

Administration & Faculty Governance

Administration

The School of Medicine's chief academic officer is the Dean of the School of Medicine, Pamela B. Davis, MD, PhD (also carrying the University title of Vice President for Medical Affairs).

As of July 2008, the roster of the medical school's administrative and departmental leadership is as follows:

Case Western Reserve University School of Medicine

ADMINISTRATION

Pamela B. Davis, M.D., Ph.D.	Dean, School of Medicine and Vice President for Medical Affairs
Achilles Demetriou, M.D.	Vice Dean for Clinical Affairs for the Case Medical Center
Daniel Ornt, M.D.	Vice Dean for Education and Academic Affairs
Robert Miller, Ph.D.	Vice Dean for Research
Christopher Masotti	Senior Associate Dean for Finance
Susan St. Onge, J.D.	Senior Associate Dean for Development
C. Kent Smith, M.D.	Senior Associate Dean for Students
Andrew Fishleder, M.D.	Executive Dean (CCLCM)
Murray Altose, M.D.	Associate Dean for Louis Stokes Veterans Affairs Medical Center
Daniel Anker, Ph.D., J.D.	Associate Dean for Faculty Affairs and Human Resources
Ben Brouhard, M.D.	Associate Dean for the MetroHealth System
Robert Daroff, M.D.	Associate Dean for Development
Kathleen Franco, M.D.	Associate Dean for Student Affairs & Admissions (CCLCM)
Robert Haynie, M.D., Ph.D.	Associate Dean for Student Affairs
Alan Hull, M.D., Ph.D.	Associate Dean for Curricular Affairs (CCLCM)
Lina Mehta, M.D.	Associate Dean for Admissions
Andrew Novick, M.D.	Associate Dean for Faculty Affairs (CCLCM)
Jerry M. Shuck, M.D., D.Sc,	Associate Dean and Director of Graduate Medical Education
Richard Sohn, Ph.D.	Associate Dean for Research Administration
Terry Wolpaw, M.D.	Associate Dean for Curricular Affairs
vacant	Associate Dean for Geriatric Medicine
Jill Stanley	Assistant Dean for Space and Facilities Planning
Joseph Corrao	Registrar

SOM Departments and Chairs

Basic Sciences

Anatomy	Daniel B. Ornt, M.D. (Interim)
Biochemistry	Michael Weiss, M.D., Ph.D.
Bioethics	Stuart Youngner, M.D.
Biomedical Engineering	Jeffrey Duerk, Ph.D.
Environmental Health Sciences	Dorr Dearborn, M.D., Ph.D.
Epidemiology and Biostatistics	Robert Elston, Ph.D. (Interim)
Genetics	Joseph Nadeau, Ph.D.
Molecular Biology and Microbiology	Jonathan Karn, Ph.D.

Molecular Medicine
Neurosciences
Nutrition
Pathology
Pharmacology
Physiology and Biophysics

Paul DiCorleto, Ph.D.
Lynn Landmesser, Ph.D.
Henri Brunengraber, M.D., Ph.D.
Clifford V. Harding, M.D., Ph.D. (Interim)
Krzysztof Palczewski, Ph.D.
Walter Boron, M.D., Ph.D.

Clinical Sciences

Anesthesiology and Perioperative Medicine
University Hospitals of Cleveland

Howard Nearman, M.D.

Anesthesiology
Cleveland Clinic Foundation
MetroHealth Medical Center

Michael Roizen, M.D.
Tejbir Sidhu, M.D.

Dermatology
University Hospitals of Cleveland
MetroHealth Medical Center

Kevin Cooper, M.D.
Marlene Willen, M.D.

Emergency Medicine
University Hospitals of Cleveland
MetroHealth Medical Center

Edward A. Michelson, M.D.
Charles Emerman, M.D.

Family Medicine
University Hospitals of Cleveland
MetroHealth Medical Center

George Kikano, M.D.
James Campbell, M.D.

Medicine
University Hospitals of Cleveland
Cleveland Clinic Foundation
MetroHealth Medical Center

Richard Walsh, M.D.
James Young, M.D.
Alfred Connors, Jr., M.D.

Neurological Surgery
University Hospitals of Cleveland

Warren R. Selman M.D.

Neurology
University Hospitals of Cleveland
MetroHealth Medical Center

Anthony J. Furlan, M.D.
Joseph Hanna, M.D.

Ophthalmology
Cleveland Clinic Foundation

Hilel Lewis, M.D.

Ophthalmology and Visual Sciences
University Hospitals of Cleveland

Jonathan Lass, M.D.

Orthopedics
University Hospitals of Cleveland
MetroHealth Medical Center

Randall Marcus, M.D.
Brendan Patterson, M.D.

Otolaryngology – Head and Neck Surgery

University Hospitals of Cleveland MetroHealth Medical Center	James Arnold, M.D. Joseph Carter, M.D.
Pathology (Clinical) University Hospitals of Cleveland Cleveland Clinic Foundation MetroHealth Medical Center	Clifford V. Harding, M.D., Ph.D. (Interim) Kandice Kottke Marchant, M.D., Ph.D. Joseph Tomashefski, M.D.
Pediatrics University Hospitals of Cleveland Cleveland Clinic Foundation MetroHealth Medical Center	Avroy Fanaroff, M.D. Robert Wyllie, M.D. (pending) Robert Cohn, M.D.
Physical Medicine & Rehabilitation MetroHealth Medical Center	Gary Clark, M.D.
Plastic Surgery University Hospitals of Cleveland	Bahman Guyuron, M.D.
Psychiatry University Hospitals of Cleveland MetroHealth Medical Center	Robert Ronis, M.D. R. Taylor Segraves, M.D., Ph.D.
Radiation Oncology University Hospitals of Cleveland	Nathan Levitan, MD (Interim)
Radiology University Hospitals of Cleveland Cleveland Clinic Foundation MetroHealth Medical Center	Charles F. Lanzieri, M.D. (Interim) Michael Modic, M.D. Stephen Tamarkin, M.D. (Interim)
Reproductive Biology University Hospitals of Cleveland MetroHealth Medical Center	James Liu, M.D. Patrick Catalano, M.D.
Surgery University Hospitals of Cleveland Cleveland Clinic Foundation MetroHealth Medical Center	Jeffrey Ponsky, M.D. Kenneth Ouriel, M.D. Mark Malangoni, M.D.
Urology University Hospitals of Cleveland	Donald R. Bodner, M.D. (interim)

Centers

General Medical Sciences Cancer Center Center for the Advancement of Medical Learning Center for Clinical Investigation	Pamela B. Davis, M.D., Ph.D. Stanton Gerson, M.D. vacant Pamela B. Davis, M.D., Ph.D.
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Center for Global Health and Diseases
Center for Proteomics and Mass Spectrometry
Center for Psychoanalytic Child Development
Center for RNA Molecular Biology
Center for Science, Health and Society
Center for the Study of Kidney Biology and Disease

James Kazura, M.D.
Mark Chance, Ph.D.
Thomas Barrett, Ph.D.
Timothy Nilsen, Ph.D.
Nathan Berger, M.D.
John Sedor, M.D.

Faculty Governance

The Bylaws of the Faculty of Medicine (as last amended in February 2006) govern the Faculty of Medicine. The current form of governance was established when the Bylaws were adopted in 1978.

The Faculty Council is the primary governing body. Faculty elect their department representatives for the Council; institutional representatives are selected by the faculty at each affiliated hospital; and at-large representatives are elected by the full-time and part-time faculty. The Council has three major committees: a Steering Committee elected by the Faculty Council; a Nominating Committee elected in part by the Council and in part by the full-time faculty; and a Bylaws Committee elected by the Faculty Council.

The Council meets at least five times each year, with an agenda set by the Steering Committee. The Dean includes the Chair of Faculty Council on her leadership committee, linking the faculty to the medical school's administrative leadership.

The Bylaws describe the governance process and areas of responsibility of the Council in detail. A roster of the membership of the Faculty Council and standing committees is published each summer. Nora Lindheim, M.D., Associate Professor of Medicine, is the 2008-2009 Chair of Faculty Council.

There are seven standing committees of the Faculty of Medicine; each reports at least once per year to the Faculty Council. The committees are as follows:

- Admissions Committee
- Bylaws Committee
- Committee on Appointments, Promotions and Tenure
- Committee on Medical Education
- Committee on Students
- Lecture Committee
- Research Committee

Ad hoc committees carry out special tasks for the faculty or Dean, as needed, and may be appointed by the Faculty Council, by the Faculty Council and the Dean together, or by the Dean alone. Copies of the official charges to the standing committees are available in the Office of Faculty Affairs.

You may find serving on committees rewarding. Service offers the opportunity to work together with members of the faculty from different disciplines and hospitals. Faculty wishing to be nominated for election to a standing committee should notify their department chair and look out for the emailed announcement each spring soliciting those willing to stand for election. The final selection of names to appear on the slate of candidates is made by the faculty's Nominating Committee.

Academic Personnel Policies and Procedures

There is no single document covering all important information regarding appointments, tracks, promotion procedures, grievance actions, termination policies, and related personnel matters. The *Faculty Handbook* defines the basic procedures and policies for full-time University faculty; however, it does not cover policies modified specifically for the medical faculty. For example, because medical school departments have large numbers of faculty who often are located in various sites around campus or the city, voting on faculty actions is by committee; or, as another example, the medical school has a nine-year pretenure period and a non-tenure track. Many policies specific to the medical school are found in the *School of Medicine Bylaws* and the *Qualifications and Standards for Appointment, Promotion and the Award of Tenure for Faculty Members in the School of Medicine*. Following are key points drawn from these documents.

The School of Medicine has a two-track system for full-time faculty: 1) tenure and tenure track (appointments either with tenure or leading to tenure consideration); and 2) non-tenure track (appointments not leading to tenure consideration). In addition, there is a sizeable "part-time" faculty (also referred to as the volunteer faculty) consisting primarily of clinicians in private practice who donate their time to teach in a clinical setting. These individuals have the word "clinical" in their titles. Others on the volunteer faculty who donate their efforts in a non-clinical academic activity have the word "adjunct" in their titles.

Faculty in the tenure track devote their efforts primarily or substantially to performing research. While faculty in the non-tenure track may engage in research, most will focus on teaching, on research, or on clinical service. All faculty are expected to contribute a reasonable amount of teaching and administrative service. There are many areas in which faculty may contribute (see the *Qualifications and Standards* document for examples of professional service).

Appointment Process

Appointment to the full-time faculty may be made at the rank of professor, associate professor, assistant professor, senior instructor, or instructor.

- Appointment at the rank of professor or associate professor requires nomination by the chair, review and approval by the department committee on appointments, promotions, and tenure (the department CAPT), the faculty's CAPT, the Steering Committee of Faculty Council, the dean, the provost, the president, and the University's Board of Trustees.
- Appointment at the rank of assistant professor, senior instructor, or instructor requires the same review and approval as above except for the faculty's CAPT and the Steering Committee review which are not necessary for these ranks.
- All full-time faculty appointments must receive approval by the Equal Opportunity and Diversity of the affirmative action process leading to the appointment.
- No full-time faculty appointment is effective or official until approved by the Board of Trustees.

Promotion and Tenure Process

Promotion to senior level ranks (associate professor and professor) and tenure awards are made effective July 1. Review for promotion to senior faculty rank and for the award of tenure is carried out each year on a timetable determined largely by the rigorous process used by the medical faculty and the deadline set by the Provost. The entire promotion/award of tenure process for senior faculty takes approximately fifteen months to complete, beginning in the spring of the academic year and concluding with the promotion/award of tenure becoming effective July 1 of the following calendar year.

- 1) The Faculty Affairs office requires that all promotion and tenure nomination applications from the departments be received by the end of May if they are to be effective July 1 of the following year. This allows for contacting references and compiling dossiers during the summer. In order to meet the May deadline, the department promotions committees must review the candidates and reach decisions earlier in the spring.
- 2) The School of Medicine CAPT reviews candidates throughout the fall and winter and hears appeals of its negative recommendations by the chair. Each recommendation of the CAPT is reviewed by the Steering Committee of the Faculty Council, which is responsible for ensuring that the process has been fair and equitable.
- 3) After reviewing the recommendations of the faculty CAPT and Steering Committee, the Dean submits her recommendations to the Provost in December or January. In the case of tenured or tenure track faculty nomination, the Provost convenes an advisory committee (a group of CWRU professors) who review the nominations and make recommendation before preparing his own recommendations to the President. Faculty in the non-tenure track are not reviewed by the advisory committee. The President performs the final review and makes recommendations for formal action by the Board of Trustees.
- 4) The Board of Trustees acts on the recommendations at its meetings in the spring. All actions become effective July 1.

Helpful Hints

It is extremely important that full and detailed information on your activities is available to the faculty Committee on Appointments, Promotions, and Tenure. Since the CAPT is not an investigatory body (it reviews only the information before it), incomplete dossiers are potentially detrimental to you, and may result in a negative decision by the CAPT. It is the responsibility of the department chair to ensure that detailed information on the candidate's qualifications is provided to the CAPT. Since all information should be as up-to-date and complete as possible, it is critical for candidates to submit any new relevant information such as the acceptance of a grant or publication, appointment to committees/boards, etc., during the review. Such new information should be provided through the academic chair, who will forward the information to the Faculty Affairs Office for distribution to the CAPT.

Promotion or tenure candidates should, in the late winter or early spring, receive a document entitled *Procedures for Appointments, Promotion, and the Award of Tenure*, from their academic chairs. The *Procedures* give detailed instructions on what types of references are most appropriate, how teaching evaluations are solicited, etc. A minimum number of letters from external referees are required. External referees should be carefully chosen in order to provide an independent, detailed assessment

of your work. External referees are individuals other than collaborators, former mentors, or persons with whom you have a direct working relationship. Letters from mentors, collaborators, or colleagues are also solicited but do not carry as much weight as letters from independent evaluators. Such letters from colleagues or collaborators are useful, however, for clarification of your role in collaborative research if this is not made clear from the c.v.

In addition to referees competent to evaluate your research, letters should be obtained from persons able to comment on both the quantity and *quality* of teaching activities and service contributions. These might include faculty colleagues, unit coordinators, course directors, clerkship and housestaff directors, former residents and medical students who had extensive contact with you, etc. While it is recognized that a majority of the teaching and service evaluations will probably be from colleagues at CWRU, teaching or service should also be documented by independent referees to the extent possible.

Keep records of every teaching assignment performed, the number of students taught, preparation hours, students who worked with you, and actual teaching hours. Find out what sort of system your department uses to track and evaluate teaching. Ask to see the evaluation forms, etc., so that you understand the criteria on which your teaching will be evaluated.

If you hold a joint or secondary appointment and contribute significantly to collaborative research or teaching activities in the secondary department, include the chair of the secondary department on the list of references to be contacted. If your department is divided into divisions, the division chief should be included on the list of references.

It is extremely important for candidates for tenure to realize that a mandatory (i.e., final) tenure decision is handed down the second time they receive tenure consideration by the CAPT, etc., regardless of their pretenure year. Therefore, if a candidate was proposed once unsuccessfully, the second time that candidate's tenure nomination receives consideration beyond the level of the department committee will result in a final decision. Candidates failing to receive tenure after this second review will receive a terminal contract for the following academic year.

To assist faculty in understanding the process and criteria used for promotion and tenure, a seminar on promotion and tenure is held each spring.

Department Committee on Appointments, Promotions and Tenure

Because of the large size of most medical school departments, departmental recommendations on appointment, promotion and tenure are made by a committee nominated by the chair and appointed by the Dean, rather than by all faculty in the department. The Dean's guidelines suggest that, to the extent possible, these committees should include women and if possible minority faculty members, tenured and nontenured faculty, and persons at the ranks of professor, associate professor and assistant professor. The chair serves on the committee but a faculty member chairs the committee. Committee members may vote on matters concerning those who have equal or lower rank or tenure status. The membership of each committee is public information and is available through either the department or the Faculty Affairs Office.

Pretenure Period

The pretenure period for medical school faculty is nine (academic) years from the date of initial appointment as assistant professor or above. January 1 is the mid-point in the medical school's academic year. The pretenure clock is adjusted forward to July 1 if a faculty member's formal appointment by the Board of Trustees occurs between January 1 and June 30; the clock is adjusted back to the preceding July 1 if appointment occurs following that date through December 31.

Pretenure Period Extensions

Pretenure periods may be extended by the Provost, after review by the department, the Faculty Council Steering Committee, and the Dean, upon request, for a variety of reasons. A one-year extension of the pretenure period due to childbirth or adoption will be automatically granted *if requested within one year of the date of delivery or adoption*. The *Faculty Handbook* gives more information on other reasons for extensions. Extensions (other than for childbirth/adoption) are limited, however, to a maximum of three years beyond the normal nine-year period.

Performance Review

The department chair (or delegate) is required to provide a written review of the performance of each full-time faculty member annually. That process is carried out by the faculty member's completion of the annual full-time Faculty Activity Summary Form in December of the academic year. The chair is expected to meet with each full-time faculty member in the department during the following months and provide written comments on the form or a separate written review.

In addition, a formal written performance review is required for tenure track faculty in their third and sixth pretenure years. These reviews are to include progress in research, teaching, professional service and service to the institution. They are conducted by the department Committee on Appointments, Promotions, and Tenure, in consultation with the academic chair, hospital chair or division chief. The Faculty Affairs Office monitors the departments' compliance with this requirement.

Changing Tracks

Faculty may be assigned to tenure track appointments if they are primarily or substantially engaged in research. A faculty member may decide to leave the tenure track at any time up to the end of the eighth pretenure year. That decision may be made in consultation with the department chair, or upon

the recommendation of the chair or the department committee following the third and sixth pretenure year reviews, but the decision to transfer rests with the faculty member. Transfer to the non-tenure track is not permitted after the start of the ninth pretenure year. (The intent of this rule is to maintain the quality of the faculty by ensuring that faculty who fail to receive tenure by the end of the pretenure period can be replaced.) Because of this "up or out" rule for tenure track faculty, many choose to stand for tenure in their eighth year and, if tenure is not awarded, transfer to the non-tenure track at the end of that year. To stand for tenure in the eighth year requires that the department promotions committee favorably review the faculty member in the spring of the seventh year. Transfer from the non-tenure track to the tenure track is rare and requires the approval of the department chair, the department CAPT, the Dean, and the Provost. If the transfer to the tenure track is approved, the Provost will establish the length of the faculty member's remaining pretenure period.

Grievances

The University's Faculty Handbook describes both informal and formal processes for the resolution of grievances. A good general principle is that grievances should first be brought to the department, through the chair, before it is brought to the attention of the Dean or other leaders. Faculty may bring issues of broad concern to the attention of the Faculty Council or the Dean.

Secondary Appointments

Faculty may, with the approval of their chair, hold secondary appointments in other departments. However, they may hold only one primary appointment. Although often referred to as "joint" appointments, this is a misnomer since the departments offering secondary appointments have no obligation to the individual for salary, termination notice, or other personnel matters.

Non-Physicians Based in Clinical Departments

Many non-physicians (usually, but not always, basic scientists) hold primary appointments in clinical departments. If appointed on the tenure track, such individuals must hold secondary appointments in the basic science department of their discipline if that discipline is represented in the medical school. This rule helps ensure that these scientists are not isolated from their discipline, can develop collegial relationships with their colleagues, and, most importantly, can find opportunities for teaching. (For appropriate reasons, upon request, the requirement for a secondary appointment may be waived by the Dean.)

Format for Curriculum Vitae and Bibliography

Following is the recommended format for a curriculum vitae and bibliography at Case Western Reserve University School of Medicine. All faculty should maintain a well-organized, up-to-date curriculum vitae and bibliography.

1. Personal data: name; address; education with dates, places, and types of degrees; postgraduate training with dates and places.
2. Professional appointments: dates, names of departments and institutions, and the rank of the appointment.
3. Licensure and board certification when appropriate.
4. Membership in professional societies.
5. Honors and awards.
6. Professional service: service on study sections, editorial boards, professional societies, advisory groups, etc.
7. Service on medical school, hospital or university committees, including the names of the committees and dates of service.
8. Past and present teaching activities: teaching of medical, graduate, postgraduate and undergraduate students and house officers, as well as teaching in undergraduate and other professional schools of the university. The documentation should cover the frequency of the contributions, the number of actual contact hours and additional input such as planning, evaluation and coordination. A listing of former graduate students and their present status would also be a helpful addition. The completed Teaching and Clinical Service Activities Form may substitute for this section of the curriculum vitae for the purposes of the promotions committee. It is the responsibility of each faculty member to maintain a current listing of all teaching contributions.
9. Past and present research support: this list should include the granting agency, duration of the grant, title, the principal investigator, the percent effort expended, and the total direct costs awarded. Applications pending review should be included. If desired, research support may be listed separately as an addendum to the curriculum vitae.
10. Bibliography: references should include the names of all authors, titles of articles, and inclusive pages. Peer-reviewed publications, abstracts, presentations, chapters, and books should each be listed separately, as should articles which have been submitted or are in preparation.

Note: Although not required, faculty may include the birthdates of their children on their c.v. If the dates of birth relate to a slowing of research productivity or other professional activity, inclusion of the dates may be helpful to reviewers when the faculty member is considered for promotion and tenure. Absent such a reason, the listing of family members is strictly optional.