs

- Department Review
- Library Resources Review
- UTech - IT review
- **Program Committee Review**
- Faculty Council
- Dean’s Review
- Faculty Senate - Graduate Studies Committee
- Faculty Senate
- President or Provost
- Board of Trustees
- Ohio Department of Higher Education

Program Review Committee- Reviews in 2025-26

- MS in Biotechnology
- MS in Genetic Counseling
- MS in Medical Physiology
- PhD Biomedical Sciences Training Program (BSTP)
- Interschool Quantitative Biosciences Graduate Certificate
- MS in Medical Physiology (online)
- Doctor of Medicine (University Program)
- PhD Molecular Medicine
- Biostatistics and Biomedical Analytics Graduate Certificate
- PhD in Physiology and Biophysics
- MS in Physiology
- Anatomical Sciences, Minor
- Food is Medicine, Minor
- MS in Translational Pharmaceutical Science
- MS in Medicine, MD
- MS/MD in Nutrition

Program Review Committee

Questions?

The notes in parentheses under "question" indicate how the information is populated (either "short answer" or "link to [insert step 1 area]")

Green highlights – notes to review with faculty

I. Teaching

Title	Question
Teaching Activities	
MS, PhD Didactic Teaching	Didactic teaching in undergraduate and graduate courses (MA, MS, PhD) (links to Teaching and Curriculum)
MD Undergraduate Lectures	Lectures in undergraduate medical student curriculum (MD Programs) (short answer)
MD IQ Group Teaching	Medical school IQ group teaching (MD Programs) (short answer) * we chose not to import from teaching credit/elentra
MD Portfolio Reviews	Medical student portfolio reviews, other medical student teaching (MD programs) (short answer) * we chose not to import from teaching credit/elentra
MD Clinical Training	Clinical training of medical students (clinical rotations) (short answer)

Title	Question
	* in development new CAS – stay text for now but should it become available
Graduate MedEd	Graduate medical education - residents and fellows (short answer) *tracked by the hospital, not managed by university
Continuing MedEd	Continuing medical education (CME) - courses taught (short answer) *no external source exists

II. Advising

Title	Question
Advising Activities	
Formal Advising	Formal advising relationships recorded in SIS, including thesis committees for graduate and undergraduate students (Links to advising)

III. Mentoring

Title	Question
Mentoring Activities	

Title	Question
MD Research Training	Research training of medical students (SOM Only) (Short answer) *what is the source for this in step 1 – first (spring jan-june) semester will be available in SOM Teaching Credit as reference only, July-dec will be available in elentra (unreviewed, as a reference) – same as teaching questions would need to split into two questions – take to faculty
Primary Mentoring	Primary mentoring for graduate and undergraduate students (Links to Mentoring)
Postdoc Mentoring	Mentoring for postdocs, residents, clinical fellows (Links to Mentoring)
Faculty Mentoring	Faculty you have mentored (Links to mentoring)
Staff Mentoring	Staff you have mentored (Links to mentoring)
Other Activities	Other teaching and mentoring activities (short answer)

IV. Course Evaluations

Title	Question
Course Evaluations	
Course Evaluations	Undergraduate and Graduate Course Evaluations (BA, BS, MA, MS, PhD) (Short answer – available in SIS)
MD Student Evaluations	Undergraduate Medical Student Evaluations (MD) (short answer) *Available in Elentra – pathway doesn't exist yet, manual entry using elentra section in step 1 for reference, will be linked eventually to CWRU Course Evaluation
Other Evaluations	Other evaluations that do not fall under previously stated categories that you would like to include, if you have additional documentation please upload at the end in "Upload Attachment" section (short answer) *no document upload specific to categories, just the one area

V. External Activities – faculty question – do we want separate subcategories or one big one – talk to Stan and Engineering Deans on how they prefer to see this

Title	Question
External Activities – all one section in current FAR – splitting?	
External Activities	Consulting for a company, private entity, individual, governmental agency, participation in an outside business or organization, or providing expert testimony. (short answer)

VI. Research/Funding/Grants

Title	Question
Research/Funding/Grants	
Team Research	Participation/leadership contributions to team research (Short answer)
Current Funded Grants	Research, training, or clinical grants during active reporting period (Link to Grants)
Proposals Submitted	Submitted research proposals during active reporting period (Link to Grants)

Title	Question
Other Sources of Support	Other sources of research or salary support (if any) (short answer)

VII. Awards and Honors

FAR Question	Information Source
Awards and Honors	
Awards and Honors	Awards and Honors – award name, group giving the award, and date, a brief description of eligibility and whether it is peer-reviewed (Link to Awards and Honors)

VIII. Presentations

Title	Question
Presentations	
Refereed Presentations	Refereed/peer reviewed presentations at professional societies, consortiums, workshops (Link to Presentations)
Invited Presentations	Invited seminars, lecturers, presentations, etc. (Link to Presentations)
Other Activities	Other scholarly activities

Title	Question
	(short answer)

IX. Publications – question for faculty if they want these separated or one section - all fall under "Peer-reviewed papers" in original guide:

FAR Question	Information Source
Publications	
Refereed Publications	Peer reviewed articles, books, book chapters, and other manuscripts (Link to Publications)
In Press Publications	Currently in press refereed publications (Link to Publications)
Submitted Refereed Pubs	Currently submitted refereed publications (Link to Publications)
Unrefereed Contributions	Unrefereed contributions (Link to Publications)

X. Professional Development - review routing – not an individual section in SOM

FAR Question	Information Source
Professional Development	

FAR Question	Information Source
Professional Development	Please identify professional development activities including the type, who offered it (CWRU or other), and a brief description (short answer)

XI. Professional Memberships - review routing – not an individual section in SOM

FAR Question	Information Source
Professional Memberships	
Professional Memberships	Professional membership activities including start and end date (if applicable), position held, and leadership role (if applicable). This information will be used by the school to nominate faculty for national awards. (Short answer)

XII. Intellectual Property Activity

Title	Question
Intellectual Property Activity	
Patents filed or issued	Patents filed or issued (Link to Patents)
Invention Disclosures	Invention disclosures or licensing agreements (Short answer)

Title	Question
Industry partnerships	Industry partnerships aimed at collaborative research or product development (Short answer)

XIII. Service

Title	Question
Service	
Internal Service	Service contributions to department, school, and university, and hospital (Link to Service)
External Service	External service contributions (service provided to outside entities - not performed directly for the benefit of CWRU or its affiliated hospitals) (Link to Service)
Leadership Activities	Leadership activities (internal or external) you wish to highlight or expand upon. (Short answer)

XIV. Goals, Impact, and Planning

FAR Question	Information Source
Goals, Impact, and Planning	

FAR Question	Information Source
Citizenship and Impact	Please discuss in terms of your department, the school, the university as a whole, and your profession/discipline (Short answer)
Last Year's Progress	Reflection on progress regarding last year's goals. (Short answer)
Five-Year Trajectory	Describe professional vision and trajectory for the upcoming five-year period (Short answer)
Next Year's Goals	Goals and plan for upcoming calendar year (January – December) (Short answer)
Mentoring Committee	Please list the members of your committee and address meeting frequency along with any requested changes (Short answer)
Undergraduate Feedback	Undergraduate advising feedback summary and reflection (Short answer)

CV UPLOAD

UPLOAD COPY OF CV	

In the “upload documents” section of step 2 a) Current and dated	No corresponding step 1

Appointment Information:

Faculty Name:
School (Department - Location):
Academic Rank:
Track:
Joint Appointment:
Mandatory Tenure Date:
Administrative Rank:
Endowed Professorship:
Honorific Title:
Secondary Appointment(s):

Annual Review:

Annual Review

Annual Review
*copy of prior SOM or CSE annual reviews will be saved here

Teaching Activities

MS, PhD Didactic Teaching
No response.
MD Undergraduate Lectures
No response.
MD IQ Group Teaching
No response.
MD Portfolio Reviews
No response.
MD Clinical Training
No response.
Graduate MedEd
No response.
Continuing MedEd
No response.

Advising Activities

Formal Advising
No response.

Mentoring Activities

MD Research Training
No response.
Primary Mentoring
No response.
Postdoc Mentoring
No response.
Faculty Mentoring
No response.

Staff Mentoring
No response.
Other Activities
No response.

Course Evaluations

Course Evaluations
No response.
MD Student Evaluations
No response.
Other Evaluations
No response.

External Activities

External Activites
No response.

Research/Funding/Grants

Team Research
No response.
Current Funded Grants
No response.
Proposals Submitted
No response.
Other Sources of Support
No response.

Awards and Honors

Awards and Honors
No response.

Presentations

Refereed Presentations
No response.
Invited Presentations
No response.
Other Activities
No response.

Publications

Refereed Publications
No response.
In Press Publications
No response.
Submitted Refereed Pubs
No response.
Unrefereed Contributions

No response.

Professional Development

Professional Development
No response.

Professional Memberships

Professional Memberships
No response.

Intellectual Property Activity

Patents Filed or Issued
No response.
Invention Disclosures
No response.
Industry Partnerships
No response.

Service

Internal Service
No response.
External Service
No response.
Leadership Activities
No response.

Goals, Impact, and Planning

Citizenship and Impact
No response.
Last Year's Progress
No response.
Five-Year Trajectory
No response.
Next Year's Goals
No response.
Mentoring Committee
No response.
Undergraduate Feedback
No response.

2026

2026-2031 Strategic Plan Draft Version 6 May 8, 2026--responses due May 18, 2026

OBJECTIVES AND METRICS

CWRU SCHOOL OF MEDICINE

For Review and Comment Only
CWRU SOM Dean's Office

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 Feedback Link, which we will conscientiously incorporate into our final document, which we will then update annually.

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Academic Community Engagement & Advancement

Objectives	Measurable Results
1. Enhance the overall climate to reflect, promote and welcome excellence at every level	• Benchmark progress through a regularly scheduled climate/culture/engagement survey • Implement and support employee education and engagement activities • Create interactions between and among faculty and student groups to network
2. Improve and expand content and format of interpersonal and intrapersonal engagement of faculty, staff and students in the context of professionalism	• Enhance best practice professional development and training for search, promotion, tenure and student-facing committees • Expand current career development and academic pathway programs • Advocate a speak-up culture where trainees and junior faculty feel safe • Promote the SOM Professional Code of Conduct through training and coaching
3. Encourage excellence in scholarship using strategies to recruit, develop, promote and retain a broad range of faculty, staff and students and academic advancement	• Promote an environment of academic advancement for all • Provide career support from staff, trainees, faculty and leaders attentive to the academic needs • Review curriculum for bias • Unconscious bias training for all incoming trainees and faculty • Mentor and thesis student faculty committee training in inclusivity and professionalism

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	• Build medical research education modules for all CWRU faculty, staff, and research professionals, including regulatory and compliance requirements • Maintain specialized editorial services to help clinical scientists communicate research with clarity and precision • Communicate impact and demonstrated measures of translational science benefits across the continuum, including policy, artificial intelligence and Real-World Data, and rural health.
2. Plan timely dissemination of validated translational research findings from project inception to magnify impact	• Increase multi-site academic and community collaborations • Create harmonized standard operating procedures and best practices • Improve access to health interventions that aim to promote health in our catchment area, including rural communities
3. Train a robust and community representative workforce at all levels (including community-based liaisons) who represent the community and academia	• Establish high-impact educational and training programs of all disciplines and levels, both in clinical and community settings • Promote early research experience and mentoring (high school, undergraduate) students without prior health experience • Ensure research support for medical students to optimize their research experience
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	• Build database of resources to support health research, including faculty, community organizations, publications, funding opportunities • Implement locally established models for research into a regional, national or international public health or research environment • Leverage emerging technologies, specifically Artificial Intelligence, and established data tools to catalyze high-impact research • Expand Real World Data availability to optimize analyses of outcomes in research • Streamline regulatory and operations to facilitate participation of CWRU faculty in clinical and population trials • Increase state and federal funding to demonstrate scalable implementation across the country
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	• Expand a robust and sustained community engagement network spanning emerging priority research communities (4) per year • Create brand awareness for the CWRU CTSI as a trusted source for scientific information and opportunities • Invest in resources for researchers, clinicians and community members/ organizations to co-lead projects, compete for research funding, disseminate and implement findings

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 programing 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.

Goal	Process	Metrics
Cultivate a more accessible, technologically enabled learning environment that accelerates and deepens learning while **maximizing student success** (MD, MSA, PA) and aligning educational outcomes with workforce needs and system readiness	• Improve student support services including disabilities coordinator, psychologist, and social worker readily available to students • Coordinate data governance and warehousing program as first step • Use student data to create personalized dashboards that provide actionable feedback • AI-enabled learning tools in classroom curriculum to supplement learning specialists, librarians, and tutors	• Monitor utilization and outcomes of added support services • Number and utilization of Student Dashboards • Number and utilization of learning specialists, librarians, and tutors. • Number and utilization of AI-enabled tutors • Program evaluation of novel components including disseminated scholarship
Innovate the curriculum to balance high-tech personalized learning with high touch **relationship-centered patient care and humanistic practice** that intentionally includes managing difficult, complex and nuanced problems	• Emphasize humanistic practices of clinical medicine through curricular reform • MD Curriculum renewal that modernizes pedagogical approach and reinforces core doctoring (at the bedside) skills • Expand early clinical experiences focused on relationship-centered care	• 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) • End of year/program evaluation data on preparedness (including GQ, RRS, other) • Metrics on anatomy and nutrition outcomes
Integrate artificial intelligence, data science and information sciences into the curriculum to build digital literacy and enhance personalized feedback while leveraging efficiencies.	• Study, test, and optimize use of data-driven feedback tools across the continuum. • Develop robust AI curricular thread that includes core competencies in ethical, relevant and practical use of data and information. • Develop a mission-aligned applicant selection process based on longitudinal assessments of learner outcomes	• Track added curricular components, (quantity, quality, mapping) to outcomes • Track growth of simulations including higher order thinking skills (clinical years) • Outputs in academic scholarship on data-driven feedback to support deep learning • Yield and success of data-informed of admissions process including student outcomes
Strengthen the longitudinal career arc through **professional identity formation**, reflection, self-regulated learning, and	• Emphasize flourishing in medicine through professional identity formation curriculum • Add longitudinal reflections around awareness of self and the environment	• Metrics on portfolio system of student reflections and use data to monitor growth (number, effectiveness, value)

medical ethics: all focused on achieving **master adaptive expertise**.	• Orient learners to master adaptive expertise with focus on mastery through growth mindset • Add leadership training focused on emotional intelligence and teamwork • Add PIF and MAL assessments to Transition to Residency	• Collect student feedback on sense of belonging and PIF foundation • Systematic review of reflective practice skills and portfolio entries • Metrics on MAL/adaptive expertise, Including grit • Capture student response to data and feedback
Develop accurate, fair, and reliable assessment practices that provide **authentic high-value data on student performance** across the core competencies.	• Optimize multisource clinical assessments to provide robust authentic reliable data on student performance • Accelerate student learning through actionable personalized feedback • Create data-driven approach to drive improvements in faculty/preceptor assessments of student performance including preceptor development programs • Use high-value data on student performance to inform admissions processes	• Measure quantity and quality of student performance data • Measure preceptor (clinical faculty and resident) satisfaction with clinical assessment methods • Monitor student satisfaction with clinical assessment methods • Decrease number of grade appeals • Improve satisfaction on GQ survey about transparency for clinical grades • Track number of preceptor development programs and satisfaction with trainings
Ensure **organizational integration** 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.	• Focus on value of teaching to clinical preceptors including benefits of CWRU community • Celebrate student research successes • Disseminate best practice teaching strategies through faculty development • Expand opportunities to recognize outstanding teaching and mentoring • Develop asynchronous educational modules for local, regional, national audiences through expanded faculty engagement in faculty development needs • Consider novel UME to GME transition strategies enlisting local GME leaders • Consideration to create Doctor of Medical Science (DMSc) Program	• Grow research mentor pool in MD student database to 15% of all faculty (currently 5%) • Track number of MD graduates with publication via ORCID; goal of 80% • Add recognition programs through Center for Medical Education and Academy of Scholar Educators • Grow outstanding research mentors for MD students- target 30% (currently 18%) • Track engagement/participation in med ed faculty development products and programs; create interface with FIS • Monitor GME satisfaction with CWRU graduates through national surveys

Aim for a regional reputation in **interprofessional education and practice** through simulation to realize team-based care that impacts patient outcomes.	• City-wide expansion of collaborative simulation programs, both high fidelity and low fidelity; regional impact • Generate revenue through high quality CME programs using technology, simulation, and interprofessional expertise. • Needs assessment and right-sizing CME workforce and model	• Number of programs, learners • Impact and reputation of programs • Scholarly output of simulation and CME oriented activities • Revenue generated through programs • Track number of programs created in partnership with health professional programs in HEC (SDM, SON, etc)
Mitigate rising costs of a medical education through cost containment, fund raising, expanded revenue-generating programming, and novel scholarship mechanisms.	• Develop 3-year accelerated program track understanding limits of clinical capacity and infrastructure needs to support • Balance support staff with data systems to help decrease the cost of med ed operations; requires integrated data platform • Fund raising for scholarships • Optimize use of library resources to realize cost savings to medical education programs • Develop funding source for students seeking optional research year	• Enrollment, satisfaction, and outcomes of accelerated track • Cost of attendance as compared to national trend • Financial aid and award budget to grow by 15% per year • Track funds available to support students in research extensions.

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.

Population & Community Health –Strategic Goals

Objective	Metrics
Increase population & community health collaborations within SOM and across the University	Number of cross-unit (depts and schools) coordination mechanisms established (e.g., advisories, shared committees, standing cross-department forums/seminars). Count and year-over-year growth of cross-department/center collaborative projects and publications. Web analytics: traffic, unique users, and resource downloads from a centralized population & community health portal.
Develop systems that accelerate interdisciplinary, community-engaged research	Development and use of PCH shared resource/core service Number and total dollars of pilot awards for interdisciplinary, community-engaged population health research. Pre- and post-award service satisfaction scores among investigators engaged in community-based research. Utilization of research advancements services (e.g., budgeting, regulatory, data use agreements, community liaison support).
Increase engagement with Greater Cleveland communities	Number of formalized partnership agreements (MOUs) with community organizations including defined roles, scope of work, deliverables, and compensation. Percentage of community partners receiving timely and fair compensation aligned with agreed terms. Number of projects employing shared decision-making with community partners (e.g., community advisory boards with decision authority, leadership as co-PI or key personnel on grants). Number of peer reviewed academic products (presentations, conference abstracts, publications)
Improve institutional incentives for increasing interdisciplinary and community collaborations to improve regional health	Allocation and stability of core operational resources (budget lines, FTEs) dedicated to population & community health functions. Updates to APT guidelines recognizing community-engaged scholarship, team science, and non-traditional outputs (approved and implemented). Faculty recruitment and retention indicators for population & community health priority areas (time-to-hire, diversity, retention).
Enhance competitiveness for and visibility of large, multi-PI interdisciplinary grants	Develop, implement and evaluate an interdisciplinary research training program for faculty, trainees, and community leaders Increase proportion of co-led (MPI) interdisciplinary grants submitted and awarded

Objective	Metrics
	Number and total dollars of large, multi-PI interdisciplinary awards (e.g., U-, P-, center grants) in priority areas; success rate.
Advance implementation science for regional health equity	Number of evidence-based practices equitably and sustainably scaled, policies informed/adopted, and or clinical/community guidelines updates to achieve population level impact Measured health impact indicators in Cleveland aligned to priority areas (e.g., screening rates, healthy behaviors, outcomes) in partnership with public health systems. Translation and policy influence: number of evidence-based practices scaled, policies informed/adopted, or clinical/community guidelines updated.

Feedback welcome: pleases use link here



RESEARCH

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

Objectives	Measurable Results
1. Lead in ***Mechanistic Brain Resilience and Neurodegeneration Across the Lifespan*** to prevent, detect, and treat brain disorders by strategic integration of: ○ Gene-environment research ○ Glial and metabolic biology ○ Neuro-immune science ○ AI-enabled neurotechnology ○ Cancer- Neuroscience interface	• Increase neuroscience-related R01, MPI, & P-level funding 25% • Establish innovative core capabilities to expand neuroscience research (*e.g.,* cores for organoid/iPSC, AI analysis core, neurotechnology) • Achieve a 25% increase in high-impact publications in each area • Recruit a critical mass of 8 strategic faculty hires (developmental, systems, glial, AI/neurogenomics, cancer neuroscience) • Increase neuroscience trainee enrollment by 25-30% • Increase new neuroscience startups by 1-2 per year
2. Lead in ***Therapeutic Discovery and Development in Cancer and Complex Diseases*** to advance an integrated, technology-enabled engine for discovering, validating, and translating next-generation cancer therapeutics by strategic expansion of: ○ Theranostic platforms for precision cancer care ○ AI and computational biology for target & drug discovery ○ Next-generation biological, RNA, and cell-based therapeutics ○ Immune, neural, and spatial-omics approaches to tumor biology	• Increase cancer-related R01, MPI, and P-level funding by 20-25% • Establish a fully functional research cyclotron and theranostics center with >3 new clinical first-in-human studies • Create >5 validated AI tools in digital pathology, imaging, or drug discovery with workflows integrated into clinical trials • Expand computational biology and bioinformatics to support >10 major cancer projects and >5 multi-site consortium data efforts • Increase new cancer-related startups by 1-2 per year, e.g. RNA-based therapies, protein degraders, vaccines, and cell therapies • Recruit a critical mass of 8 strategic faculty hires (therapeutic development, AI/systems biology, cancer neuroscience) • Launch a cancer biology PhD program
3. Lead in ***Adaptive Immune-Metabolic Systems for Precision Health*** to integrate immune, infectious, microbial, and metabolic science into a unified adaptive-systems framework that drives precision diagnostics and therapeutics by strategic development of: ○ Precision immunity and immunotherapies (transplant, cancer, autoimmunity, immune aging) ○ Microbiome, pathogens, and host defense in chronic disease ○ Infection and antimicrobial resistance as systems problems	• Increase program-level funding (P01, U19, U54, U01) in adaptive immune-metabolic systems by 30% • Establish a multi-institutional-wide accessible biobank platform • Create integrated multi-omics and computational platforms with workflows embedded in and linked to clinical trials • Increase clinical trials in adaptive immune-metabolic systems, with in-house and >5 active industry partnerships

○ Metabolism, obesity, and systemic inflammation as drivers of multi-organ and vascular disease and brain health	• Expand T32 and K-series training in immunology, infection, and systems biology with >2 cross-domain training programs
4. Lead in ***Convergence Therapeutics and Imaging for Precision Health*** integrating therapeutic discovery and development, advanced imaging, AI-enabled methods, and GMP CMC to disease-anchored convergence platforms ○ Develop next-generation therapeutics and imaging (cell therapies, AI/enabling imaging) ○ Radiation biology and radiotheranostics ○ Gene delivery and genetic medicines as a cross-cutting enabler for gene therapies, nanotherapeutics, drug delivery, with AI/ML	• Increase translational throughput via IND-enabling packages, first-in-human trials, and radiotheranostic deployments • Increase MPI-level funding (P01, U19, U54, U01) in convergence therapeutics and imaging by 25-30% • Increase new precision health startups by 1-2 per year • Secure >5 commercialization and industry partnerships linked to precision health
5. Lead in creating ***Scholarly Excellence Through an Inclusive, High-Performing Culture*** 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.	• Increase overall SOM climate/engagement survey "favorable" responses by >10 percentage points • 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 • Raise percentage of SOM publications in journals with I.F. >10 to 15-20%, and increase research expenditures by 25% • Achieve a 25% increase in multi-department and -institution grant submissions and awards • Increase investments in existing faculty by 25-30% through bridge and pivot grants, program expansion, and pilot funding initiatives
6. Lead in ***Investing in Enabling and Emerging Technologies*** through cost-effective and shared resources	• Match investments to grants and impact, increase S10 grant applications, and increase philanthropy for technology acquisition
7. Lead in ***Cancer Neuroscience*** by exploiting the bidirectional interactions between the nervous system and cancer – from primary brain tumors to peripheral malignancies by strategic integration of: ○ Tumor-neural circuit and glial interactions ○ Neuro-immune, metabolic, and environmental-drivers of cancer progression ○ Cancer neurotherapeutics and theranostics ○ Systems, computation, and AI for cancer neuroscience	• Establish the Cancer-Neuroscience Center supported by >5 new multi-PI or -institutional grants (P01, U01, MPI R01s) • Increase co-authored cancer-neuroscience papers by Center members to >15 per year, with >33% in journals with journals with I.F. >10 • Recruit a critical mass of 5 strategic faculty hires in cancer neuroscience, • launch >1 targeted training program (T32, institutional) • Increase clinical trials, >3 investigator-initiated or coop. group in cancer neuroscience (biomarker, imaging, neuromodulation) • Increase new IP filings (>4/yr) and licensing agreements (>2/yr), with 1-2 new cancer neuroscience startups per year

CWRU SOM Strategic Plan:
Community Vitality & Faculty Advancement

Objectives	Measurable Results

1. Promote vitality intentionally through improvements in the SOM climate that reflect, amplify, and welcome excellence at every level.	• Track SOM climate through annual surveys: measure vitality and engagement, belonging, respect, and inclusiveness;
	  ○ increase survey response rate by 10% annually to goal of 80%
	• Implement and support a learning culture with high engagement for all: faculty, staff, and students: engagement breeds vitality.
	  ○ Increase number of faculty applying for academic promotion by 5% annually
	  ○ Increase number of faculty nominated for faculty governance positions by 5% annually
	  ○ Decrease staff turnover by 5% annually
	• Create interactions between and among faculty groups, student groups, and staff (i.e. collaboratory, speed mentoring, joint grand rounds)
	  ○ Measure numbers of programs and numbers of attendees
	• Make resources, including coaching services, more readily available to help every individual succeed
	  ○ Build analytic systems to track access to website, resources, offices, programs
	• Scale professional development to meet evolving needs;
	  ○ Increase number of participants to programming by 5% annually at each level (university, SOM, national)

2. Improve and expand collaboration, communication, dialogue, engagement, and connection among faculty, staff, and students.	• Establish mechanism for annual reporting of cross-departmental and cross-system collaborations
	  ○ Increase the number of collaborative research projects by 25-40% over the next five years
	  ○ Increase the number of multi-institutional grant submissions involving regional health system partners by 25% over the next five years
	• Expand career development programs and recognition for excellence across the missions
	  ○ Create a SOM mentoring award within each mission to promote mentoring culture
	  ○ Increase participation in structured career enhancements (sabbatical, advanced degrees, leadership development) by 20% over 5 years
	• Promote a speak-up culture where trainees and junior faculty feel safe

	○ Accountability Management System reports demonstrate lower severity events, fewer of them • Revitalize Significant Conversations Series including debate format ○ Track participation/attendance, publish summaries
3. Recruit, develop, promote, and retain faculty, staff, and students to support excellence in scholarship broadly defined	• Measure variety of newly recruited faculty members and their success, seeking a broad range of academic and cultural backgrounds • Track faculty holding leadership positions (board members, national committee chair, society officer); increase representation by 10% ○ Year over year growth in the number of faculty nominated or self-nominated for leadership roles ○ Increase CWRU nominations and representation receiving national honors, awards, recognition • Expand research funding from non-federal sources by 25% over the next 5 years. ○ Secure 8-10 funding partnerships with local or global sources that align with human health improvements • Greet all new members with a warm welcome and connection to CWRU resources ○ Decrease attrition and optimize retention of top talent • Training to optimize mentoring and thesis committee effectiveness; train faculty on inclusion, belonging, and professionalism

https://pmc.ncbi.nlm.nih.gov/articles/PMC5823241

https://pubmed.ncbi.nlm.nih.gov/38381434/

Feedback welcome:

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

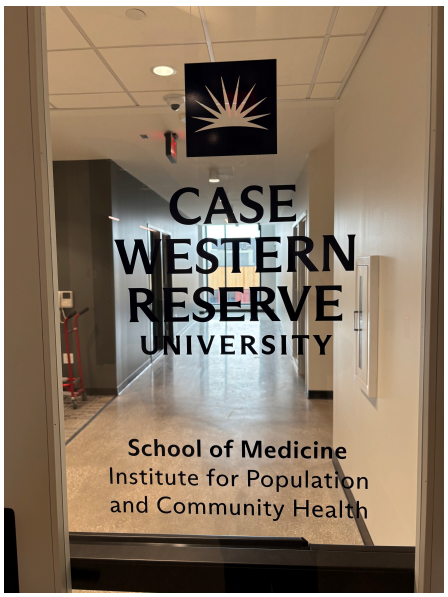
DRAFT 2026-2031 Strategic

If you have questions, please contact Elizabeth Fehsenfeld, Chief of Staff: eaf95@case.edu

Thank you for reviewing.









FCSC and FC Meeting Dates for 2026-2027

Faculty Council Steering Committee	Faculty Council
Monday, August 31, 2026	Monday, September 14, 2026
Monday, October 5, 2026	Monday, October 19, 2026
Monday, November 2, 2026	Monday, November 16, 2026
Monday, December 7, 2026	Monday, December 14, 2026
Monday, January 11, 2027	Monday, January 25, 2027
Monday, February 8, 2027	Monday, February 22, 2027
Monday, March 1, 2027	Monday, March 15, 2027
Monday, April 5, 2027	Monday, April 19, 2027
Monday, May 3, 2027	Monday, May 17, 2027
Monday, June 7, 2027	Monday, June 21, 2027