

Faculty Senate Meeting
Monday, April 29, 2019
3:30p.m. – 5:30p.m. – Clapp Hall, Room 108

3:30 p.m.	Approval of Minutes from the March 28, 2019, Faculty Senate Meeting, <i>attachment</i>	Cynthia Beall
3:30 p.m.	President's Announcements	Barbara Snyder
3:35 p.m.	Provost's Announcements	Ben Vinson
3:40 p.m.	Chair's Announcements	Cynthia Beall
3:45 p.m.	Secretary of the Corporation Report	Cynthia Beall
3:45 p.m.	Report from the Executive Committee (and passing of gavel to David Miller)	David Miller
3:50 p.m.	Case School of Engineering: Rename of the Department of Electrical Engineering and Computer Science to the Department of Electrical, Computer, and Systems Engineering and creation of a Department of Computer and Data Sciences	Venkataramanan Balakrishnan
4:00 p.m.	Doctor of Physical Therapy (SOM)	Cheryl Thompson
4:10 p.m.	Graduate Studies Committee: Proposed Revisions to Graduate Student Mentor-Mentee Manual	Brendan Barton
4:20 p.m.	Graduate Studies Committee: Graduate and Professional Education Data Initiative	Janet McGrath
4:25 p.m.	Committee on Women Faculty: Report on Committee Activities	Kathryn Mercer
4:30 p.m.	Standing Committee Report: Faculty Compensation, <i>attachment</i>	David Matthiesen
4:40 p.m.	Standing Committee Report: Minority Affairs	Joachim Voss
4:45 p.m.	Resolution from the School of Law Faculty re Pharmacy Benefit Manager	Jaime Bouvier

4:50 p.m.	Med Impact/Direct Scripts Update	Carolyn Gregory
5:05 p.m.	Standing Committee Report: Nominating Committee	Evelyn Duffy
5:15 p.m.	Recognition of Senate Chair	Cynthia Beall
5:20 p.m.	New Business	Cynthia Beall
	Executive Session, if necessary	



Faculty Senate

Faculty Senate Meeting
Wednesday, April 23, 2018
3:30 pm to 5:30 pm
Adelbert Hall, Toepfer Room

Members Present

Rohan Akolkar	Archishman (Prince) Ghosh	Susan Painter
Amy Backus	Sahil Gulati	Andrew Pollis
Bud Baeslack	Peter Harte	Roger Quinn
Harihara Baskaran	Steven Hauck	Vasu Ramanujan
Cynthia Beall	Susan Hinze	Renato Roperto
Karen Beckwith	Paul Iversen	R. Mohan Sankaran
Jaime Bouvier	Sudha Iyengar	Beverly Saylor
Matthias Buck	Thomas J. Kelley	Peter Shulman
Christine Cano	Ruth A. Keri	Barbara Snyder
Gary Chottiner	Ahmad M. Khalil	Glenn Starkman
Philip Cola	Kenneth Ledford	Robert Strassfeld
Juscelino Colares	Paul MacDonald	Ali Syed
Christopher Cullis	Gerald Mahoney	Valerie Boebel Toly
Lisa Damato	Anne Matthews	Dustin Tyler
Evelyn Duffy	Maureen McEnery	Joachim Voss
Kimberly Emmons	William Merrick	Rebecca Weiss
Steven Eppell	David Miller	Jo Ann Wise
Steve Feldman	Thomas Montagnese	

Members Absent

Leon Blazey	Leena Palomo	Usha Stiefel
Bo Carlsson	Aaron Perzanowski	Ibrahim Tulunoglu
Simone Dekker	Andres Pinto	Chris Winkleman
Kathleen Kash	Dana Prince	
Satish Nambisan	William P. Schilling	

Others Present

Jonathan Carlson	Jennifer Scharf-Deering	Sue Workman
Donna Davis Reddix	Maril Sanders Mobley	Victoria Wright
Stephanie Endy	Dean Patterson	
Don Feke	Suzanne Rivera	
David Fleshler	Jeff Wolcowitz	

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Jennifer Scharf-Deering
Marilyn Sanders Mobley

Sue Workman
Victoria Wright



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Call to Order

Professor Juscelino Colares, chair, Faculty Senate, called the meeting to order at 3:30 p.m.

Approval of Minutes

The Senate approved the minutes from the March 28th, 2018 Faculty Senate meeting.

Attachment

President's Announcements

The President thanked the senators for their work and service throughout the year. She said that this was Provost Baeslack's last meeting and thanked him for everything he has done. Provost Baeslack will be on sabbatical next year and will return to campus the following year. A celebration in his honor is being planned and the date will be announced in the Daily.

The President recognized Carolyn Gregory, Vice President of Human Resources who updated the Senate on the university's transition to direct prescriptions for maintenance medications. Direct prescriptions will be through MedImpact, a pharmacy benefit manager, and the changeover will occur in July or August. Town halls will be scheduled in May or June to provide the campus community with more details. New identification cards will be available over the summer.

Provost's Announcements

The Provost thanked all senators, particularly those who served as Senate chair during his tenure as Provost.

Chair's Announcements

Prof. Colares thanked the Provost and said that it had been a pleasure working with him. He also congratulated Professor David Miller who was elected chair elect of the Senate and who will serve as vice chair during the 2018-2019 academic year.

Prof. Colares said that at the April 13th Executive Committee meeting, the Committee approved the formation of an ad hoc subcommittee to be established under the Senate Finance Committee. The Subcommittee will include chairs of standing committee that are most directly affected by university budget decisions (Personnel, Research and Faculty Compensation). Prof. Colares suggested that the Finance Committee charge be revised to make this a permanent



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subcommittee and that the By-Laws Committee be charged with drafting the revised language. The ad hoc Committee will operate until the permanent committee is established.

Prof. Colares reported that the annual Senate Budget Meeting will be held on Friday, May 4th from 1-2pm in the Senior Classroom of the Tinkham Veale University Center. All senators are invited and encouraged to attend.

Prof. Colares mentioned that the Policy Life Cycle Task Force being established through the university's compliance program will include four faculty members. Prof. Colares has requested that the selection of faculty members for the task force be coordinated through the Faculty Senate and that going forward selection of faculty members for all university-wide committees be handled similarly.

Prof. Colares reported that only 52% of current senators have participated in Diversity 360 training. If necessary, the Office of Inclusion, Diversity and Equal Opportunity will schedule a training session solely for faculty senators at the conclusion of the grading period.

Report from the Executive Committee

Professor Cynthia Beall, vice chair of the Senate, reported on items from the April 13th Executive Committee meeting:

1. Proposed Revision to Senate Nominating Committee- The Faculty Senate Nominating Committee recommended adding the Secretary of the University Faculty as an ex officio member of the Committee. The Secretary has information and institutional memory that is useful when the Nominating Committee works to fill vacancies on Senate standing committees. The Executive Committee charged the Senate By-Laws Committee with drafting language for the Faculty Handbook.

2. Revisions to the Library Review Process Document- The final Library Review Process Document will be posted on the Senate website.

3. Senior Administrators Serving on Senate Standing Committees- The Executive Committee voted that members of the central administration should not serve as regular members (as opposed to ex officio members) on Senate standing committees. Anyone in this category



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currently serving on a committee may complete his/her term. The Executive Committee charged the Senate By-Laws Committee with drafting language for the Faculty Handbook.

4. WSOM Representative Report- Prof. Lee Blazey, Executive Committee representative from WSOM, reported on matters of interest from the perspective of the new dean, Manoj Malhotra. They are working on new goals such as building corporate and alumni engagement; increasing undergraduate enrollment and internships; reviewing, auditing, and diversifying their portfolio of graduate programs. They also plan to raise MBA program rankings, and advance faculty and student research and scholarship. They are working on aligning their goals with those of the University.

5. 5-Year Review of Faculty Handbook and Review of Standing Committee Charges and Memberships- Prof. Colares announced that the By-Laws Committee would be charged next year with a review of the Faculty Handbook. Such a review is required every five years. As part of the review, he suggested that standing committee charges, including membership provisions, be discussed and revised if appropriate.

6. CAS Representative Report- Professor Kim Emmons, CAS representative to the Executive Committee, reported on matters of interest from the College. She said that the Academic English Proficiency Program had served its first students this spring and anticipates that these students will matriculate in graduate programs this fall; the Cleveland Humanities Collaborative expects its first graduates this spring and summer; Phase Two of the Performing Arts Center is underway; the Dept of Biology launched bio[box], a collaborative learning and research space; and the College has been discussing the results of the informal audit commissioned by Enrollment Management with the goal to better understand the challenges for the College (especially in the arts, humanities and social sciences).

7. Update on Faculty Handbook Provisions Proposed at March Executive Committee- At the March Executive Committee meeting, Prof. Ledford had presented two sets of revisions to the Faculty Handbook. One would require all policies that pertain to faculty be included in or referenced in the Handbook. The other set of revisions pertained to the disciplinary and grievance provisions of the Handbook. The administration suggested that President Snyder, General Counsel Libby Keefer, and Ken Ledford meet to discuss the proposed revisions because they had not had sufficient time to review them. At the April Executive Committee meeting,



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Prof. Ledford reported that they had two meetings and decided to wait until the newly-formed Policy Lifecycle Task Force had compiled a master list of all university policies. At that time, the By-Laws Committee will resume the discussion of which policies to reference in the Faculty Handbook.

Secretary of the Corporation Report

The report from the Secretary of the Corporation had not been completed in time for the meeting. It will be posted on the Senate Google site and senators will receive an email letting them know. Any questions should be directed to the Office of the General Counsel.

Graduate Studies Class Attendance Policy

Professor Paul MacDonald, chair of the Senate Graduate Studies Committee, presented a proposed attendance policy for graduate students. Most schools at CWRU, with the exception of Graduate Studies, have an attendance policy. Under the proposal, instructors may determine how students should notify them of absences, and the extent to which absences will affect their grades. Instructors who judge a student's absences from class to be excessive may request that the student withdraw from the course. Instructors who are concerned about excessive student absences may also inform the School of Graduate Studies. A senator said that keeping attendance in very large classes imposes a burden on faculty members. Prof. MacDonald said that the policy does not require faculty to keep attendance but they are required to inform students about the consequences of missing classes. The Faculty Senate voted to approve the attendance policy for the School of Graduate Studies. *Attachment*

Report on FSCUE-Drafted Resolutions in Support of CUE Principles/CUE Update

Professor Kimberly Emmons, chair of the CUE, reported that she is in the process of preparing a final report summarizing the feedback received on the CUE recommendations. The three major themes in the final recommendations will be administration/structure, a diverse and thriving community, and academic/curricular reform. She is working with FSCUE on next steps related to the recommendations and endorses the three resolutions approved by FSCUE that Professor Gary Chottiner, chair of FSCUE, will describe.

Prof. Chottiner thanked Prof. Emmons for her work and support and presented the FSCUE Resolutions in Support of Principles Outlined by the CUE. Prof. Chottiner said that the resolutions had been sent to the UPF schools through the FSCUE school representatives and



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that the feedback was generally positive. Endorsement by each UPF school has been requested prior to Commencement. Support for the resolutions would provide a boost as work commences over the summer and next fall when FSCUE reconvenes. Prof. Emmons emphasized that the FSCUE resolutions are meant to serve as guides and are not the CUE's final recommendations. The Senate was not being asked to endorse or approve the resolutions. This was simply a report. *Attachment*

FSCUE: Proposed Undergraduate Records Retention Policy

Prof. Chottiner explained that CWRU does not have a records retention policy for faculty and student academic records. As the university migrated materials from Blackboard to Canvas, questions arose about which documents should be maintained and for what length of time. FSCUE spent a significant amount of time on this issue, and drafted three proposals for Faculty Senate consideration. The first proposal was defeated by the Executive Committee at the April 13th meeting and only two proposals were ready for consideration at this time:

1. Records of each component used to calculate the final course grade should be kept for five years. A record for this purpose is the grade for each component, not the student's work in the form of papers, exams, *etc.*
2. In the event an instructor leaves (*or retires from*) the university, records should be transferred to the appropriate department office to be preserved for the remainder of the required retention period.

Prof. Chottiner said that the proposals relate solely to records of the component parts of the grades, not the documents that make up the component parts. FSCUE will most likely work on that next fall. A number of senators questioned the 5-year period in proposal #1 and said that it was too long. Other senators questioned the value of keeping this information without keeping the documents for the component parts of the grades. Finally, a senator questioned why the proposal was being presented in a piece-meal fashion. The Senate voted and the proposal was defeated by a vote of 12 in favor, 24 opposed and 1 abstention. *Attachment*

Report from Faculty Compensation Committee

Professor Gerald Mahoney, chair, Faculty Senate Committee on Faculty Compensation, reported that in 2016 the Faculty Compensation Committee had compared CWRU faculty salaries with AAU salary data from 2013-2015 and made recommendations based on what they learned. This year, the Committee looked at similar comparisons with AAU salary data and

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determined that the overall status of CWRU to AAU salaries had not improved through 2017. They learned that the majority of CWRU faculty continue to receive compensation that is lower than the AAU 25th percentile.

Prof. Mahoney reviewed the 2016 recommendations and progress made under each. He said there continues to be a debate as to whether AAU salaries provide an appropriate benchmark. The Schools of Medicine and Dentistry requested exclusion from AAU faculty salary comparisons stating that AAU data does not provide an appropriate benchmark. A senator expressed disappointment that the School of Medicine was not a part of this study and that they have not provided School of Medicine faculty with AAMC salary comparison data.

Prof. Mahoney reported that the President is generally supportive of targeting CWRU faculty compensation averages at, or above, the AAU 50th percentile but that she also favored a merit based faculty compensation system. The Provost is not in favor of across the board faculty compensation targets. He believes that schools or departments should compensate faculty at a level commensurate with their productivity and national ranking.

Based on the new data and progress made since 2016 the Compensation Committee made the following new recommendations: that a vision for faculty compensation be adopted by the President and Provost with the support of the Board of Trustees; that all academic units be required to include faculty compensation as one of the key elements of the next round of strategic plans; that deans who serve multiple 5-year terms should not continue to be straddled with repayment of past debts if they have made significant progress in balancing the budget for their academic unit during their previous term; and, the University/Central administration play a major role in developing and funding retirement incentive plans and work alternatives for aging faculty.

The Committee also maintained that the goal of attaining faculty salaries at or above the 50th percentile of specified benchmark schools, is appropriate and reasonable for CWRU.

A senator asked about the total amount of revenue needed to fund this goal over a 5-year period. Prof. Mahoney said that this is very difficult to calculate. Prof. Colares said that this is the type of issue that can be discussed in the Budget Priorities ad hoc Subcommittee that will be established.

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Prof. Colares said that the Senate is being asked to vote on whether to endorse the Compensation Committee's recommendations. The Senate voted to endorse the recommendations by a vote of 19 in favor, 11 opposed and 6 abstentions. Prof. Colares thanked Prof. Mahoney for all of his work on these issues during his tenure as chair of the Compensation Committee. *Attachment*

Report from Nominating Committee on 2018-19 Standing Committee Memberships

Professor Maureen McEnery, chair, Faculty Senate Nominating Committee, presented the 2018-2019 Senate standing committee members as well as the Senate Executive Committee members. All members were approved by the Faculty Senate. *Attachment*

Passing the Gavel

Prof. Colares passed the gavel to Prof. Cynthia Beall who will serve as chair of the Senate during the 2018-2019 academic year.

The meeting was adjourned at 5:25 p.m.

Board of Trustees

Secretary Report to the Faculty Senate April 29, 2019

The full Board of Trustees met on February 22 and 23, 2019 and the Executive Committee met on April 16, 2019. The March 2019 meeting of the Executive Committee was cancelled. Below is a summary of the business transacted at the meetings.

February 2019

The trustees approved new endowments totaling approximately \$2.3 million to support Health Law, think[box], a Chemistry fellowship and scholarships for Law, Nursing, Weatherhead, Engineering and the College of Arts and Sciences.

The Trustees also approved the following:

1. One appointment and one reappointment to named professorships
2. Three senior and forty-one junior faculty appointments
3. An honorary degree candidate approved by the Faculty Senate Executive Committee
4. Tuition, room and board for the 2019-2020 school year
5. Acceptance of the Uniform Guidance Audit Report for Fiscal Year ended June 30, 2018
6. Tax exempt bond financing through the Ohio Higher Educational Facility Commission not to exceed seventy million dollars to refinance certain outstanding bonds
7. Construction and plan of finance of the Lucia Smith Nash Walkway

A resolution to honor trustee emerita Lindsay Morgenthaler was presented. Resolutions of gratitude were presented honoring the work of Trustees Tim Callahan and Frank Linsalata on the successful capital campaign. The University Bylaws were amended to eliminate the Chief Investment Officer as an officer of the University.

April 2019

The Executive Committee approved new endowments totaling approximately \$835,000 to support: the Emerging Scholars Program, Kelvin Smith Library, the Mather Center for Women, the Vanderhoof Professorship in Civil Engineering (with a gift from the Case Alumni Foundation) and scholarships at Engineering and Medicine. The sale of the Putnam House generated funds to establish the Putnam Fund for the Humanities and also a fund for the maintenance and upkeep of outdoor art.

The Executive Committee also approved the following:

1. A new minor in Environmental Nutrition, Food Systems Sustainability and Health
2. The issuance of 930 undergraduate and 1670 graduate diplomas to be awarded in May
3. The five-year 2019-2024 academic calendar
4. One appointment and fifteen reappointments to named professorships
5. Three senior faculty and sixteen junior faculty appointments

The next meeting of the Executive Committee is scheduled for May 14, 2019.

EECS to ECSE + CDS

Venkataramanan “Ragu” Balakrishnan

Charles H. Phipps Dean, Case School of Engineering



CASE SCHOOL
OF ENGINEERING

CASE WESTERN RESERVE
UNIVERSITY

Context

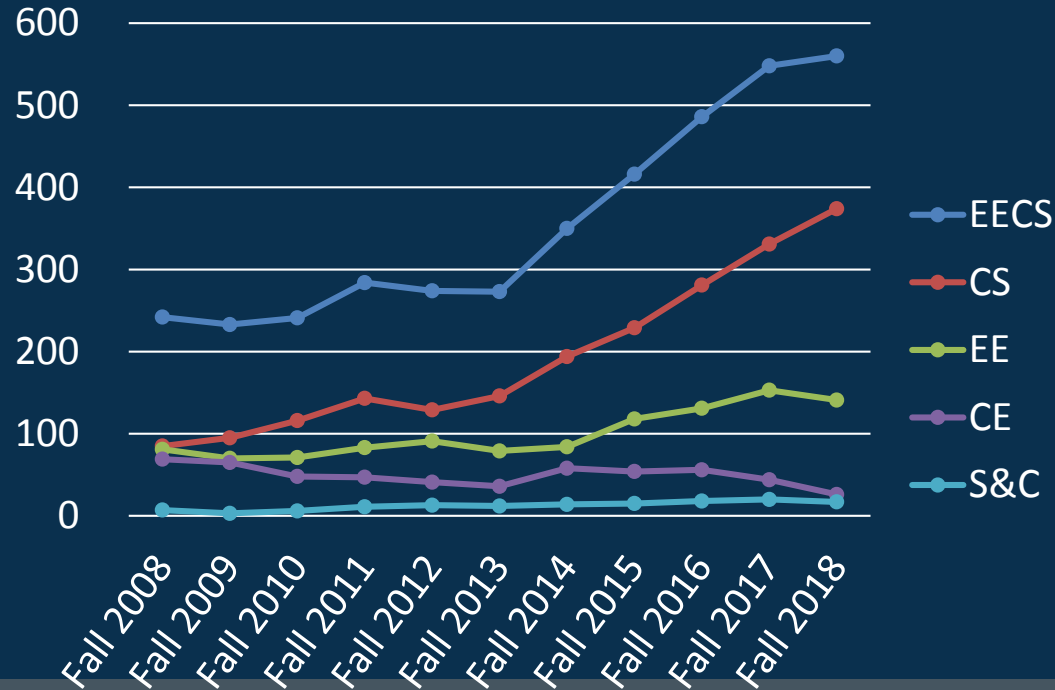
- Time of great interest and excitement in Computer and Data Sciences
 - Data plentiful and cheap to gather
 - Many recent advances in algorithms
 - Applications across engineering and well beyond
 - Exploding student interest at all levels

At CWRU engineering

- Computing and data part of EECS
- Not the only organizational model
- Other models are EE + CS; ECE + CS; EE + CSE; ...

Challenges with current model

- Lopsided undergraduate student population and interest



Challenges with current model

- Research allocation and recruiting difficult
- Reduced visibility for CDS, reduced possibilities for collaboration

New organizational model

**Department of Electrical Engineering
and Computer Science**



**Department of
Electrical,
Computer, and
Systems
Engineering**

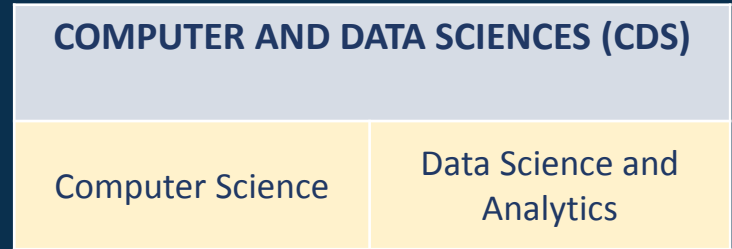
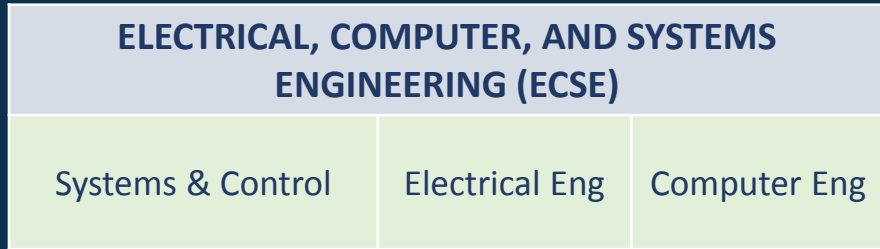
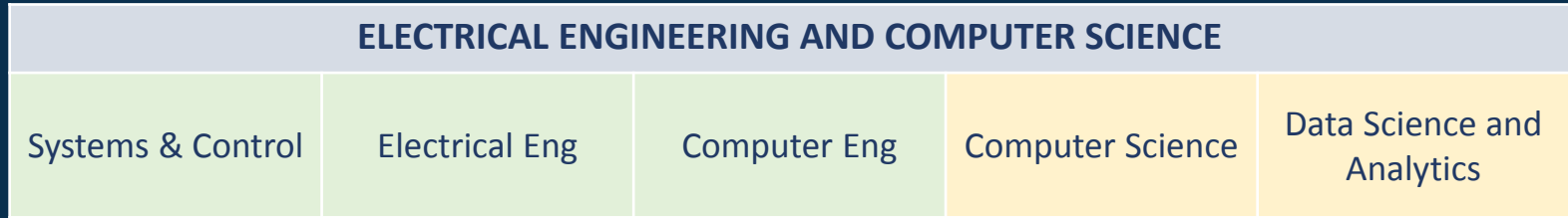
**Department of
Computer and
Data Sciences**



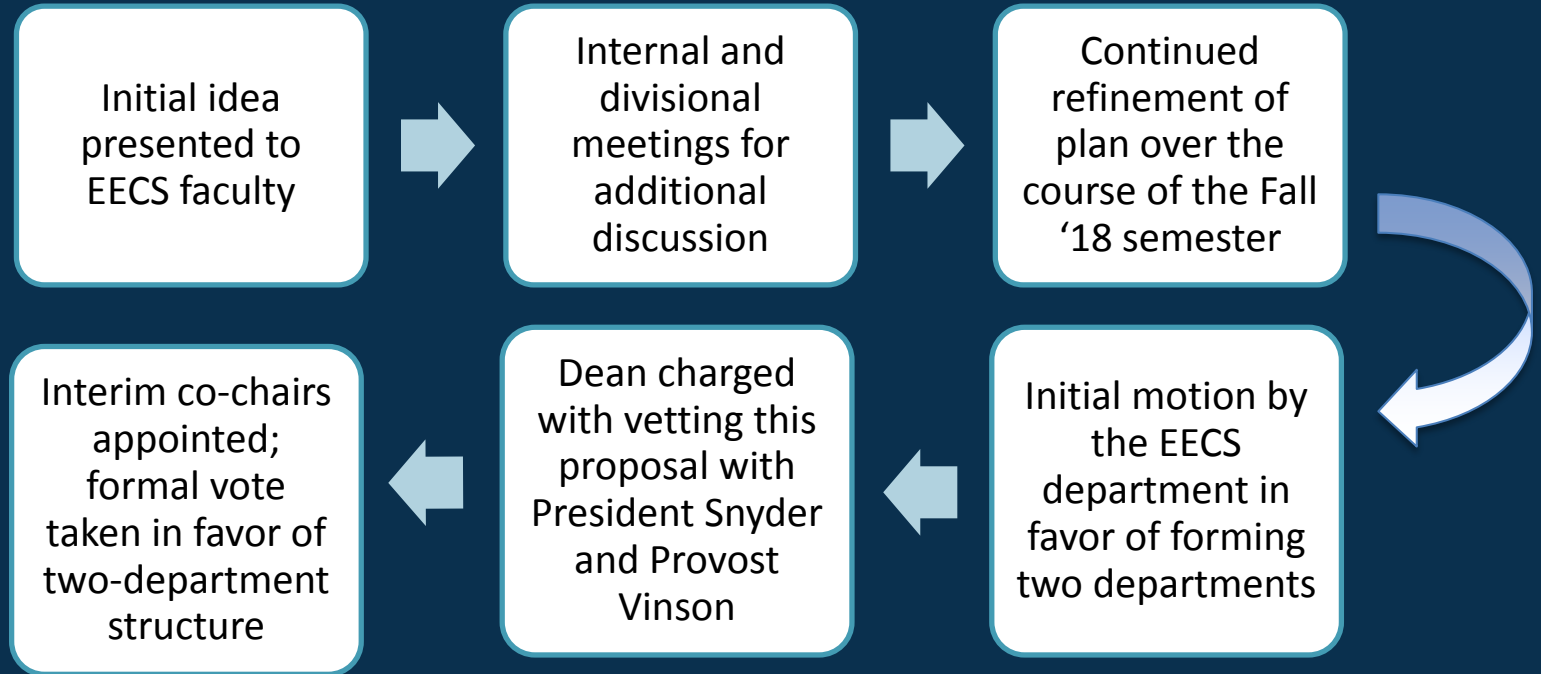
CASE SCHOOL
OF ENGINEERING

CASE WESTERN RESERVE
UNIVERSITY

New model mirrors UG degree offerings



Process



Vote counts

- EECS
 - Yes: 25 No: 8 Abstain: 2
 - Issues raised: Process questions, Data sciences (“We do data sciences too!”)
 - Steps taken to address process questions (“many subcommittees, open membership”)

- CSE
 - Yes: 57 No: 11 Abstain: 3
 - No issues raised

Issues being addressed

- Curriculum realignment
- Appointments of existing faculty
- Tenure and promotion during transition
- Staff
- Space
- Budget
- Messaging

Longer-term planning

- Growth plans for each department
- Development of transdisciplinary partnerships and collaborations
- Existing and emerging multidisciplinary research

CSE Special Faculty Meeting March 22, 2019, 11:30-12:30PM Glennan 424

Summary of Discussions

An overview on the rationale for the motion was presented by the interim co-chairs of the Department of Electrical Engineering and Computer Science, Jing Li and Pedram Mohseni. It was then opened up for questions and comments. The full scheduled hour was used between the presentation and the discussion. The tenor of the discussion was positive towards the motion. The following is a summary of

Questions and Discussions

1. Computer appears in both names of the Departments, “Department of Computer and Data Science”, and “Department of Electrical, Computer, and System Engineering”.
Response: This is common with many other universities and has not been an issue there. A number of examples were cited.
2. The name of ECSE appears to be long
Response: The total words in the ECSE is the same as the current EECS name.
3. How the transition will benefit students.
Responses: the transition will help departmental development efforts and fund raising, the expected growth in faculty size, revenue sharing from expected increasing MS student enrollment, new joint programs leveraging Computer Science, Data Science with other programs in CSE and CAS etc. Such as CS/DS+ or X+CS/DS
4. Faculty Size
Response: CS program currently has a student/faculty ratio of 36, which is large and unfavorable for recruitment and ranking. There is a clear need to increase the CS faculty size while ensuring other needs in CSE are met. Some discussion of how to accomplish this include development and fund raising (one endowed chair has been committed). Increasing revenue from the new revenue sharing model. Investment from Provost and President. Co-growth in conjunction with emerging programs, i.e., Quantum Engineering and ISSACS. Faculty support via grant agencies, i.e., AI/BMI and computing grant submitted to NSF.
5. Negative Vote at Department Level
Responses: Most EECS faculty are in support of the transition plan via the hard split. The negative votes are primarily due to concern about the process (resources, spacing, administration of academic programs, etc.). Concerns raised are being address or have been addressed by task force, committees.

Other comments made by attendees:

- The transition is expected to improve the ranking for the Department and CSE. By give good visibility of CSE to the emerging areas of AI, big data, etc.
- The department faculty are supportive of the transition plan.
- Development of a long term strategic plan that emphasize partnership and collaboration will help secure resources, internally and externally. Increasing the CS graduate program (PhDs) is important.
- Should move fast to catch the new waves in CS, DS, AI etc. It is beneficial to CSE to act based on ‘acceptable level of acceptance’

It is proposed to simultaneously:

Rename the Department of Electrical Engineering and Computer Science to the Department of Electrical, Computer, and Systems Engineering

and

Create the Department of Computer and Data Sciences.

EECS Department Transition

EECS Interim Co-Chairs
Jing Li and Pedram Mohseni

CSE Special Faculty Meeting on March 22, 2019

Backgrounds for the proposed motion

It is proposed to simultaneously:

Rename the Department of Electrical Engineering and Computer Science to the Department of Electrical, Computer, and Systems Engineering

and

Create the Department of Computer and Data Sciences.

Department of Electrical Engineering and Computer Science offers:

- Computer Engineering
- Computer Science
- Data Science
- Electrical Engineering
- Systems and Control Engineering

CSE student enrollment data (2012-2017)

Student Enrollment (registrar data, Fall Sem)	2012	2017	Δ							2012	2017	Δ	%	
1 CMP-BA+BSE Computer Science BA+BS	129	331	202							2012	2017	Δ	%	Undegrad
2 CIS-MS-A Computing & Info Sci (MS-A)	26	62	36	25 EBI-BSE Biomedical Engineering	323	331	8			1096	1656	560	51%	Total Plan A MS
3 CIS-MS-B Computing & Info Sci (MS-B)	2	4	2	26 EBI-MS-A Biomedical Engineering (MS-A)	35	21	-14			23	193	170	739%	Total Plan B MS
4 CIS-PHD Computing & Info Sci (PhD)	44	23	-21	27 EBI-MS-B Biomedical Engineering (MS-B)	4	37	33			400	351	-49	-12%	Total PhD
5 ECM-BSE Computer Engineering	41	44	3	28 EBI-PHD Biomedical Engineering (PhD)	98	83	-15			629	772	143	23%	
6 ECM-MS-A Computer Engineering (MS-A)	12	11	-1	29 ECI-BSE Civil Engineering	48	60	12							
7 ECM-MS-B Computer Engineering (MS-B)	0	1	1	30 ECI-MS-A Civil Engineering (MS-A)	10	3	-7			2017	EECS	%CSE		
8 ECM-PHD Computer Engineering (PhD)	21	18	-3	31 ECI-MS-B Civil Engineering (MS-B)	3	12	9			BS	548	33%		
9 EAP-BSE Electrical Engineering	91	153	62	32 ECI-PHD Civil Engineering (PhD)	12	17	5			MS-A	126	55%		
10 EAP-MS-A Electrical Engineering (MS-A)	38	43	5	33 ECE-BSE Chemical Engineering	92	170	78			MS-B	16	8%		
11 EAP-MS-B Electrical Engineering (MS-B)	2	6	4	34 ECE-MS-A Chemical Engineering (MS-A)	6	6	0			PhD	109	31%		
12 EAP-PHD Electrical Engineering (PhD)	37	43	6	35 ECE-MS-B Chemical Engineering (MS-B)	0	25	25							
13 ESY-BSE Systems & Control Engineering	13	20	7	36 ECE-PHD Chemical Engineering (PhD)	29	25	-4			331	CS (BS/BS)			
14 ESY-MS-A Systems & Control Engr (MS-A)	12	10	-2	37 POL-BSE Polymer Science & Engineering	32	55	23			217	Rest of Dept			
15 ESY-MS-B Systems & Control Engr (MS-B)	0	5	5	38 EMA-MS-A Macromolecular Science (MS-A)	5	17	12			60%	CS frac			
16 ESY-PHD Systems & Control (PhD)	23	25	2	39 EMA-MS-B Macromolecular Science (MS-B)	1	15	14							
17 EMC-BSE Mechanical Engineering	189	303	114	40 EMA-PHD Macromolecular Science (PhD)	65	56	-9			66	CS (MS)			
18 EMC-MS-A Mechanical Engineering (MS-A)	39	35	-4	41 EMS-BSE Materials Science & Engineering	23	49	26			76	Rest of Dept			
19 EMC-MS-B Mechanical Engineering (MS-B)	1	29	28	42 EMS-MS-A Materials Sci & Engr (MS-A)	13	11	-2			46%	CS frac			
20 EMC-PHD Mechanical Engineering (PhD)	40	40	0	43 EMS-MS-B Materials Sci & Engr (MS-B)	1	6	5							
21 EAR-BSE Aerospace Engineering	102	114	12	44 EMS-PHD Materials Sci & Engr (PhD)	26	18	-8			23	CS (PhD)			
22 EAR-MS-A Aerospace Engineering (MS-A)	10	9	-1							86	Rest of Dept			
23 EAR-MS-B Aerospace Engineering (MS-B)	0	6	6	45 EPH-BSE Engineering Physics	13	26	13			21%	CS frac			
24 EAR-PHD Aerospace (PhD)	5	3	-2	46 POM-ME Practice Oriented Masters	9	47	38							

Updated numbers in Fall18

Degree	Undergrad	%	Masters	%	Doctoral	%
Aerospace Engineering	112	6.8%	9	2.5%	4	1.1%
Biomedical Engineering	336	20.5%	47	12.8%	93	25.0%
Chemical Engineering	169	10.3%	17	4.6%	28	7.5%
Civil Engineering	61	3.7%	7	1.9%	13	3.5%
Computer Engineering	26	1.6%	12	3.3%	17	4.6%
Computer Science	374	22.8%	78	21.3%	27	7.3%
Data Science and Analytics	2	0.1%	MEM 32	8.7%		
Electrical Engineering	141	8.6%	33	9.0%	48	12.9%
Engineering Physics	20	1.2%	POM 41	11.2%		
Materials Science and Engr	38	2.3%	14	3.8%	20	5.4%
Mechanical Engineering	303	18.5%	36	9.8%	48	12.9%
Polymer/ Macromolecular	41	2.5%	23	6.3%	52	14.0%
Systems and Control Engr	17	1.0%	18	4.9%	22	5.9%
TOTAL	1,640	100.0%	367	100.0%	372	100.0%

Fall18	EECS	% CSE
BS	560	34%
MS	141	38%
PHD	114	31%

374	CS (BS/BA)
186	Rest of EECS
67%	CS fraction

78	CS (MS)
63	Rest of EECS
55%	CS fraction

27	CS (Ph.D.)
87	Rest of EECS
24%	CS fraction

12	CS Faculty
24	Rest of EECS
33%	CS fraction

Student
Faculty ratio
in CS as of
March 2019

Advisor	Grads	Undergrads	Minors	Total
Faculty A	4	50	0	54
B	4	14		18
C		19		19
D	10	20		30
E	3	77	67	147
F	17	50	2	69
G	19	55		74
H	8	43		51
I	5	0		5
J	24	51	15	90
K	5	0	7	12
L	14	57		71
Total	113	436	91	640
Ratio	9.4	36.3	7.6	53.3

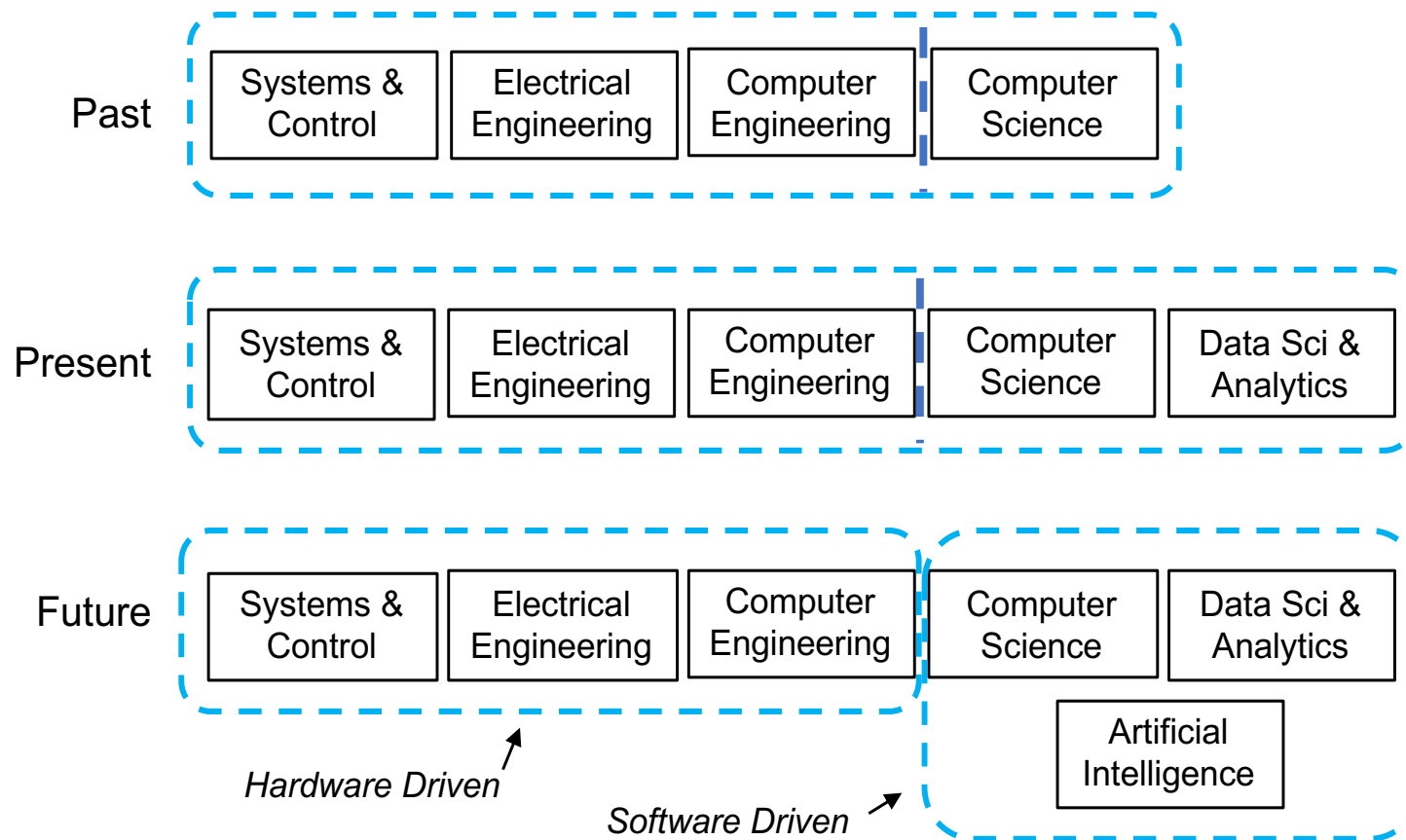
Does the current structure of the department serve existing students and faculty well?

What is the best structure for the future?

Both as a response to the current demand by students and, especially, as a response to clear opportunities in the future, the discussion of reorganization started in Fall17-Winter18.

The interim dean led a half-hour discussion at the Feb. 16, 2018 EECS full faculty meeting.

The idea vetted by the CSE Silicon Valley Think Tank in Mar. 2018 and the SVTT strongly endorsed restructuring.



March 2018

- During the same trip, a key alum, Kevin Kranzusch (vice-president of NVIDIA) committed a \$5M gift to establish an endowed Chair for the chair of the new department.
- Clearly demonstrated the feasibility of combining development efforts, with internal strategic planning to build a structure oriented to seizing the new opportunities and serving a broad array of students and faculty.

Spring 2018

- Later in March 2018, the slides were presented to a full EECS faculty meeting
- Faculty were positive that the initiative was taken.
- Discussion points include: refinement of the two structures, new modalities of instruction, key advantage of CSE/CWRU being cross department collaboration, and the natural identity of the two groups as two departments.
- Apr.-May 2018: Internal departmental and divisional meetings were regularly held for additional discussions.

Aug.-Sept. 2018

- There was a single-topic open discussion meeting with the new dean.
- The dean offered his view on the transition: to formalize the two existing divisions within the department into two truly autonomous divisions. The arrangement would offer a positive external image (a large department) with internal flexibility in planning, curriculum development, and hiring. It was pointed out a change in the faculty handbook and/or bylaws is needed.

Oct.-Dec. 2018

- Discussions continue...
- At a department meeting (faculty and staff) in Dec., written feedbacks were collected regarding the restructuring (e.g., anxious, opportunities, preferred structure). The results were compiled and distributed to all EECS faculty and staff
- Also, the dean attended a portion of this meeting and again made his view as to the benefit of either the soft- or hard-split, but leaving the choice of which to the department.
- Both divisions had their own meetings and the two-department solution were endorsed by both divisions.

Jan.-Feb. 2019

- Meetings continue...
- At EECS meeting, on Jan. 11, 2019, a draft motion was discussed and was edited. No vote was taken. The dean joined the later portion of this meeting and was presented with an acclamation in favor of two departments and he was charged with vetting this proposal with the provost and president – which he did on the following Monday, Jan. 14.

Feb 15th Meeting

The dean announced the appointment of interim co-chairs of the EECS department – Pedram Mohseni and Jing Li. McGuffin-Cawley was relieved of his role as interim chair.

Following discussion there was a formal vote on the motion. The final tally was

25 Yes, 8 No, 2 abstentions, and 1 no response.

To ensure a smooth transition, task forces are formed

- Curriculum realignment (UG* & Grad* committees, Full faculty, Buchner, Ballou)
- Appointments of existing faculty (Mohseni*, Li*, Balakrishnan, Boughner)
- Staff (Hilliard*, Mohseni, Li, McGuffin-Cawley, Zorman)
- Space (Conger, Hilliard, Mohseni*, Li*, McGuffin-Cawley)
- Budget (Hilliard, Mohseni*, Li*, McGuffin-Cawley, Balakrishnan)
- Existing and growing multidisciplinary research (Zorman, Mohseni, Li, Barendt, McGuffin-Cawley, Loparo*)

Task forces

- Aligning the future (Mohseni*, Li*, Balakrishnan)
- Growth plans for each department (Mohseni*, Li*, Balakrishnan)
- Development of partnerships and collaborations (Mohseni, Li, Balakrishnan, McGuffin-Cawley)
- Tenure and Promotion during transition (Balakrishnan)
- Messaging (Balakrishnan, Mohseni, Li, Coolick*)

Mar. 2019 – present:

- Meetings continue...
- The draft of delineating the courses by a joint undergrad and grad committee was created and made available to all Faculty online.
- Faculty affiliations have been drafted based on the existing divisional structure and faculty requests.
- The positive vote was reported to the CSE Executive committee and reviewed with UTech, per the CWRU Faculty Senate Approval Matrix. UTech endorsed the change.

Case Western Reserve University

Doctor of Physical Therapy (DPT) Program

I. Introduction

The Case Western Reserve University (CWRU) School of Medicine (SOM) proposes a new Doctor of Physical Therapy (DPT) degree. This three-year program will result in a DPT degree, which is a clinical doctorate, for successful students. This program will be housed within the Division of General Medical Sciences, Center for Medical Education.

Acknowledging that there is a workforce shortage of physical therapy both locally and nationally, the CWRU allied health program will aim to set itself apart from other programs in a number of ways. One is to build on CWRU's track record of exceptional research and evidence based practice by having a research track within the program. CWRU and some of its clinical affiliates have particular expertise in neurorehabilitation (TBI, SCI, movement disorders, etc), as well as in Wellness and Health Promotion programs. Secondly, we propose to expand the inter-professional health education portfolio for the University and can offer the DPT students opportunities to learn with and from other health professional students throughout the university.

We expect this Program to commence May 2020 or May 2021 following achieving candidacy status accreditation from the Commission on Accreditation for Physical Therapy Education (CAPTE).

II. Proposed curriculum

We have modeled our curriculum to be similar to other top ranking DPT programs, as they are excellent programs, meet the DPT accreditation standards and are housed in research-oriented universities. We expect that the curriculum will be updated once a program director and program faculty have been hired, but will keep within the standards of CAPTE.

This curriculum will be designed as a post-baccalaureate degree consisting of 8 semesters, 104 credits of graduate level courses and 36 weeks of full-time clinical education. The proposed curriculum is detailed in Appendix A. It will involve the creation of an entirely new set of classes. All or most courses will be taught by new physical therapy (PT) faculty. Due to the nature of this program, most courses will have a physical therapy clinical focus and thus be new courses not currently existing.

A. Unique curricular threads

The DPT Program will feature three key threads that will extend throughout the program: 1) Evidence-based practice and research, 2) inter-professional practice and communication, and 3) professional and leadership development.

As part of the first thread, graduates of the program are expected to practice using evidence-based approaches of evaluation and intervention. In addition the graduates are expected to be clinical scholars who will bring research to their clinical practices to further develop the evidence-based practice of physical therapy. This will be accomplished by a series of evidence-

based practice courses through the curriculum that lead to the completion of a capstone research project under the supervision of core or adjunct faculty.

As part of the second thread, graduates will be expected to excel at cooperative, inter-professional practice. This will involve skills in inter-professional communication to establish a strong, autonomous yet cooperative physical therapy practice within the larger health care milieu. Graduates will have the skills to communicate the need for them to develop the appropriate physical therapy diagnosis and plan of care for patients/clients under their care while recognizing the skills of other health care practitioners and knowing when to properly refer patients/clients to these other practitioners. This will be accomplished by exposure to other health care professionals in both basic science and clinical courses, a series of inter-professional experiences as part of each clinical course in the curriculum and the logging and discussion of inter-professional experiences in clinical practice affiliations.

The third key thread of the curriculum is the professional and leadership development of the student with attention to personal growth. These seminar-style courses will help the students develop leadership skills and develop an understanding of the need for continued professional development through continuing education, scholarship, taking leadership opportunities and becoming a clinical mentor of others. In these courses, students will understand the need for them to seek residency training and advance clinical certification. In these courses students will recognize the need for them to become clinical educators (clinical instructors or clinical education coordinators) as well as considering the possibility of becoming an academic educator (faculty member) in physical therapy. This segment will be led by program faculty and have lectures and presentations by invited guests from around campus and off campus, as well as readings and discussions. Topics to be covered include:

- Leadership: Identifying your strengths, developing teams, etc
- Team skills: Refining your team skills, providing constructive feedback to others, etc
- Managing your own practice
- Business of physical therapy
- Innovating in the PT space

B. Clinical education

Accredited DPT programs require a minimum 30 weeks of full-time clinical rotations. This proposed program will exceed that minimum with both part-time imbedded clinical experiences within each clinical course and 36 weeks of full-time clinical experiences. This can be done in blocks of 8, 14 and 12 weeks, with each student having both in-patient and out-patient clinical experiences. Many DPT programs offer clinical rotations around the country, and it is common for DPT students to request rotations in their hometown or other area of the country where they might have friends or family, or potentially get a position post-graduation. The Director of Clinical Education (DCE) will work to set these up. However, students must recognize that the Physical Therapy program at Case Western University will be utilizing only the finest clinical experiences, so clinical sites with minimal staff qualifications and resources may not be considered for their full-time clinical experiences. In addition, some standing clinical

collaborations will be necessary and students will be assigned to these sites. We have letters of support from University Hospitals and MetroHealth Medical Center offering rotations to our students.

C. Additional features of curriculum and future development

The curriculum will be built on Case Western's successful Inquiry (IQ) based curriculum model, similar to the MD program. New cases developed for DPT students which emphasize evidence based clinical decision making within Physical Therapy Practice.

Anatomy instruction will include prosection and dissection but will also feature CWRU developed HoloAnatomy¹ instruction.

One of the unique ways we will set ourselves apart from other DPT programs is through significant collaboration with our Department of Biomedical Engineering (see letter from Robert Kirsch, PhD, Chair of the Department of Biomedical Engineering). Our Department of Biomedical Engineering is in the top 15 nationally and is known for its strengths in a systems approach to the field, like the field of physical therapy. There are a significant number of faculty in that Department who are doing related research and, once the DPT program is approved, we will establish a joint DPT/PhD program. Only three DPT/PhD Biomedical Engineering programs currently exist in the country.

Other areas to be explored as opportunities to set us apart only once the program is in place and established include:

- Wellness pathway or electives
- Collaboration and preferred admission from top masters level athletic training programs
- Other joint DPT/PhD and joint DPT/MS or DPT/MPH programs
- Residency programs

D. Admission Requirements

Students to be admitted to this program must meet at least the following criteria:

- Completion of the following pre-requisite courses (note that exception could be made if they complete prior to initiating program and/or are enrolled in other pre-health programs, such as PRIME, during which they can take the pre-requisite coursework):
 - Two semesters of Chemistry with lab
 - Two semesters of Physics with lab, preferably calculus-based courses
 - Two semesters of Biology with lab
 - Two semesters of Anatomy and Physiology with lab
 - Two semesters of Psychology

¹ This refers to Human Gross Anatomy curriculum based on the augmented reality technology of Microsoft HoloLens.

- One semester of Statistics (including both descriptive and inferential statistics)
- Previous baccalaureate degree with an overall GPA of 3.0 or greater and science GPAs of 3.0 or greater.
- Completion of GRE
- 3 letters of recommendation (one from a physical therapy clinician, one from a college instructor and one from either of these or an employer)
- Completion of at least 50 volunteer hours in at least two different PT settings under the supervision of a physical therapist– these are generally observational hours with occasional supervised hands-on assistance to give the students a good understanding of what physical therapists do
- A demonstrated commitment to a career in physical therapy

Following achieving candidacy status, we will utilize the centralized application system used by CAPTE accredited DPT programs, the Physical Therapy Centralized Application System (PTCAS).

E. Curricular progression requirements

To graduate from the DPT curriculum, students must pass all required courses with a B or better and maintain an overall GPA of at least 3.0. In addition, they must complete an individual or group capstone research project. Capstone projects are scholarly projects that will be completed in conjunction with a capstone project committee with at least one DPT faculty member and should be mutually agreed upon. Prior to enrolling for the capstone credits, the student and faculty member will create a specific set of learning objectives and project goals to be completed by the student for successful completion of the project. This must be approved by the program director prior to initiation, and must be completed by the last semester they are registered for credits. Capstone projects should represent a minimum of 120 hours (3 credits) of work. At the end of the project, a capstone report (which may be in the form of a manuscript which can be submitted for publication) will be submitted to both the capstone project committee and program director for evaluation. There will be a public oral defense of this project report and a public poster presentation of this project. Submission to a professional meeting will be recommended but not required.

Students will be advised and mentored by core DPT faculty. All incoming students will be assigned to a core DPT faculty. Faculty mentors/advisers will meet individually with each student at least twice per semester. During these meetings, they will advise them on course performance as well as personal growth and assessment of personal challenges they might receive. All DPT faculty will be expected to keep current with resources available on campus to assist students who need additional resources to be successful, such as University Counseling, Career Services, etc. In the event that a relationship between an advisor and student is not working out well, students or faculty will be able to petition the program director to be matched with another faculty member.

III. Faculty and Department information

This program will be housed within the Center for Medical Education. The program will be led by a program director, who will be a new faculty recruit to the School of Medicine. The program director will be joined initially by a Faculty Clinical Education Coordinator and, by the time of submission of the Application for Candidacy (AFC), the addition of additional faculty that will result in a total of at least 7 FTE for teaching efforts for the expected 30 students in each cohort. Please note that this may result in the need to hire more than 7 faculty, as we expect many of them to have or develop a research portfolio and as effort is covered on grants, we may need more faculty to cover teaching obligations.

Cheryl Thompson, PhD, Director of Master's Programs, School of Medicine, Assistant Professor, Department of Nutrition, will sponsor the creation of this new program until a Program Director is hired. The Dean of the School of Medicine will serve as the chief academic officer with overall responsibility to the University for the quality, policy and structure of the program. The Vice Dean for Medical Education will carry the academic and administrative authority for the Dean. The Program Director will directly report to the Vice Dean of Medical Education.

The current working program development advisory committee (as of 11/21/17) is as follows:

- Cheryl Thompson, PhD, Director of Master's Programs, School of Medicine
- Patricia Thomas, MD, Vice Dean of Medical Education, School of Medicine
- Matthew Lester, MBA, MHA, Sr. Assoc Dean for Finance, School of Medicine
- Brian Foss, MBA, Interim Assistant Dean for Finance, School of Medicine
- Briana Motley Partee, PT, DPT, Practicing physical therapist at University Hospitals with clinical focus on sports therapy, Adjunct Instructor, CWRU
- Jessica Jenkins, PT, DPT, Practicing physical therapist at University Hospitals
- Mary Vargo, MD, Physical Medicine and Rehabilitation, MetroHealth Medical Center
- Bruce Garba, PT, DPT, MetroHealth Medical Center
- Linda Dundon, PT, DPT, Practicing physical therapist at the Louis Stokes Cleveland VA Medical Center
- Ronald Triolo, PhD, Executive Director, VA Advanced Platform Technology Center, Professor of Orthopaedics and Biomedical Engineering
- David Lake, PT, PhD, Outside Consultant for Program Development

The program development committee has developed a vision statement for the DPT program. It is as follows:

We aspire to re-imagine and influence the future of the physical therapy profession through excellence and innovation in education, evidence-based autonomous and inter-professional clinical practice, professional leadership and service, community engagement and research.

Once the program director has been hired and this program is in its development phase, a Steering Committee will be developed. This Steering Committee will be tasked with program evaluation and development. The program director will report to the Steering Committee, which will meet at least twice yearly. The Steering Committee will consist of:

- A least two full time faculty from the DPT program
- A least two full time faculty from the School of Medicine, outside the DPT program
- At least one SOM administrator
- The Vice Dean for Medical Education
- Two physical therapy community clinicians

Members of this committee will be appointed for the duration of the development period. Replacement of individuals who resign may be replaced as needed as long as the structure of the steering committee remains.

There will be a Program Advisory Committee. This committee will meet at least semi-annually and will be tasked providing overall advice to the program from an external perspective. The Program Director will report and receive input from the advisory committee at least twice per year. The Program Advisory Committee will consist of:

- The Program Director
- The Associate Dean of Graduate Education in the School of Medicine and/or the Director of Master's Programs in the School of Medicine
- The Senior Associate Dean of Finance and/or a senior member of the Finance and Development Office appointed by the Senior Associate Dean of Finance
- Four practicing physical therapy clinicians
- At least one current or former DPT faculty from another institution who understands the landscape and can serve in a consulting role

The School of Medicine Office of Finance and Planning has been involved in researching this new program and conducting the feasibility analysis. The Office of Graduate Education will be involved in advising on the necessary internal and external steps and processes to launch the new degree program. Additionally, the Office of Medical Education has been actively engaged with several DPT practitioners at multiple affiliate hospitals that have provided insight to the current proposal and will prove to be useful consultants in navigating the program launch process. The 3 offices will work closely together on the program launch project until a new Faculty Program Director is hired who will at that point lead the new department and program launch project. A search for a faculty program director will be completed in parallel with this program moving forward with University approvals.

The new program is important to the School of Medicine as it expands the inter-professional health education portfolio for the School of Medicine and the University as a whole. Additionally, it provides an opportunity for the SOM to diversify its financial portfolio into additional education programs. The new DPT program has the opportunity to interface with other schools, such as Nursing and Dentistry, to take on a team-based teaching approach as a model for program excellence as the program develops. In addition, the DPT program will interface and collaborate many of the other Departments in the School of Medicine

IV. Evidence of need for the proposed curricular initiative

There are numerous other DPT programs in the region. Please see Appendix B – DPT Programs – Regional Competitors for more details. However, these are currently not meeting the staffing need of regional hospitals. In addition, none of these are capable of developing the type of DPT graduate described in this proposal.

In Ohio, there is 29% job growth projected with 423 new jobs annually and a median starting salary of \$84K per the Ohio Job Outlook 2014-2024 report-Ohio Job and Family Services. Despite the competition within the State of Ohio, current DPT programs are not meeting the demand at the state level. In addition, there are areas of specialization that need more trained physical therapists – particularly in areas of pediatrics, gerontology and in-patient rehabilitation. Independent of this analysis, Educational Advisory Board (EAB) did an analysis of opportunities in the Health Professions for CWRU. The top program identified was a DPT program. For more details on the market analysis and feasibility, please see Appendix D.

We aspire to not only meet the regional needs for DPTs in Ohio but to meet the need nation-wide as well. Nationally, from 2014 to 2024, the Bureau of Labor Statistics anticipates job growth of 34% for PTs. This is faster growth than the Ohio rate and # 8 of all occupations.

Importantly, we also aim to be a top program with a goal of being not only a leader in the field, but a trainer of future DPT faculty. The imbedded professional and leadership development thread within the curriculum will direct students toward an appreciation of obtaining advanced clinical certification and perhaps an advance doctoral degree. Joint DPT/PhD programs (see more below) is one way we are not only training the next generation of DPT clinicians, but also of DPT researchers and educators. There are very few DPT/PhD programs nationally and in the State of Ohio, only Ohio State University (PhD in Health and Rehabilitation Sciences) and University of Toledo (PhD in Exercise Science) have joint DPT/PhD programs. We are poised, with both existing and future PhD programs, to offer more options for areas of physical therapy research (for example, neuroscience, clinical research, biomedical engineering, etc).

Below are the top ranked national programs grouped by differentiating factors:

- **Research**-Many programs and virtually all top 10 programs (Pitt, OSU, Delaware, Emory, Wash U, Duke, etc.) highlight research as a selling point for their programs. This may come via a joint PhD program or just based on their faculty and the labs that have been setup. Sponsors include NIH, NSF, and foundations. We will prioritize hiring of research intensive faculty that can lead students on research experiences during the completion of their program.
- **Team based approach**-Top ten programs such as, Duke and Massachusetts General Hospital Institute of Health Professions (Boston), utilize a team-based approach rooted in collaborative inter-professional (Medical, PA, and Nursing school students) team-based learning.
- **Joint Degree programs**- Pitt and Northwestern offer research-focused joint degrees with Engineering. (Note that CWRU Department of Bioengineering is already collaborating in rehabilitation research in Cleveland). Emory offers numerous joint

degrees-MA Bioethics, MBA, MPH, and PhD). The CWRU Department of Nutrition already has a joint degree program with the MD and PA degrees. We will explore joint degree programs in the future after the core program is in place.

- **Global Health**-OSU and Duke offer international clinical rotations. This is also a potential area for CWRU, given its international recognition in Global Health through the Center for Global Health. Students may also jointly complete a certificate in Global Health.

Our program would be set apart from much of the competition due to our top ranked medical school and its research focus. The majority of the regional competitors' programs (Walsh, Mt. Union, Cleveland State, etc.) are not at Universities with medical schools or robust biomedical research programs. We are also embarking on a large investment into Brain Health that fits well with a new DPT program. We also have the ability to build on educational expertise in the SOM Department of Medical Education.

V. Projected Enrollment

Per the Bureau of Labor Statistics, nationally there is a projected 34% growth in jobs for PTs or graduates of DPT programs over the next decade. This will require an increase in enrollment and DPT graduates nationally to meet the job growth demands. Per the Commission on Accreditation for Physical Therapy Education (CAPTE) Fact Sheets, specific figures are not yet available for future enrollment targets, but the underlying strong projected job growth creates a need for increases in enrollment. That increased enrollment will need to be met with the creation of new DPT programs. We anticipate enrolling 25 students in the first year, ramping up to 40 in later years. Once established, we will consider raising this if there remains a high demand for DPT students, and continuing need for additional practicing physical therapist and the raise is approved by CAPTE.

Admissions decisions would be handled internally by a committee of primarily DPT faculty and local clinicians. Additional volunteers can be drawn from the CWRU School of Medicine community as well as external partners and collaborators to provide other insights into who are the best students for this program.

Recruitment efforts would be coordinated by a staff person within the DPT program. Multiple marketing will be utilized, including attendance at PT related conferences or career fairs, as well as online virtual fairs. Email blasts to GRE takers and other lead databases of prospective names will be sent regularly. Follow-up of interested applicants will be a priority of this staff person.

VI. Resources required

All the program courses would be Physical Therapy-specific and will need to be taught by new DPT program faculty.

Immediate faculty hiring of a Program Director and Director of Clinical Education (DCE) is required. In addition, full-time core faculty in each key area of physical therapy practice (musculoskeletal/orthopedic, neuromuscular/neurologic, cardiovascular and pulmonary, wound care/amputee care, geriatrics and pediatrics) need to be hired prior to submission of the

Application for Candidacy (AFC) and the Candidacy site visit by CAPTE. CAPTE requires that the first two years' CORE faculty are hired prior to the AFC and they also require a core faculty to student ratio of 12:1. CAPTE required that at least half of those hired including the Program Director must have an advance doctoral degree (PhD, EdD). At a minimum, additional new part-time faculty will also need to be hired to teach courses in the program to teach in specific clinical areas not covered by the core faculty. Two staff members will likely need to be hired as well, with one to provide administrative and faculty support and the other to support the DCE in the development and management of the clinical education program and in student affairs (including marketing and recruitment of potential applicants). A Department administrator/student affairs position and a department assistant will run the operations of the new department and DPT program. Additionally, space and facilities will need to be identified to serve as a home to the new program. Existing facilities (i.e. vacated space currently being used for the Medical Students who will move to the Health Education Campus (HEC) building in 2019, or other local buildings) would need to be renovated, or new space in the HEC would need to be built-out to house the DPT program. Jill Stanley, Associate Dean for Space and Facilities Planning in the SOM, has been consulted and is working with us to understand different options (see letter). Investment would be required for both the new DPT faculty, facilities and equipment for the program.

VII. Expenses and Revenue

The DPT Program Financial Model with specific assumptions disclosed that impact the revenue and expense projections is provided in Appendix C. Major program launch timelines are both noted per program launch and CWRU fiscal year. Two scenarios were modeled that factored a revised timeline based on feedback from our consultant, David Lake. One had a student ramp up (discussed below) and another with the same basic assumptions but with a flat class size of 25 with no growth in enrollment which is referred to as the base model.

The models assume new faculty and staff hires, expenses for renovation/setup of both educational and research space, annual tuition of \$35.1K or \$105.3K for the whole program. The enrollment targets are for an inaugural class of 25 and then growing the incoming class size by 5 students a year until a class size of 40 students is reached in the program's fourth year of enrolling students. The average class size nationally is 44 students per CAPTE. The financial models assume that the first two year's faculty are on board in time for the AFC. The core faculty salaries are shown at CAPTE benchmarks and there are funds budgeted for associated or adjunct faculty as well. The model adheres to the CAPTE requirement of 12 student per core faculty member. Non-salary expenses include both supplies as well as recruitment and marketing materials and efforts. The models also factor in \$1M for educational equipment and \$1M for research equipment/startup packages to be spent over 5 years. Renovation of existing facilities or buildout of space in the HEC is not factored into the financial model. The curricular initiative is designed to be revenue generating and the DPT program is projected to be sustainable over the long-run. Please see the financial model (Appendix C) for detail on expected revenues and expenses per year. There is a detailed model for the student ramp-up scenario along with a summary table that compares the net annual margin or (P/L) for each scenario, the Base scenario and then the Student ramp up scenario. As expected and is typical of

similar programs, this program will result in a revenue loss for the first few years. Once students come, the program will have a positive annual margin contribution or generate an annual surplus in program year 4 or FY 22 in both scenarios, and we expect to recoup the investment around year 6 in the student ramp-up scenario. The investment is recouped a year later or in year 7 of the base model or with no growth in student enrollment. Please see letter from Matthew Lester, Senior Associate Dean for Finance, for information on the School of Medicine's commitment to investing these resources into the program.

VIII. Program Assessment

This program will implement a comprehensive ongoing assessment. The program will be evaluated at a program level as well as a class level and efforts will be made to remediate in any area showing any amount of deficiencies. This comprehensive ongoing assessment is a CAPTE requirement. A key metric in measuring our program success will be achieving an NPTE pass rate higher than the national average. Another will be meeting the CAPTE guidelines for having >80% graduation rate.

IX. Required University and SOM resources

With regard to classroom and faculty space, we estimate approximately 12,000 sq ft are needed. This is predominantly classroom/lab space (6,500), faculty office space (about 3,000), administrative office space (about 500 sq ft) and student lounge/locker room space (about 2,000). The classroom space required includes a lecture hall as well as two clinical lab rooms, with patient beds and appropriate equipment. Courses for first and second year students, as well as their clinical rotations, will be coordinated to most efficiently utilize the classroom space. Since students will need to change at various times, locker rooms are necessary. The Associate Dean for Space and Planning is in ongoing discussions and will assist in space planning to identify potential space to house the new program. It will either be held in the new Health Education Campus (HEC) (if budget allows as appropriate approvals are received) or it will be housed in renovated space that is currently allocated to medical student education, when they move to the HEC.

Appendix A: Proposed Example Curriculum, subject to change. Course descriptions are provided in Appendix E.

Term	Course	Cr Hrs
Year 1 Term 1	PT 500: Anatomy for Physical Therapy	6
	PT 501: Physiology for Physical Therapy	3
	PT 502: Biomechanics and Kinesiology	3
	PT 530: Introduction to PT Evaluation and Intervention	3
	PT 571: Evidence Based Practice 1	1
	PT 581: Professional Leadership & Professional Growth 1	1
	TOTAL	17
Year 1 Term 2	PT 504: Clinical Medicine for Physical Therapy 1	3
	PT 505: Introduction to Pharmacology for PT	2
	PT 506: Neuroscience in Physical Therapy	3
	PT 531: Musculoskeletal Physical Therapy (includes therapeutic agents)	6
	PT 572: Evidence Based Practice 2	2
	PT 582: Professional Leadership & Professional Growth 2	1
	TOTAL	17
Year 1 Term 3	PT 507: Clinical Medicine for Physical Therapy 2	3
	PT 532: Cardiovascular & Pulmonary Physical Therapy & Integument	4
	PT 533: Neuromuscular Physical Therapy	6
	PT 508: Development and Aging	1
	PT 573: Evidence Based Practice 3	2
	PT 583: Professional Leadership & Professional Growth 3	1
	TOTAL	17
Year 2 Term 4	PT 691: Clinical Internship 1 (8 weeks)	4
	PT 634: Advanced Musculoskeletal Physical Therapy	4
	PT 674: Evidence Based Practice 3 (Design)	2
	PT 684: Professional Leadership & Professional Growth 4	1
	TOTAL	11
Year 2 Term 5	PT 635: Advanced Neuromuscular Physical Therapy	4
	PT 636: Pediatrics	3
	PT 685: Professional Leadership & Professional Growth 5	1
	PT 701: Capstone Project 1 (Data Collection)	4
	TOTAL	12
Year 2 Term 6	PT 637: Complex Patient Assessment & Intervention	6
	PT 638: PT in Health and Wellness	3
	PT 686: Professional Leadership & Professional Growth 6	2

	PT 702 Capstone Project 2 (Data Collection, Analysis & Report)	4
	TOTAL	15
Year 3 Term 7	PT 692: Clinical Internship 2 (14 weeks)	7
Year 3 Term 8	PT 693: Clinical Internship 3 (12 weeks)	6
	PT 639: Clinical Synthesis and Exam Preparation	2
	Total	8
Total		104 credits

Appendix B: Other Regional DPT Programs

School	National Program Rank	Out of State		Avg. Class Size	Program Type	Program Length	Notes
		Tuition per semester	Total Program cost				
University of Pittsburgh	1	15,197	136,773	60	4+3	9 semesters	
Ohio State University	10	15,352	138,168	50	4+3	9 semesters	In-state tuition is \$56.4K
Ohio University	46	8,718	78,462	45	4+3	9 semesters	
University of Cincinnati	64	12,266	106,717	35	3+3, 4+3, Direct Admit	9 semesters	
Walsh University	136	10,125	81,000	34	3+3, 4+3, Direct Admit	8 semesters	
University of Dayton	136	10,605	84,840	35	4+3	8 semesters	
Cleveland State	154	12,151	95,337	40	4+3	9 semesters	TR shown is FT, some semesters are PT and factored in Total program cost
Youngstown State University	164	8,000	72,000	30	4+3	9 semesters	In-state program cost is \$48K
University of Toledo	164	9,922	89,300	28	4+3	9 semesters	In-state program cost is \$49K
Mt. St. Joseph University	182	9,000	81,000	36	4+3	9 semesters	
University of Findlay	193	11,565	104,086	36	3+3, Direct Admit, Weekend PTA to DPT Bridge	9 semesters	
University of Mt. Union	n/a	11,025	88,200	28	4+3	8 semesters	Developing program-1st class entered Fall of 2016- 28 students, anticipate 30 for next class

Current total average class size for all Ohio programs **397**

Sources: Program websites

Appendix C: Financial Model

Tuition & Fees	35,100	35,100	35,100	35,100	A
Cumulative Number of Students	25	55	90	105	B

Program Milestone	Consultants engaged & Faculty program director hired - Fall 2018	DCE & 1st 2 years' faculty hired and Facilities Setup	1st class of students admitted	2nd class of students admitted	3rd class of students admitted	4th class of students admitted
Project Timeline Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
5 Yr. Plan Fiscal Year	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24

Personnel:

Program Director	131,250	175,000	176,750	178,518	180,303	182,106
Dir of Clinical Education (DCE)		100,000	101,000	102,010	103,030	104,060
4.0 FTE Core Faculty		340,000	343,400	346,834	350,302	353,805
2.0 FTE Core Faculty					170,000	171,700
1.0 FTE Core Faculty						85,000
Associated Faculty		85,000	85,850	86,709	117,576	133,751
Adms/Std Affairs		75,000	75,750	76,508	77,273	78,045
Dept Asst	26,250	35,000	35,350	35,704	36,061	36,421
Subtotal Salaries	157,500	810,000	818,100	826,281	1,034,544	1,144,889
Fringe	51,975	267,300	269,973	272,673	341,399	377,813
Total Salary/Fringe	209,475	1,077,300	1,088,073	1,098,954	1,375,943	1,522,703
Non-Salary	30,000	50,000	100,000	100,000	100,000	100,000
Educational Equipment		1,000,000				
Research Lab/startup packages		200,000	200,000	200,000	200,000	200,000
TOTAL	239,475	2,327,300	1,388,073	1,398,954	1,675,943	1,822,703
Revenue						
Net Tuition Revenue	-	-	864,338	1,901,543	3,111,615	3,630,218
Program Net	(239,475)	(2,327,300)	(523,736)	502,589	1,435,672	1,807,515
Cumulative Net	(239,475)	(2,566,775)	(3,090,511)	(2,587,922)	(1,152,250)	655,265

A-same as PA program tuition per semester-\$11.7K, total program cost is \$105.3K

B - Table showing assumptions for student population:

	# of students-entering class	Cumulative students
Yr. 1	25	25
Yr. 2	30	55
Yr. 3	35	90
Yr. 4	40	105 (first 25 will have graduated)

C - Per CAPTE requirement, 6.0 FTE Core Faculty members at time of Application for Candidacy. Salaries are shown at CAPTE benchmarks and associated faculty represents funds available for adjuncts and partial FTE faculty. A 9th Core faculty is added with the 4th class of students to keep CAPTE ratio of 12 students : 1 Core faculty.

D - 1% annual salary increases, 33% FB

E - \$30K non-salary/consulting cost for FY 19, \$50K in FY 20 with faculty hire, \$100K FY 21 and thereafter (follows PA business plan)

F - Cost to build out (HEC) or renovate space (Robbins-vacated Med Ed) are separate. This is to set up educational space with equipment

G - \$1.0M over 5 yrs. For research lab setup/startup packages

Appendix D: Doctor of Physical Therapy Program Feasibility Analysis

Executive Summary

The SOM Finance Office explored the possibility of establishing a Doctor of Physical Therapy (DPT) program at the CWRU SOM as an opportunity to provide a high value educational program while simultaneously fulfilling the SOM's mission and diversifying its revenue stream. While a DPT program at the SOM would be a good program addition and financially viable, there are key risks that could outweigh the rewards. The benefits include: roughly \$1.8M surplus per year with a final class size of 40 students in program year 6 when the investment is paid back expansion of the SOM's allied health program portfolio and furthering of the mission of providing comprehensive healthcare education. Although CWRU would be a late mover and the educational market at/near saturation point wherein ~94% of the new projected job growth in Ohio would be covered by the current Ohio-based DPT programs, our goal is to be a national program and help meet the demand at the national level, where the shortfall is much higher. Additionally, two top-tier programs exist in the region (Pitt and Ohio State).

While there are a number of risks and benefits, we recommend that the SOM could embark on the development of a DPT program if the following were completed:

- 1) Confirm support from affiliates to provide the necessary clinical training,
- 2) Secure a unique value proposition that would differentiate it among the Ohio and national programs especially as a new entrant, and
- 3) Hire a program director with experience in developing and running DPTs programs.

Analysis

Job Outlook-There is a projected high demand for Physical Therapists (PTs) or DPT program graduates. Nationally, from 2014 to 2024, the Bureau of Labor Statistics anticipates job growth of 34% for PTs. This is # 8 of all occupations. In Ohio, there is expected to be a 30% increase with 423 new jobs annually (per Ohio Job Outlook 2014-2024-Ohio Job and Family Services).

Competitive landscape-There is competition in the region with Pitt (#1 nationally) and Ohio State (#10) leading the way. CWRU would be a late mover in a state with 10 other programs including CSU already in Cleveland and Mt. Union admitting its first class this past fall. More details are presented in Appendix B. However, we believe our strengths, particularly in training future clinician/educators and clinician/researchers through our DPT/PhD programs, will help us place our graduates both locally as well as around the country.

Accreditation risk- The CAPTE (accrediting body) application process has become more stringent. Program applications are only reviewed twice a year (reduced recently from 3), with a maximum of 6 applications reviewed per candidacy cycle. Additionally, the accreditation process does not move forward until a Faculty Program Director is hired. Then there are workshops, subsequent faculty hires, curriculum development and then a formal application to the CAPTE.

Facilities and Clinical rotations-The program would require a unique large space for treatment tables and specialized equipment. The program also requires clinical rotations for students. CSU currently has clinical rotations with all of our affiliated hospitals in the city (CCF, MHMC, UH, and the VA). However, space has been committed by the School of Medicine (see letter from Jill Stanley, as well as other letters).

Financial Model- The financial model estimates an inaugural class of 25 and then growing the incoming class size by 5 students a year until a class size of 40 students is reached in the program's fourth year of enrolling students. The program requires a \$3M investment is projected to run its first surplus in project timeline year 4. The payback period is a 6 years. Major program milestones are noted per fiscal year.

Program launch timeline-Program launch time is estimated to take a little over 4 years before the 1st class is admitted. The major hurdles in the accreditation process are hiring a qualified Faculty Program Director, Clinical Education Coordinator, developing curriculum, and securing clinical rotation slots.

Appendix E: Course Descriptions

PT 500: Anatomy for Physical Therapy. 6 credits, graded

This is a regional study of the structure, function, histology and development of the human body with emphasis on skeletal, muscular, vascular and peripheral neurologic systems. Course involves use of dissection, prosection, bone kits, models and HoloAnatomy™ technology. Regional study of anatomy will be accompanied by basic palpation and an introduction to regional medical imaging. Laboratory with brief introductions to the dissection.

PT 501: Physiology for Physical Therapy. 3 credits, graded

This is a systems study of human physiology with emphasis on cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, respiratory, and renal and urologic systems and system interactions. This course will include the implications of exercise and aging on each system discussed. Discussion.

PT 502: Biomechanics and Kinesiology. 3 credits, graded

This is a regional examination of biomechanics and kinesiology of the human musculoskeletal systems. It will follow and be linked with PT 500 Anatomy for Physical Therapy. Discussion and Laboratory components.

PT 504: Clinical Medicine for Physical Therapy 1. 3 credits, graded

This is a systems exploration of the pathology, histopathology, differential diagnosis; and the medical and surgical interventions and applications of pharmacology commonly seen in physical therapy practice across the lifespan with specific reference to musculoskeletal, peripheral neural and vascular conditions. This course will also explore basic principles of genetics, inflammation, immunology and cellular and molecular medicine. Discussion.

PT 505: Introduction to Pharmacology for Physical Therapy. 2 credits, graded

This is an introduction to pharmacodynamics, pharmacokinetics and systems approach to classification of pharmaceuticals. This course will discuss the actions, mechanisms and adverse reactions of most classes of drugs used in conditions seen in physical therapy practice. Discussion.

PT 506: Neuroscience in Physical Therapy. 3 credits, graded

This course is an exploration of nervous system structure and function with an emphasis on the central nervous system and review of peripheral nervous system structure and function. Course involves use of prosected materials, models, HoloAnatomy™ technology, and neural imaging. Discussion and laboratory.

PT 507: Clinical Medicine for Physical Therapy 2. 3 credits, graded

This is a systems exploration of the pathology, histopathology, differential diagnosis; and the medical and surgical interventions and pharmacology applications commonly seen in physical therapy practice across the lifespan with specific reference to cardiopulmonary, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, integumentary, lymphatic, nervous, and renal and urologic systems. Discussion

PT 508: Development and Aging. 1 credit, graded

This course will specifically explore the anatomical, physiological and behavioral changes that occur through the lifespan including both normal and pathologic development and aging. Discussion and experiential activities.

PT 530: Introduction to Physical Therapy Evaluation and Intervention. 3 credits, graded

This is a regional exploration of goniometry, muscle testing and basic therapeutic exercise. This content will be sequenced with the content of PT 500 Anatomy for Physical Therapy and PT 502: Biomechanics and Kinesiology. Laboratory.

PT 531: Musculoskeletal Physical Therapy. 6 credits, graded

This regionally oriented course will develop skills to effectively manage patients/clients with musculoskeletal dysfunctions with emphasis on musculoskeletal disorders of the upper and lower extremities. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision including manual therapy techniques, therapeutic exercise, electrotherapy and other physical agents. Critical appraisal of musculoskeletal tests and measures, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 532: Cardiovascular & Pulmonary Physical Therapy & Integument. 4 credits, graded

This course will develop skills to effectively manage patients/clients with cardiovascular, pulmonary and integumentary dysfunctions with emphasis on both the acute care and long term rehabilitation management of these conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision of care with emphasis on airway clearance, wound care, management of the amputee and therapeutic exercise. Critical appraisal of cardiovascular, pulmonary and integumentary tests and measures, critical thinking, and evidence-based practice are emphasized using case studies, clinical simulations and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 533: Neuromuscular Physical Therapy. 6 credits, graded

This course will develop skills to effectively manage patients/clients with neuromuscular dysfunctions with emphasis on both the acute care and long term rehabilitation management of these conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision of care with emphasis on therapeutic exercise. Critical appraisal of neuromuscular tests and measures, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 571: Evidence Based Practice 1. 1 credit, graded

This is an introduction to evidence based practice with a discussion of the different forms of research and how each can be used to create an evidence based approach to physical therapy practice. Discussion

PT 572: Evidence Based Practice 2. 2 credit, graded

This is an introduction to descriptive and inferential statistics used in physical therapy studies. Examples from the physical therapy literature will be used in the students understanding of how to apply statistics to studies of different designs. Discussion

PT 573: Evidence Based Practice 3. 2 credit, graded

Practical application of descriptive and inferential statistics used in physical therapy studies. Examples of different research designs from the physical therapy literature will provide data sets for analysis with statistical software. Laboratory

PT 581: Professional Leadership & Professional Growth 1. 1 credit, graded

This is an introduction to leadership principles and the laws and guidelines that govern physical therapy practice with emphasis on the Ohio physical therapy practice act with discussion of American Physical Therapy Association organization, governance, Code of Ethics, Core Values and Vision. Discussion.

PT 582: Professional Leadership & Professional Growth 2. 1 credit, graded

This course focuses on taking the leadership through understanding the psychosocial needs in managing the individual's care during illness and disability as well as ways to successfully interact with and enhance wellness of patients and families in health care settings. Discussion and experiential activities.

PT 583: Professional Leadership & Professional Growth 3. 1 credit, graded

This is an introduction to communication and leadership including patient/client communication, interprofessional communication with other health care providers and advocacy describing physical therapy practice to legislators and insurance companies. Discussion.

PT 691: Clinical Internship 1 (8 weeks). 4 credits, ungraded.

The first, full-time clinical education experience in which the student will begin developing proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning in a setting that will give the student an opportunity to integrate academic coursework. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings. Clinical practicum

PT 634: Advanced Musculoskeletal Physical Therapy. 4 credits, graded

This course expands upon material presented in PT 531 to develop skills to effectively manage patients/clients with musculoskeletal dysfunctions with emphasis on musculoskeletal disorders of the head, neck and spine. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision including manual therapy techniques, therapeutic exercise and physical agents. Critical appraisal of musculoskeletal assessments, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 674: Evidence Based Practice 3. 2 credits, graded

Design, development, achieve IRB approval and begin implementation of the capstone research project.

PT 684: Professional Leadership & Professional Growth 4. 1 credit, graded

Emphasis on leadership in interprofessional activities and direction of the physical therapist assistant and other ancillary personnel. Discussion.

PT 635: Advanced Neuromuscular PT. 4 credits, graded

This course expands upon material presented in PT 533 to develop skills to effectively manage complex patients/clients with neuromuscular dysfunctions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision. Critical appraisal of advanced neuromuscular assessments, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 636: Pediatrics. 3 credits, graded

Application of skills developed in previous course work to infants and children with musculoskeletal, neuromuscular, integumentary, cardiovascular and pulmonary conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision. Critical appraisal of pediatric assessments, critical thinking, and evidence-based practice are emphasized using case studies and clinical simulations and clinical exposures. Discussion, laboratory and experiential activities.

PT 685: Professional Leadership & Professional Growth 5. 2 credits, graded

The focus is on identifying and analyzing ethical dilemmas facing the individual therapist and on the application of ethical principles, the APTA Code of Ethics, and the Guide for Professional Conduct to these dilemmas.

PT 701: Capstone Project 1. 4 credits, ungraded

Begin data collection for the capstone research project.

PT 637: Complex Patient Assessment & Intervention. 6 credits, graded

This course expands upon material presented in previous coursework to develop skills to effectively manage patients/clients with complex, multisystem dysfunctions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and referral to other practitioners. Critical appraisal of patient management, critical thinking, and evidence-based practice are emphasized using case studies, standardized patients and clinical exposures. Emphasis will be on acute care and rehabilitation management of the complex. Discussion and experiential activities.

PT 638: PT in Health and Wellness. 3 credits, graded

This course expands upon material presented in previous courses to place a health promotion and wellness programs within the context of musculoskeletal, neuromuscular, integumentary, cardiovascular and pulmonary physical therapy practice. Emphasis will be on the development or expansion of health and wellness programs through critical, evidence-based appraisal of the need, design and effectiveness of wellness activities. Discussion and experiential activities.

PT 686: Professional Leadership & Professional Growth 6. 1 credit, graded

Focus on clinic leadership and practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

PT 702 Capstone Project 2. 4 Credits, ungraded

Complete data collection, analyze data and develop written and oral presentation of the capstone research project.

PT 692: Clinical Internship 2 (14 weeks). 7 credits, ungraded

The penultimate, full-time clinical education experience in which the student will begin developing independence and proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning in a setting that will give the student an opportunity to integrate academic coursework. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings.

PT 693: Clinical Internship 3 (12 weeks). 6 credits, ungraded

The culminating, full-time clinical education experience in which the student will achieve independence and proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings.

PT 639: Clinical Synthesis and Exam Preparation. 2 credits, ungraded

Seminars designed to review and integrate the clinical experiences from the two capstone clinical experiences into the academic curriculum and to review for the National Physical Therapy Examination.

October 19, 2017

Cheryl L. Thompson, Ph.D.
Director of Master's Programs, School of Medicine
Assistant Professor
Department of Nutrition
Case Comprehensive Cancer Center
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106

Pamela B. Davis, M.D., Ph.D.
Dean
Senior Vice President for Medical Affairs
Office of the Dean
10900 Euclid Avenue
Cleveland, Ohio 44106-4915
Visitors and Deliveries
Biomedical Research Bldg., - Rm. 113
Phone 216-368-2825
Fax 216-368-2820
<http://casemed.case.edu>

Dear Dr. Thompson:

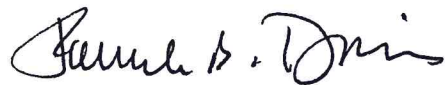
On behalf of the School of Medicine (SOM), I would like to express the SOM's commitment to support the creation and continued advancement of the Doctor of Physical Therapy (DPT) program at Case Western Reserve University (CWRU).

The SOM is committed to the future of medicine and the creation of the DPT program provides another educational program reflecting the current and future healthcare delivery model. The DPT continues the SOM's mission of providing quality educational programs that will enhance healthcare delivery, support academic medicine and interdisciplinary care, and positively impact human health. Importantly, the DPT program will bring a new class of students with a unique perspective which will further enhance our inter-professional healthcare education at CWRU.

Therefore, the SOM will commit the necessary financial resources to launch the DPT program with a robust operating budget, faculty recruitments, equipment and capital as outlined in the program pro forma. The investment totals more than \$2M. The financial expectation is that the program will require an investment of dollars and existing resources including faculty and staff in the early years, but will ultimately result in a positive margin. This will allow the program to not only sustain itself, but make additional investments to advance the program's educational and research goals. The funds for the investment will come from donations, grants and the SOM's prior year retained surplus.

The SOM enthusiastically supports the Doctor of Physical Therapy program and will ensure it is successful and a key component to the SOM's future of medicine goals.

Sincerely,



Pamela B. Davis, MD, PhD



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Finance and Administration

10900 Euclid Avenue
Cleveland, Ohio 44106-4916
216.368.8676

January 24, 2018

On behalf of the School of Medicine (SOM), I would like to express the SOM's commitment to support the creation and continued advancement of the Doctor of Physical Therapy (DPT) program at Case Western Reserve University.

The SOM is committed to the future of medicine and the creation of the DPT program provides another educational program reflecting the current and future healthcare delivery model. Additionally, the DPT continues the SOM's mission of providing quality educational programs that will enhance healthcare delivery, support academic medicine and interdisciplinary care, and positively impact human health.

Therefore, the SOM will commit the necessary financial resources to launch the DPT program with a robust operating budget, faculty recruitments, equipment and capital as outlined in the program proforma. The investment totals more than \$3M. The financial expectation is that the program will require an investment of dollars and existing resources including faculty and staff in the early years but will result in a positive margin. This will allow the program to not only sustain itself, but make additional investments to advance the program's educational and research goals. The funds for the investment will come from donations, grants and the SOM's prior year retained surplus.

The SOM enthusiastically supports the Doctor of Physical Therapy program and will ensure it is successful and a key component to the SOM's future of medicine goals.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Lester", with a horizontal line extending to the right.

Matthew Lester
Senior Associate Dean, Finance
School of Medicine



SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY

Space and Facilities Planning

10900 Euclid Avenue
Cleveland, Ohio 44106-4985

Phone 216.368.5487
Fax 216.368.5439

February 16, 2018

Program Review Committee
Case Western Reserve University
Cleveland, Ohio 44106

Dear Program Review Committee,

Appropriate space to house the proposed Doctor of Physical Therapy (DPT) Program is an essential component of the extensive planning process to develop said program. As a preliminary step, I have been benchmarking other physical therapy programs to estimate the type and amount of space needed to accommodate our proposed program. The preliminary estimate is 8,500-10,000 net assignable square feet of space. Although we are not sure of the exact location of the program's space at this time, the School of Medicine is committed to providing a quality DPT program. As such, I commit to ensuring sufficient and necessary space is provided to run a strong educational program.

Best Regards,

A handwritten signature in blue ink that reads "Jill Stanley".

Jill Stanley
Associate Dean
Space and Facilities Planning
School of Medicine

Cc: Cheryl Thompson
Mark Chance

February 22, 2018

RE: Doctor of Physical Therapy Program at Case Western Reserve University

Dear Dr. Thompson,

On behalf of the Department of Biomedical Engineering, I would like to express our strong enthusiasm for the development of the Doctorate of Physical Therapy (DPT) program. Within our department, there is a significant amount of research in the area of physical therapy and rehabilitation. We could both contribute to the education of the students in the DPT program and benefit from their clinical insight in our research. I am quite familiar with other DPT programs around the country, and am convinced that such a program at CWRU would be an important and strong asset. I surveyed the BME faculty and nine of them responded in an enthusiastic manner. I believe that one of our faculty members, Dr. Ronald Triolo, is already on the organizing committee. He is very well suited for this.

In addition, I have a very close personal friend and former colleague (Julius Dewald) who is the Chair of the Department of Physical Therapy and Human Movement Sciences at Northwestern University. Dr. Dewald is one of the pioneers of DPT programs, and he told me during a recent visit that a DPT program would be a perfect fit for CWRU. Dr. Dewald also started the first DPT-PhD program (with engineering PhD's!), and he believes that this would also be perfect for CWRU once the DPT program itself is up and running. He expressed his willingness to participate in an advisory role throughout the process if that is useful.

In summary, Biomedical Engineering is a strong supporter of the proposed Doctor of Physical Therapy program at CWRU. I suggest that you consult with Dr. Dewald on some of the philosophical and practical aspects of realizing this program, as well as a potential future DPT-PhD program.

Sincerely,



Robert F. Kirsch, Ph.D.
Allen H. and Constance T. Ford Professor
Chair, Department of Biomedical Engineering
Case Western Reserve University
Wickenden Building 340A1
10900 Euclid Avenue, Cleveland, OH 44106
rfk3@case.edu
(216)-368-315



September 28th, 2017

Cheryl,

It was nice to speak with you briefly about Case Western's Doctor of Physical Therapy program.

As per our conversation, I am happy to offer clinical placements for the Case DPT students at University Hospital's Cleveland Medical Center.

Looking forward to working with you and your DPT program.

Sincerely,

A handwritten signature in cursive script that reads 'Brittany Krajewski'.

Brittany Krajewski PT, DPT, Education Coordinator



January 25, 2018

Pamela B. Davis, MD, PhD
Dean, School of Medicine, and Senior Vice President for Medical Affairs
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106

Re: Doctorate of Physical Therapy (DPT) program

Dear Dean Davis and DPT program planning committee:

On behalf of MetroHealth's Department of Physical Medicine and Rehabilitation and the Neuromusculoskeletal Service Line, this letter expresses unequivocal support towards MetroHealth having a role in providing placements for clinical rotations for future Case Western Reserve University DPT students. MetroHealth's rehabilitation services are highly varied and include inpatient neurologic rehabilitation (including inpatient brain injury, stroke and spinal cord services), inpatient acute consultative care (including trauma, medical-surgical, pediatric and burn), and a myriad of outpatient services including orthopedic/musculoskeletal, pain, amputee, sports, concussion, lymphedema, and pediatric programs. We provide extensive support to our Level I Trauma Center, Adult and Children Burn Center and Comprehensive Stroke Center at all levels of care. Additionally, MetroHealth is a designated Spinal Cord Injury Model System, sponsored by the National Institute on Disability, Independent Living and Rehabilitation Research, and one of only 14 such sites in the nation.

MetroHealth has a large physical therapy division, and, along with the rest of the institution, a long tradition and culture of providing clinical experiences to students, including physical therapy students. In addition to service to our community, stated elements of MetroHealth's mission include "teaching, discovery and teamwork", which aligns well with the goal of enhancing the clinical education of DPT students.

Sincerely,

A handwritten signature in black ink that reads 'John Chae'.

John Chae, MD
Director, Neuromusculoskeletal Service Line
MetroHealth System
Professor and Chair, Physical Medicine and Rehabilitation
Professor, Biomedical Engineering
Case Western Reserve University

Doctorate of Physical Therapy (DPT) Program



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Overview

- Goal: Create a unique, strong, top tier DPT program
- Benefits for CWRU:
 - Continue to build our reputation as innovator in health care delivery & workforce development
 - Enhance existing programs across university by enhancing inter-professional education and interdisciplinary research
 - Increased opportunity to expand research/recruit faculty in PT/Rehab sciences

Curricular Overview

- 3 year post-bac clinical doctorate
- All CAPTE requirements, taken to the next level:
 - Core coursework
 - Inter-professional education
 - Evidence based practice and research
 - Professional and leadership development
 - 36 full time weeks of clinical experiences

Curricular Overview

- Opportunities to set us apart from other schools
 - DPT/PhD, DPT/MS, DPT/MPH eventually
 - HoloAnatomy
 - Inquiry-based curricular design

Timeline

- Need 21 months from program director starting until application for candidacy can be submitted
 - At this time, faculty for first two years of program must be identified and under contract
- Current goal:
 - Hire PD to start summer 2019
 - Fall 2019 – start search for Director of Clinical Education
 - Fall 2019-Summer 2022 – primary faculty join, develop individual courses
 - Summer 2021 – application for candidacy
 - Late 2021 – CAPTE site visit, commission meeting, approval
 - Enroll first students in Fall 2023

Significant Support from CWRU and Cleveland Community

- Program Advisory committee is made up with individuals from the community who have expressed interest in helping with the Program Development. It now includes:
 - PT representation from the SOM's 4 affiliate hospitals
 - Broader range of researchers from Schools of Medicine, Engineering and Nursing, as well as Cleveland Clinic
- Most of these individuals have expressed explicit interest in helping with teaching or mentoring student research projects
- We hope that many of these individuals will contribute directly to education of the students and/or as part of a future steering committee



Previously raised concerns

- Market demand/attracting students
 - 34% increase in demand for DPTs over 10 next years
 - We are a top-25 medical school and attract MD and PhD students from around the country
 - Our newer PA program also attracts students from around the county
 - In 2015, the average PT program received 494 applicants for 50 slots
 - We are highly confident, with our reputation, that we can fill our classes
 - If not strong students, still positive revenue margin with about ½ projected students

Previously raised concerns

- We need to hire more faculty to teach; significant concerns for teaching burden of existing faculty; current teaching faculty unhappy, why hire more teaching-focused faculty
 - Our current model is flexible
 - If current faculty would like to teach in DPT program, there are areas to contribute
 - New DPT faculty that we must bring in will be able to cover 100% of teaching
 - We expect most core faculty to be DPT/PhD faculty with significant research effort
 - Same expectation for teaching as other research faculty

Previously raised concerns

- Biology coursework not in line with what our undergraduate students would be able to take
 - Two semesters of Biology with lab
 - Two semesters of Anatomy and Physiology with lab
 - Four total semesters of biology -> DPT minimum standard recommendation
- 50 hours of volunteering in PT setting creates barriers
 - Varies from 0-100's, no standard
 - Demonstrates understanding of career in PT
 - OSU- 40 hours, U Cincinnati – 50 hours

Case Western Reserve University

Doctor of Physical Therapy (DPT) Program

I. Introduction

The Case Western Reserve University (CWRU) School of Medicine (SOM) proposes a new Doctor of Physical Therapy (DPT) degree. This three-year program will result in a DPT degree, which is a clinical doctorate, for successful students. This program will be housed within the Division of General Medical Sciences, Center for Medical Education.

Acknowledging that there is a workforce shortage of physical therapy both locally and nationally, the CWRU allied health program will aim to set itself apart from other programs in a number of ways. One is to build on CWRU's track record of exceptional research and evidence based practice by having a research track within the program. CWRU and some of its clinical affiliates have particular expertise in neurorehabilitation (TBI, SCI, movement disorders, etc), as well as in Wellness and Health Promotion programs. Secondly, we propose to expand the inter-professional health education portfolio for the University and can offer the DPT students opportunities to learn with and from other health professional students throughout the university.

We expect this Program to commence May 2020 or May 2021 following achieving candidacy status accreditation from the Commission on Accreditation for Physical Therapy Education (CAPTE).

II. Proposed curriculum

We have modeled our curriculum to be similar to other top ranking DPT programs, as they are excellent programs, meet the DPT accreditation standards and are housed in research-oriented universities. We expect that the curriculum will be updated once a program director and program faculty have been hired, but will keep within the standards of CAPTE.

This curriculum will be designed as a post-baccalaureate degree consisting of 8 semesters, 104 credits of graduate level courses and 36 weeks of full-time clinical education. The proposed curriculum is detailed in Appendix A. It will involve the creation of an entirely new set of classes. All or most courses will be taught by new physical therapy (PT) faculty. Due to the nature of this program, most courses will have a physical therapy clinical focus and thus be new courses not currently existing.

A. Unique curricular threads

The DPT Program will feature three key threads that will extend throughout the program: 1) Evidence-based practice and research, 2) inter-professional practice and communication, and 3) professional and leadership development.

As part of the first thread, graduates of the program are expected to practice using evidence-based approaches of evaluation and intervention. In addition the graduates are expected to be clinical scholars who will bring research to their clinical practices to further develop the evidence-based practice of physical therapy. This will be accomplished by a series of evidence-

based practice courses through the curriculum that lead to the completion of a capstone research project under the supervision of core or adjunct faculty.

As part of the second thread, graduates will be expected to excel at cooperative, inter-professional practice. This will involve skills in inter-professional communication to establish a strong, autonomous yet cooperative physical therapy practice within the larger health care milieu. Graduates will have the skills to communicate the need for them to develop the appropriate physical therapy diagnosis and plan of care for patients/clients under their care while recognizing the skills of other health care practitioners and knowing when to properly refer patients/clients to these other practitioners. This will be accomplished by exposure to other health care professionals in both basic science and clinical courses, a series of inter-professional experiences as part of each clinical course in the curriculum and the logging and discussion of inter-professional experiences in clinical practice affiliations.

The third key thread of the curriculum is the professional and leadership development of the student with attention to personal growth. These seminar-style courses will help the students develop leadership skills and develop an understanding of the need for continued professional development through continuing education, scholarship, taking leadership opportunities and becoming a clinical mentor of others. In these courses, students will understand the need for them to seek residency training and advance clinical certification. In these courses students will recognize the need for them to become clinical educators (clinical instructors or clinical education coordinators) as well as considering the possibility of becoming an academic educator (faculty member) in physical therapy. This segment will be led by program faculty and have lectures and presentations by invited guests from around campus and off campus, as well as readings and discussions. Topics to be covered include:

- Leadership: Identifying your strengths, developing teams, etc
- Team skills: Refining your team skills, providing constructive feedback to others, etc
- Managing your own practice
- Business of physical therapy
- Innovating in the PT space

B. Clinical education

Accredited DPT programs require a minimum 30 weeks of full-time clinical rotations. This proposed program will exceed that minimum with both part-time imbedded clinical experiences within each clinical course and 36 weeks of full-time clinical experiences. This can be done in blocks of 8, 14 and 12 weeks, with each student having both in-patient and out-patient clinical experiences. Many DPT programs offer clinical rotations around the country, and it is common for DPT students to request rotations in their hometown or other area of the country where they might have friends or family, or potentially get a position post-graduation. The Director of Clinical Education (DCE) will work to set these up. However, students must recognize that the Physical Therapy program at Case Western University will be utilizing only the finest clinical experiences, so clinical sites with minimal staff qualifications and resources may not be considered for their full-time clinical experiences. In addition, some standing clinical

collaborations will be necessary and students will be assigned to these sites. We have letters of support from University Hospitals and MetroHealth Medical Center offering rotations to our students.

C. Additional features of curriculum and future development

The curriculum will be built on Case Western's successful Inquiry (IQ) based curriculum model, similar to the MD program. New cases developed for DPT students which emphasize evidence based clinical decision making within Physical Therapy Practice.

Anatomy instruction will include prosection and dissection but will also feature CWRU developed HoloAnatomy¹ instruction.

One of the unique ways we will set ourselves apart from other DPT programs is through significant collaboration with our Department of Biomedical Engineering (see letter from Robert Kirsch, PhD, Chair of the Department of Biomedical Engineering). Our Department of Biomedical Engineering is in the top 15 nationally and is known for its strengths in a systems approach to the field, like the field of physical therapy. There are a significant number of faculty in that Department who are doing related research and, once the DPT program is approved, we will establish a joint DPT/PhD program. Only three DPT/PhD Biomedical Engineering programs currently exist in the country.

Other areas to be explored as opportunities to set us apart only once the program is in place and established include:

- Wellness pathway or electives
- Collaboration and preferred admission from top masters level athletic training programs
- Other joint DPT/PhD and joint DPT/MS or DPT/MPH programs
- Residency programs

D. Admission Requirements

Students to be admitted to this program must meet at least the following criteria:

- Completion of the following pre-requisite courses (note that exception could be made if they complete prior to initiating program and/or are enrolled in other pre-health programs, such as PRIME, during which they can take the pre-requisite coursework):
 - Two semesters of Chemistry with lab
 - Two semesters of Physics with lab, preferably calculus-based courses
 - Two semesters of Biology with lab
 - Two semesters of Anatomy and Physiology with lab
 - Two semesters of Psychology

¹ This refers to Human Gross Anatomy curriculum based on the augmented reality technology of Microsoft HoloLens.

- One semester of Statistics (including both descriptive and inferential statistics)
- Previous baccalaureate degree with an overall GPA of 3.0 or greater and science GPAs of 3.0 or greater.
- Completion of GRE
- 3 letters of recommendation (one from a physical therapy clinician, one from a college instructor and one from either of these or an employer)
- Completion of at least 50 volunteer hours in at least two different PT settings under the supervision of a physical therapist– these are generally observational hours with occasional supervised hands-on assistance to give the students a good understanding of what physical therapists do
- A demonstrated commitment to a career in physical therapy

Following achieving candidacy status, we will utilize the centralized application system used by CAPTE accredited DPT programs, the Physical Therapy Centralized Application System (PTCAS).

E. Curricular progression requirements

To graduate from the DPT curriculum, students must pass all required courses with a B or better and maintain an overall GPA of at least 3.0. In addition, they must complete an individual or group capstone research project. Capstone projects are scholarly projects that will be completed in conjunction with a capstone project committee with at least one DPT faculty member and should be mutually agreed upon. Prior to enrolling for the capstone credits, the student and faculty member will create a specific set of learning objectives and project goals to be completed by the student for successful completion of the project. This must be approved by the program director prior to initiation, and must be completed by the last semester they are registered for credits. Capstone projects should represent a minimum of 120 hours (3 credits) of work. At the end of the project, a capstone report (which may be in the form of a manuscript which can be submitted for publication) will be submitted to both the capstone project committee and program director for evaluation. There will be a public oral defense of this project report and a public poster presentation of this project. Submission to a professional meeting will be recommended but not required.

Students will be advised and mentored by core DPT faculty. All incoming students will be assigned to a core DPT faculty. Faculty mentors/advisers will meet individually with each student at least twice per semester. During these meetings, they will advise them on course performance as well as personal growth and assessment of personal challenges they might receive. All DPT faculty will be expected to keep current with resources available on campus to assist students who need additional resources to be successful, such as University Counseling, Career Services, etc. In the event that a relationship between an advisor and student is not working out well, students or faculty will be able to petition the program director to be matched with another faculty member.

III. Faculty and Department information

This program will be housed within the Center for Medical Education. The program will be led by a program director, who will be a new faculty recruit to the School of Medicine. The program director will be joined initially by a Faculty Clinical Education Coordinator and, by the time of submission of the Application for Candidacy (AFC), the addition of additional faculty that will result in a total of at least 7 FTE for teaching efforts for the expected 30 students in each cohort. Please note that this may result in the need to hire more than 7 faculty, as we expect many of them to have or develop a research portfolio and as effort is covered on grants, we may need more faculty to cover teaching obligations.

Cheryl Thompson, PhD, Director of Master's Programs, School of Medicine, Assistant Professor, Department of Nutrition, will sponsor the creation of this new program until a Program Director is hired. The Dean of the School of Medicine will serve as the chief academic officer with overall responsibility to the University for the quality, policy and structure of the program. The Vice Dean for Medical Education will carry the academic and administrative authority for the Dean. The Program Director will directly report to the Vice Dean of Medical Education.

The current working program development advisory committee (as of 11/21/17) is as follows:

- Cheryl Thompson, PhD, Director of Master's Programs, School of Medicine
- Patricia Thomas, MD, Vice Dean of Medical Education, School of Medicine
- Matthew Lester, MBA, MHA, Sr. Assoc Dean for Finance, School of Medicine
- Brian Foss, MBA, Interim Assistant Dean for Finance, School of Medicine
- Briana Motley Partee, PT, DPT, Practicing physical therapist at University Hospitals with clinical focus on sports therapy, Adjunct Instructor, CWRU
- Jessica Jenkins, PT, DPT, Practicing physical therapist at University Hospitals
- Mary Vargo, MD, Physical Medicine and Rehabilitation, MetroHealth Medical Center
- Bruce Garba, PT, DPT, MetroHealth Medical Center
- Linda Dundon, PT, DPT, Practicing physical therapist at the Louis Stokes Cleveland VA Medical Center
- Ronald Triolo, PhD, Executive Director, VA Advanced Platform Technology Center, Professor of Orthopaedics and Biomedical Engineering
- David Lake, PT, PhD, Outside Consultant for Program Development

The program development committee has developed a vision statement for the DPT program. It is as follows:

We aspire to re-imagine and influence the future of the physical therapy profession through excellence and innovation in education, evidence-based autonomous and inter-professional clinical practice, professional leadership and service, community engagement and research.

Once the program director has been hired and this program is in its development phase, a Steering Committee will be developed. This Steering Committee will be tasked with program evaluation and development. The program director will report to the Steering Committee, which will meet at least twice yearly. The Steering Committee will consist of:

- A least two full time faculty from the DPT program
- A least two full time faculty from the School of Medicine, outside the DPT program
- At least one SOM administrator
- The Vice Dean for Medical Education
- Two physical therapy community clinicians

Members of this committee will be appointed for the duration of the development period. Replacement of individuals who resign may be replaced as needed as long as the structure of the steering committee remains.

There will be a Program Advisory Committee. This committee will meet at least semi-annually and will be tasked providing overall advice to the program from an external perspective. The Program Director will report and receive input from the advisory committee at least twice per year. The Program Advisory Committee will consist of:

- The Program Director
- The Associate Dean of Graduate Education in the School of Medicine and/or the Director of Master's Programs in the School of Medicine
- The Senior Associate Dean of Finance and/or a senior member of the Finance and Development Office appointed by the Senior Associate Dean of Finance
- Four practicing physical therapy clinicians
- At least one current or former DPT faculty from another institution who understands the landscape and can serve in a consulting role

The School of Medicine Office of Finance and Planning has been involved in researching this new program and conducting the feasibility analysis. The Office of Graduate Education will be involved in advising on the necessary internal and external steps and processes to launch the new degree program. Additionally, the Office of Medical Education has been actively engaged with several DPT practitioners at multiple affiliate hospitals that have provided insight to the current proposal and will prove to be useful consultants in navigating the program launch process. The 3 offices will work closely together on the program launch project until a new Faculty Program Director is hired who will at that point lead the new department and program launch project. A search for a faculty program director will be completed in parallel with this program moving forward with University approvals.

The new program is important to the School of Medicine as it expands the inter-professional health education portfolio for the School of Medicine and the University as a whole. Additionally, it provides an opportunity for the SOM to diversify its financial portfolio into additional education programs. The new DPT program has the opportunity to interface with other schools, such as Nursing and Dentistry, to take on a team-based teaching approach as a model for program excellence as the program develops. In addition, the DPT program will interface and collaborate many of the other Departments in the School of Medicine

IV. Evidence of need for the proposed curricular initiative

There are numerous other DPT programs in the region. Please see Appendix B – DPT Programs – Regional Competitors for more details. However, these are currently not meeting the staffing need of regional hospitals. In addition, none of these are capable of developing the type of DPT graduate described in this proposal.

In Ohio, there is 29% job growth projected with 423 new jobs annually and a median starting salary of \$84K per the Ohio Job Outlook 2014-2024 report-Ohio Job and Family Services. Despite the competition within the State of Ohio, current DPT programs are not meeting the demand at the state level. In addition, there are areas of specialization that need more trained physical therapists – particularly in areas of pediatrics, gerontology and in-patient rehabilitation. Independent of this analysis, Educational Advisory Board (EAB) did an analysis of opportunities in the Health Professions for CWRU. The top program identified was a DPT program. For more details on the market analysis and feasibility, please see Appendix D.

We aspire to not only meet the regional needs for DPTs in Ohio but to meet the need nation-wide as well. Nationally, from 2014 to 2024, the Bureau of Labor Statistics anticipates job growth of 34% for PTs. This is faster growth than the Ohio rate and # 8 of all occupations.

Importantly, we also aim to be a top program with a goal of being not only a leader in the field, but a trainer of future DPT faculty. The imbedded professional and leadership development thread within the curriculum will direct students toward an appreciation of obtaining advanced clinical certification and perhaps an advance doctoral degree. Joint DPT/PhD programs (see more below) is one way we are not only training the next generation of DPT clinicians, but also of DPT researchers and educators. There are very few DPT/PhD programs nationally and in the State of Ohio, only Ohio State University (PhD in Health and Rehabilitation Sciences) and University of Toledo (PhD in Exercise Science) have joint DPT/PhD programs. We are poised, with both existing and future PhD programs, to offer more options for areas of physical therapy research (for example, neuroscience, clinical research, biomedical engineering, etc).

Below are the top ranked national programs grouped by differentiating factors:

- **Research**-Many programs and virtually all top 10 programs (Pitt, OSU, Delaware, Emory, Wash U, Duke, etc.) highlight research as a selling point for their programs. This may come via a joint PhD program or just based on their faculty and the labs that have been setup. Sponsors include NIH, NSF, and foundations. We will prioritize hiring of research intensive faculty that can lead students on research experiences during the completion of their program.
- **Team based approach**-Top ten programs such as, Duke and Massachusetts General Hospital Institute of Health Professions (Boston), utilize a team-based approach rooted in collaborative inter-professional (Medical, PA, and Nursing school students) team-based learning.
- **Joint Degree programs**- Pitt and Northwestern offer research-focused joint degrees with Engineering. (Note that CWRU Department of Bioengineering is already collaborating in rehabilitation research in Cleveland). Emory offers numerous joint

degrees-MA Bioethics, MBA, MPH, and PhD). The CWRU Department of Nutrition already has a joint degree program with the MD and PA degrees. We will explore joint degree programs in the future after the core program is in place.

- **Global Health**-OSU and Duke offer international clinical rotations. This is also a potential area for CWRU, given its international recognition in Global Health through the Center for Global Health. Students may also jointly complete a certificate in Global Health.

Our program would be set apart from much of the competition due to our top ranked medical school and its research focus. The majority of the regional competitors' programs (Walsh, Mt. Union, Cleveland State, etc.) are not at Universities with medical schools or robust biomedical research programs. We are also embarking on a large investment into Brain Health that fits well with a new DPT program. We also have the ability to build on educational expertise in the SOM Department of Medical Education.

V. Projected Enrollment

Per the Bureau of Labor Statistics, nationally there is a projected 34% growth in jobs for PTs or graduates of DPT programs over the next decade. This will require an increase in enrollment and DPT graduates nationally to meet the job growth demands. Per the Commission on Accreditation for Physical Therapy Education (CAPTE) Fact Sheets, specific figures are not yet available for future enrollment targets, but the underlying strong projected job growth creates a need for increases in enrollment. That increased enrollment will need to be met with the creation of new DPT programs. We anticipate enrolling 25 students in the first year, ramping up to 40 in later years. Once established, we will consider raising this if there remains a high demand for DPT students, and continuing need for additional practicing physical therapist and the raise is approved by CAPTE.

Admissions decisions would be handled internally by a committee of primarily DPT faculty and local clinicians. Additional volunteers can be drawn from the CWRU School of Medicine community as well as external partners and collaborators to provide other insights into who are the best students for this program.

Recruitment efforts would be coordinated by a staff person within the DPT program. Multiple marketing will be utilized, including attendance at PT related conferences or career fairs, as well as online virtual fairs. Email blasts to GRE takers and other lead databases of prospective names will be sent regularly. Follow-up of interested applicants will be a priority of this staff person.

VI. Resources required

All the program courses would be Physical Therapy-specific and will need to be taught by new DPT program faculty.

Immediate faculty hiring of a Program Director and Director of Clinical Education (DCE) is required. In addition, full-time core faculty in each key area of physical therapy practice (musculoskeletal/orthopedic, neuromuscular/neurologic, cardiovascular and pulmonary, wound care/amputee care, geriatrics and pediatrics) need to be hired prior to submission of the

Application for Candidacy (AFC) and the Candidacy site visit by CAPTE. CAPTE requires that the first two years' CORE faculty are hired prior to the AFC and they also require a core faculty to student ratio of 12:1. CAPTE required that at least half of those hired including the Program Director must have an advance doctoral degree (PhD, EdD). At a minimum, additional new part-time faculty will also need to be hired to teach courses in the program to teach in specific clinical areas not covered by the core faculty. Two staff members will likely need to be hired as well, with one to provide administrative and faculty support and the other to support the DCE in the development and management of the clinical education program and in student affairs (including marketing and recruitment of potential applicants). A Department administrator/student affairs position and a department assistant will run the operations of the new department and DPT program. Additionally, space and facilities will need to be identified to serve as a home to the new program. Existing facilities (i.e. vacated space currently being used for the Medical Students who will move to the Health Education Campus (HEC) building in 2019, or other local buildings) would need to be renovated, or new space in the HEC would need to be built-out to house the DPT program. Jill Stanley, Associate Dean for Space and Facilities Planning in the SOM, has been consulted and is working with us to understand different options (see letter). Investment would be required for both the new DPT faculty, facilities and equipment for the program.

VII. Expenses and Revenue

The DPT Program Financial Model with specific assumptions disclosed that impact the revenue and expense projections is provided in Appendix C. Major program launch timelines are both noted per program launch and CWRU fiscal year. Two scenarios were modeled that factored a revised timeline based on feedback from our consultant, David Lake. One had a student ramp up (discussed below) and another with the same basic assumptions but with a flat class size of 25 with no growth in enrollment which is referred to as the base model.

The models assume new faculty and staff hires, expenses for renovation/setup of both educational and research space, annual tuition of \$35.1K or \$105.3K for the whole program. The enrollment targets are for an inaugural class of 25 and then growing the incoming class size by 5 students a year until a class size of 40 students is reached in the program's fourth year of enrolling students. The average class size nationally is 44 students per CAPTE. The financial models assume that the first two year's faculty are on board in time for the AFC. The core faculty salaries are shown at CAPTE benchmarks and there are funds budgeted for associated or adjunct faculty as well. The model adheres to the CAPTE requirement of 12 student per core faculty member. Non-salary expenses include both supplies as well as recruitment and marketing materials and efforts. The models also factor in \$1M for educational equipment and \$1M for research equipment/startup packages to be spent over 5 years. Renovation of existing facilities or buildout of space in the HEC is not factored into the financial model. The curricular initiative is designed to be revenue generating and the DPT program is projected to be sustainable over the long-run. Please see the financial model (Appendix C) for detail on expected revenues and expenses per year. There is a detailed model for the student ramp-up scenario along with a summary table that compares the net annual margin or (P/L) for each scenario, the Base scenario and then the Student ramp up scenario. As expected and is typical of

similar programs, this program will result in a revenue loss for the first few years. Once students come, the program will have a positive annual margin contribution or generate an annual surplus in program year 4 or FY 22 in both scenarios, and we expect to recoup the investment around year 6 in the student ramp-up scenario. The investment is recouped a year later or in year 7 of the base model or with no growth in student enrollment. Please see letter from Matthew Lester, Senior Associate Dean for Finance, for information on the School of Medicine's commitment to investing these resources into the program.

VIII. Program Assessment

This program will implement a comprehensive ongoing assessment. The program will be evaluated at a program level as well as a class level and efforts will be made to remediate in any area showing any amount of deficiencies. This comprehensive ongoing assessment is a CAPTE requirement. A key metric in measuring our program success will be achieving an NPTE pass rate higher than the national average. Another will be meeting the CAPTE guidelines for having >80% graduation rate.

IX. Required University and SOM resources

With regard to classroom and faculty space, we estimate approximately 12,000 sq ft are needed. This is predominantly classroom/lab space (6,500), faculty office space (about 3,000), administrative office space (about 500 sq ft) and student lounge/locker room space (about 2,000). The classroom space required includes a lecture hall as well as two clinical lab rooms, with patient beds and appropriate equipment. Courses for first and second year students, as well as their clinical rotations, will be coordinated to most efficiently utilize the classroom space. Since students will need to change at various times, locker rooms are necessary. The Associate Dean for Space and Planning is in ongoing discussions and will assist in space planning to identify potential space to house the new program. It will either be held in the new Health Education Campus (HEC) (if budget allows as appropriate approvals are received) or it will be housed in renovated space that is currently allocated to medical student education, when they move to the HEC.

Appendix A: Proposed Example Curriculum, subject to change. Course descriptions are provided in Appendix E.

Term	Course	Cr Hrs
Year 1 Term 1	PT 500: Anatomy for Physical Therapy	6
	PT 501: Physiology for Physical Therapy	3
	PT 502: Biomechanics and Kinesiology	3
	PT 530: Introduction to PT Evaluation and Intervention	3
	PT 571: Evidence Based Practice 1	1
	PT 581: Professional Leadership & Professional Growth 1	1
	TOTAL	17
Year 1 Term 2	PT 504: Clinical Medicine for Physical Therapy 1	3
	PT 505: Introduction to Pharmacology for PT	2
	PT 506: Neuroscience in Physical Therapy	3
	PT 531: Musculoskeletal Physical Therapy (includes therapeutic agents)	6
	PT 572: Evidence Based Practice 2	2
	PT 582: Professional Leadership & Professional Growth 2	1
	TOTAL	17
Year 1 Term 3	PT 507: Clinical Medicine for Physical Therapy 2	3
	PT 532: Cardiovascular & Pulmonary Physical Therapy & Integument	4
	PT 533: Neuromuscular Physical Therapy	6
	PT 508: Development and Aging	1
	PT 573: Evidence Based Practice 3	2
	PT 583: Professional Leadership & Professional Growth 3	1
	TOTAL	17
Year 2 Term 4	PT 691: Clinical Internship 1 (8 weeks)	4
	PT 634: Advanced Musculoskeletal Physical Therapy	4
	PT 674: Evidence Based Practice 3 (Design)	2
	PT 684: Professional Leadership & Professional Growth 4	1
	TOTAL	11
Year 2 Term 5	PT 635: Advanced Neuromuscular Physical Therapy	4
	PT 636: Pediatrics	3
	PT 685: Professional Leadership & Professional Growth 5	1
	PT 701: Capstone Project 1 (Data Collection)	4
	TOTAL	12
Year 2 Term 6	PT 637: Complex Patient Assessment & Intervention	6
	PT 638: PT in Health and Wellness	3
	PT 686: Professional Leadership & Professional Growth 6	2

	PT 702 Capstone Project 2 (Data Collection, Analysis & Report)	4
	TOTAL	15
Year 3 Term 7	PT 692: Clinical Internship 2 (14 weeks)	7
Year 3 Term 8	PT 693: Clinical Internship 3 (12 weeks)	6
	PT 639: Clinical Synthesis and Exam Preparation	2
	Total	8
Total		104 credits

Appendix B: Other Regional DPT Programs

School	National Program Rank	Out of State		Avg. Class Size	Program Type	Program Length	Notes
		Tuition per semester	Total Program cost				
University of Pittsburgh	1	15,197	136,773	60	4+3	9 semesters	
Ohio State University	10	15,352	138,168	50	4+3	9 semesters	In-state tuition is \$56.4K
Ohio University	46	8,718	78,462	45	4+3	9 semesters	
University of Cincinnati	64	12,266	106,717	35	3+3, 4+3, Direct Admit	9 semesters	
Walsh University	136	10,125	81,000	34	3+3, 4+3, Direct Admit	8 semesters	
University of Dayton	136	10,605	84,840	35	4+3	8 semesters	
Cleveland State	154	12,151	95,337	40	4+3	9 semesters	TR shown is FT, some semesters are PT and factored in Total program cost
Youngstown State University	164	8,000	72,000	30	4+3	9 semesters	In-state program cost is \$48K
University of Toledo	164	9,922	89,300	28	4+3	9 semesters	In-state program cost is \$49K
Mt. St. Joseph University	182	9,000	81,000	36	4+3	9 semesters	
University of Findlay	193	11,565	104,086	36	3+3, Direct Admit, Weekend PTA to DPT Bridge	9 semesters	
University of Mt. Union	n/a	11,025	88,200	28	4+3	8 semesters	Developing program-1st class entered Fall of 2016- 28 students, anticipate 30 for next class

Current total average class size for all Ohio programs **397**

Sources: Program websites

Appendix C: Financial Model

Tuition & Fees	35,100	35,100	35,100	35,100	A
Cumulative Number of Students	25	55	90	105	B

Program Milestone	Consultants engaged & Faculty program director hired - Fall 2018	DCE & 1st 2 years' faculty hired and Facilities Setup	1st class of students admitted	2nd class of students admitted	3rd class of students admitted	4th class of students admitted
Project Timeline Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
5 Yr. Plan Fiscal Year	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24

Personnel:

Program Director	131,250	175,000	176,750	178,518	180,303	182,106
Dir of Clinical Education (DCE)		100,000	101,000	102,010	103,030	104,060
4.0 FTE Core Faculty		340,000	343,400	346,834	350,302	353,805
2.0 FTE Core Faculty					170,000	171,700
1.0 FTE Core Faculty						85,000
Associated Faculty		85,000	85,850	86,709	117,576	133,751
Adms/Std Affairs		75,000	75,750	76,508	77,273	78,045
Dept Asst	26,250	35,000	35,350	35,704	36,061	36,421
Subtotal Salaries	157,500	810,000	818,100	826,281	1,034,544	1,144,889
Fringe	51,975	267,300	269,973	272,673	341,399	377,813
Total Salary/Fringe	209,475	1,077,300	1,088,073	1,098,954	1,375,943	1,522,703
Non-Salary	30,000	50,000	100,000	100,000	100,000	100,000
Educational Equipment		1,000,000				
Research Lab/startup packages		200,000	200,000	200,000	200,000	200,000
TOTAL	239,475	2,327,300	1,388,073	1,398,954	1,675,943	1,822,703

Revenue

Net Tuition Revenue	-	-	864,338	1,901,543	3,111,615	3,630,218
Program Net	(239,475)	(2,327,300)	(523,736)	502,589	1,435,672	1,807,515
Cumulative Net	(239,475)	(2,566,775)	(3,090,511)	(2,587,922)	(1,152,250)	655,265

A-same as PA program tuition per semester-\$11.7K, total program cost is \$105.3K

B - Table showing assumptions for student population:

	# of students-entering class	Cumulative students
Yr. 1	25	25
Yr. 2	30	55
Yr. 3	35	90
Yr. 4	40	105 (first 25 will have graduated)

C - Per CAPTE requirement, 6.0 FTE Core Faculty members at time of Application for Candidacy. Salaries are shown at CAPTE benchmarks and associated faculty represents funds available for adjuncts and partial FTE faculty. A 9th Core faculty is added with the 4th class of students to keep CAPTE ratio of 12 students : 1 Core faculty.

D - 1% annual salary increases, 33% FB

E - \$30K non-salary/consulting cost for FY 19, \$50K in FY 20 with faculty hire, \$100K FY 21 and thereafter (follows PA business plan)

F - Cost to build out (HEC) or renovate space (Robbins-vacated Med Ed) are separate. This is to set up educational space with equipment

G - \$1.0M over 5 yrs. For research lab setup/startup packages

Appendix D: Doctor of Physical Therapy Program Feasibility Analysis

Executive Summary

The SOM Finance Office explored the possibility of establishing a Doctor of Physical Therapy (DPT) program at the CWRU SOM as an opportunity to provide a high value educational program while simultaneously fulfilling the SOM's mission and diversifying its revenue stream. While a DPT program at the SOM would be a good program addition and financially viable, there are key risks that could outweigh the rewards. The benefits include: roughly \$1.8M surplus per year with a final class size of 40 students in program year 6 when the investment is paid back expansion of the SOM's allied health program portfolio and furthering of the mission of providing comprehensive healthcare education. Our feasibility analysis projects that in Ohio the educational market is at/near saturation point with a ~94% of the new projected job growth. This may pose a challenge for the current Ohio-based DPT programs to compete for their share of the state-wide sector. Despite being a late mover, our goal for the proposed DPT program is similar to our goal for the successful PA program, i.e. to be a national program to meet the demand at the national level which has a shortfall of 34%. With respect to meeting the national impact, two top-tier programs exist in the region (Pitt and Ohio State).

While there are a number of risks and benefits, we recommend that the SOM could embark on the development of a DPT program if the following were completed:

- 1) Confirm support from affiliates to provide the necessary clinical training,
- 2) Secure a unique value proposition that would differentiate it among the Ohio and national programs especially as a new entrant, and
- 3) Hire a program director with experience in developing and running DPTs programs.

Analysis

Job Outlook-There is a projected high demand for Physical Therapists (PTs) or DPT program graduates. Nationally, from 2014 to 2024, the Bureau of Labor Statistics anticipates job growth of 34% for PTs. This is # 8 of all occupations. In Ohio, there is expected to be a 30% increase with 423 new jobs annually (per Ohio Job Outlook 2014-2024-Ohio Job and Family Services).

Competitive landscape-There is competition in the region with Pitt (#1 nationally) and Ohio State (#10) leading the way. CWRU would be a late mover in a state with 10 other programs including CSU already in Cleveland and Mt. Union admitting its first class this past fall. More details are presented in Appendix B. However, we believe our strengths, particularly in training future clinician/educators and clinician/researchers through our DPT/PhD programs, will help us place our graduates both locally as well as around the country.

Accreditation risk- The CAPTE (accrediting body) application process has become more stringent. Program applications are only reviewed twice a year (reduced recently from 3), with a maximum of 6 applications reviewed per candidacy cycle. Additionally, the accreditation process does not move forward until a Faculty Program Director is hired. Then there are workshops, subsequent faculty hires, curriculum development and then a formal application to the CAPTE.

Facilities and Clinical rotations-The program would require a unique large space for treatment tables and specialized equipment. The program also requires clinical rotations for students. CSU currently has clinical rotations with all of our affiliated hospitals in the city (CCF, MHMC, UH, and the VA). However, space has been committed by the School of Medicine (see letter from Jill Stanley, as well as other letters).

Financial Model- The financial model estimates an inaugural class of 25 and then growing the incoming class size by 5 students a year until a class size of 40 students is reached in the program's fourth year of enrolling students. The program requires a \$3M investment is projected to run its first surplus in project timeline year 4. The payback period is a 6 years. Major program milestones are noted per fiscal year.

Program launch timeline-Program launch time is estimated to take a little over 4 years before the 1st class is admitted. The major hurdles in the accreditation process are hiring a qualified Faculty Program Director, Clinical Education Coordinator, developing curriculum, and securing clinical rotation slots.

Appendix E: Course Descriptions

PT 500: Anatomy for Physical Therapy. 6 credits, graded

This is a regional study of the structure, function, histology and development of the human body with emphasis on skeletal, muscular, vascular and peripheral neurologic systems. Course involves use of dissection, prosection, bone kits, models and HoloAnatomy™ technology. Regional study of anatomy will be accompanied by basic palpation and an introduction to regional medical imaging. Laboratory with brief introductions to the dissection.

PT 501: Physiology for Physical Therapy. 3 credits, graded

This is a systems study of human physiology with emphasis on cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, respiratory, and renal and urologic systems and system interactions. This course will include the implications of exercise and aging on each system discussed. Discussion.

PT 502: Biomechanics and Kinesiology. 3 credits, graded

This is a regional examination of biomechanics and kinesiology of the human musculoskeletal systems. It will follow and be linked with PT 500 Anatomy for Physical Therapy. Discussion and Laboratory components.

PT 504: Clinical Medicine for Physical Therapy 1. 3 credits, graded

This is a systems exploration of the pathology, histopathology, differential diagnosis; and the medical and surgical interventions and applications of pharmacology commonly seen in physical therapy practice across the lifespan with specific reference to musculoskeletal, peripheral neural and vascular conditions. This course will also explore basic principles of genetics, inflammation, immunology and cellular and molecular medicine. Discussion.

PT 505: Introduction to Pharmacology for Physical Therapy. 2 credits, graded

This is an introduction to pharmacodynamics, pharmacokinetics and systems approach to classification of pharmaceuticals. This course will discuss the actions, mechanisms and adverse reactions of most classes of drugs used in conditions seen in physical therapy practice. Discussion.

PT 506: Neuroscience in Physical Therapy. 3 credits, graded

This course is an exploration of nervous system structure and function with an emphasis on the central nervous system and review of peripheral nervous system structure and function. Course involves use of prosected materials, models, HoloAnatomy™ technology, and neural imaging. Discussion and laboratory.

PT 507: Clinical Medicine for Physical Therapy 2. 3 credits, graded

This is a systems exploration of the pathology, histopathology, differential diagnosis; and the medical and surgical interventions and pharmacology applications commonly seen in physical therapy practice across the lifespan with specific reference to cardiopulmonary, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, integumentary, lymphatic, nervous, and renal and urologic systems. Discussion

PT 508: Development and Aging. 1 credit, graded

This course will specifically explore the anatomical, physiological and behavioral changes that occur through the lifespan including both normal and pathologic development and aging. Discussion and experiential activities.

PT 530: Introduction to Physical Therapy Evaluation and Intervention. 3 credits, graded

This is a regional exploration of goniometry, muscle testing and basic therapeutic exercise. This content will be sequenced with the content of PT 500 Anatomy for Physical Therapy and PT 502: Biomechanics and Kinesiology. Laboratory.

PT 531: Musculoskeletal Physical Therapy. 6 credits, graded

This regionally oriented course will develop skills to effectively manage patients/clients with musculoskeletal dysfunctions with emphasis on musculoskeletal disorders of the upper and lower extremities. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision including manual therapy techniques, therapeutic exercise, electrotherapy and other physical agents. Critical appraisal of musculoskeletal tests and measures, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 532: Cardiovascular & Pulmonary Physical Therapy & Integument. 4 credits, graded

This course will develop skills to effectively manage patients/clients with cardiovascular, pulmonary and integumentary dysfunctions with emphasis on both the acute care and long term rehabilitation management of these conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision of care with emphasis on airway clearance, wound care, management of the amputee and therapeutic exercise. Critical appraisal of cardiovascular, pulmonary and integumentary tests and measures, critical thinking, and evidence-based practice are emphasized using case studies, clinical simulations and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 533: Neuromuscular Physical Therapy. 6 credits, graded

This course will develop skills to effectively manage patients/clients with neuromuscular dysfunctions with emphasis on both the acute care and long term rehabilitation management of these conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision of care with emphasis on therapeutic exercise. Critical appraisal of neuromuscular tests and measures, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 571: Evidence Based Practice 1. 1 credit, graded

This is an introduction to evidence based practice with a discussion of the different forms of research and how each can be used to create an evidence based approach to physical therapy practice. Discussion

PT 572: Evidence Based Practice 2. 2 credit, graded

This is an introduction to descriptive and inferential statistics used in physical therapy studies. Examples from the physical therapy literature will be used in the students understanding of how to apply statistics to studies of different designs. Discussion

PT 573: Evidence Based Practice 3. 2 credit, graded

Practical application of descriptive and inferential statistics used in physical therapy studies. Examples of different research designs from the physical therapy literature will provide data sets for analysis with statistical software. Laboratory

PT 581: Professional Leadership & Professional Growth 1. 1 credit, graded

This is an introduction to leadership principles and the laws and guidelines that govern physical therapy practice with emphasis on the Ohio physical therapy practice act with discussion of American Physical Therapy Association organization, governance, Code of Ethics, Core Values and Vision. Discussion.

PT 582: Professional Leadership & Professional Growth 2. 1 credit, graded

This course focuses on taking the leadership through understanding the psychosocial needs in managing the individual's care during illness and disability as well as ways to successfully interact with and enhance wellness of patients and families in health care settings. Discussion and experiential activities.

PT 583: Professional Leadership & Professional Growth 3. 1 credit, graded

This is an introduction to communication and leadership including patient/client communication, interprofessional communication with other health care providers and advocacy describing physical therapy practice to legislators and insurance companies. Discussion.

PT 691: Clinical Internship 1 (8 weeks). 4 credits, ungraded.

The first, full-time clinical education experience in which the student will begin developing proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning in a setting that will give the student an opportunity to integrate academic coursework. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings. Clinical practicum

PT 634: Advanced Musculoskeletal Physical Therapy. 4 credits, graded

This course expands upon material presented in PT 531 to develop skills to effectively manage patients/clients with musculoskeletal dysfunctions with emphasis on musculoskeletal disorders of the head, neck and spine. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision including manual therapy techniques, therapeutic exercise and physical agents. Critical appraisal of musculoskeletal assessments, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 674: Evidence Based Practice 3. 2 credits, graded

Design, development, achieve IRB approval and begin implementation of the capstone research project.

PT 684: Professional Leadership & Professional Growth 4. 1 credit, graded

Emphasis on leadership in interprofessional activities and direction of the physical therapist assistant and other ancillary personnel. Discussion.

PT 635: Advanced Neuromuscular PT. 4 credits, graded

This course expands upon material presented in PT 533 to develop skills to effectively manage complex patients/clients with neuromuscular dysfunctions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision. Critical appraisal of advanced neuromuscular assessments, critical thinking, and evidence-based practice are emphasized using case studies and standardized patients and clinical exposures. Discussion, laboratory and experiential activities.

PT 636: Pediatrics. 3 credits, graded

Application of skills developed in previous course work to infants and children with musculoskeletal, neuromuscular, integumentary, cardiovascular and pulmonary conditions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and provision. Critical appraisal of pediatric assessments, critical thinking, and evidence-based practice are emphasized using case studies and clinical simulations and clinical exposures. Discussion, laboratory and experiential activities.

PT 685: Professional Leadership & Professional Growth 5. 2 credits, graded

The focus is on identifying and analyzing ethical dilemmas facing the individual therapist and on the application of ethical principles, the APTA Code of Ethics, and the Guide for Professional Conduct to these dilemmas.

PT 701: Capstone Project 1. 4 credits, ungraded

Begin data collection for the capstone research project.

PT 637: Complex Patient Assessment & Intervention. 6 credits, graded

This course expands upon material presented in previous coursework to develop skills to effectively manage patients/clients with complex, multisystem dysfunctions. Elements of patient management include examination, evaluation and diagnosis with special attention to differential diagnosis and screening strategies, identification of patient/client problems, prioritization of goals, treatment selection and referral to other practitioners. Critical appraisal of patient management, critical thinking, and evidence-based practice are emphasized using case studies, standardized patients and clinical exposures. Emphasis will be on acute care and rehabilitation management of the complex. Discussion and experiential activities.

PT 638: PT in Health and Wellness. 3 credits, graded

This course expands upon material presented in previous courses to place a health promotion and wellness programs within the context of musculoskeletal, neuromuscular, integumentary, cardiovascular and pulmonary physical therapy practice. Emphasis will be on the development or expansion of health and wellness programs through critical, evidence-based appraisal of the need, design and effectiveness of wellness activities. Discussion and experiential activities.

PT 686: Professional Leadership & Professional Growth 6. 1 credit, graded

Focus on clinic leadership and practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

PT 702 Capstone Project 2. 4 Credits, ungraded

Complete data collection, analyze data and develop written and oral presentation of the capstone research project.

PT 692: Clinical Internship 2 (14 weeks). 7 credits, ungraded

The penultimate, full-time clinical education experience in which the student will begin developing independence and proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning in a setting that will give the student an opportunity to integrate academic coursework. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings.

PT 693: Clinical Internship 3 (12 weeks). 6 credits, ungraded

The culminating, full-time clinical education experience in which the student will achieve independence and proficiency in the areas of patient examination, evaluation, goal setting, program planning, intervention implementation, clinical decision-making and administrative planning. The setting will be selected to ensure that the student upon graduation has had an opportunity to integrate academic coursework into a variety of patient settings.

PT 639: Clinical Synthesis and Exam Preparation. 2 credits, ungraded

Seminars designed to review and integrate the clinical experiences from the two capstone clinical experiences into the academic curriculum and to review for the National Physical Therapy Examination.

Memorandum

To: Pamela B. Davis, MD, PhD, Dean, School of Medicine, Case Western Reserve University
From: Phoebe Stewart, PhD, Chair, Faculty Council
Re: New Doctor of Physical Therapy (DPT) Program
Date: May 22, 2018

At its May 21, 2018 meeting, the Faculty Council voted to recommend approval of the proposed Doctor of Physical Therapy (DPT), a new clinical doctor program in the School of Medicine. Pat Thomas, Matthew Lester, and Cheryl Thompson presented the proposal to Faculty Council. This was a re-review of the proposed program. The DPT program was also reviewed by Faculty Council at its March 19, 2018 meeting, but the program did not receive the approval of Faculty Council at that time (14 in favor, 16 not in favor, and 2 abstain). At the May meeting after presentation and discussion of additional information regarding the program, the vote was 23 in favor, 6 not in favor, 2 abstain.

The original concerns of Faculty Council included:

- The large initial investment required

- The built in 2% annual salary increase for the director, when SOM faculty in general are getting ~1% merit raises if that
- The need to hire more faculty to teach, when there are currently significant concerns about how the HEC will impact the teaching burden on existing faculty

- In addition, there are significant concerns about existing tenure-track and non-tenure track faculty receiving suitable credit for teaching

- Concerns about the estimated number of students to make the program profitable. How confident are we that the projected number of students be achieved?

Information was presented at the May Faculty Council meeting that helped to alleviate these concerns:

- The DPT is part of a financial plan to help the SOM recover from the deficit created by the change in the UH Affiliation agreement. The initial investment required for the DPT will be covered by the subvention funds from the University to the SOM during the three years following the change in the UH Affiliation agreement.

- DPT faculty salary increases will follow the guidelines for merit and incentive increases generated annually by the School of Medicine.

- Eight faculty with a DPT degree or combined DPT/PhD degrees are required for accreditation. These faculty will cover most of the additional teaching requirements for the program. Current faculty are encouraged to participate if they are interested and have related expertise.

- The new DPT faculty will likely be in both the non-tenure track and the tenure track. The tenure track faculty would be expected to do research in related area and to have grants covering some of their salary.

- The projection for the DPT program is to start with a class of 25 students and to ramp up to a class with 40 students within a few years. According to the outside consultant hired to review the DPT plan, the DPT program could potentially grow to an even larger class size given the national reputation of CWRU and the projected 34% increase in jobs for PTs from 2014-2024 (per US Bureau of Labor Statistics).

After your review, I hope you will join me in recommending approval of the DPT program.

Sincerely,



Phoebe L. Stewart, Ph.D.
Faculty Council Chair
Professor of Pharmacology
Case Western Reserve University School of Medicine

cc: Nicole Deming, JD, MA

April 29, 2019

Faculty Senate Committee on Graduate Studies Report to the Faculty Senate on the Graduate and Professional Education Data Initiative

Introduction

At its September 12th 2018 meeting, the Faculty Senate Executive Committee and the President and Provost charged the Faculty Senate Committee on Graduate Studies (FSCGS) to undertake a survey of student success in the CWRU graduate and professional schools. This information is important for understanding university rankings, for faculty and student scholarship, and for student success. The immediate aim was to gather information on current practices and to report back to the Faculty Senate at the end of the Fall 2018 semester (*extended to end of spring 2019*).

In addition to gathering this information, the FSCGS was charged with developing an efficient process for regular reporting regarding graduate and professional student success to the Faculty Senate. The FSCGS was to consider including topics such as student recruitment, enrollment, yield, retention, graduation rates and time to degree, and placement, along with any special efforts underway in the schools/college related to these topics. The Faculty Senate Executive Committee requested a report on this process by the end of the Spring 2019 semester (*extended to end of Fall 2019*).

During the 2018-2019 academic year, the FSCGS sought information from a number of different sources on the types of student data maintained by the graduate and professional schools. Rebecca Weiss, Secretary of the University Faculty, did much of the primary data collection presented herein. [This report contains general information on what is maintained and tracked centrally, mainly through the School of Graduate Studies \(SGS\), and what is maintained by the College and Schools.](#)

A spreadsheet is attached that lists each graduate and professional degree program within the College and Schools. The spreadsheet indicates which programs are offered through the SGS and which are individually accredited. *

* Accreditation information (including dates for upcoming reviews) was taken from the Institutional Research webpage at <https://case.edu/assessment/about/accredited-programs>.

Overview of findings: The primary finding to emerge from the FSCGS efforts is that the data requested are widely dispersed across units, with no single central source for all of the data of interest. This report reflects what information the FSCGS was able to collect about what data are available and where these data are housed (section I), a brief description of other data initiatives underway (section II), and recommendations for next steps (section II).

SECTION I: REPORT ON DATA CURRENTLY AVAILABLE

1) Student Data Maintained Centrally

Admissions, Enrollment and Completion Information

- The School of Graduate Studies (SGS) maintains information through its admissions/enrollment management system on applications, enrollment and completions for most graduate programs offered through the SGS. Student data for graduate programs in the School of Medicine is maintained in the SOM Office of Graduate Education.

Notably, information on *admitted* students is more difficult to maintain by the SGS due to the variation in processes regarding admissions decisions among the College and Schools. Reasons why

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students do not accept offers or withdraw from programs is **not** maintained centrally.

- Each year the SGS completes the Council of Graduate Schools/GRE Survey of Graduate Enrollment and Degrees and submits aggregate information on CWRU graduate enrollment, number of degrees conferred, number of applications submitted and enrollment by race and ethnicity.
- The CWRU Office of Institutional Research produces a number of reports on undergraduate and graduate enrollment trends, and also collects application statistics (applications, admits, enrollment) for bond-rating agencies.

Time-to-Degree

It is possible for SGS to calculate “crude” time-to-degree for graduate students in programs offered through SGS, but reports are not maintained on a regular basis. Details of how to interpret these data, however, require input from programs due to variations in how students enter MA-PhD programs (i.e., some programs take students only in to PhD, some programs have students enter the MA then the PhD etc.).

Post-Graduation Plans

This information is not tracked centrally, however, the SGS does participate in the Survey of Earned Doctorates (SED) which is an annual census conducted of all individuals receiving a research doctorate from an accredited U.S. institution in a given academic year. The SED is sponsored by the National Center for Science and Engineering Statistics (NCSES) within the National Science Foundation (NSF) and by five other federal agencies: The National Institutes of Health, U.S. Department of Education, U.S. Department of Agriculture, National Endowment for the Humanities, and National Aeronautics and Space Administration. The SED collects information on the doctoral recipient's educational history, demographic characteristics, and post-graduation plans. Results are used to assess characteristics of the doctoral population and trends in doctoral education and degrees.

2) Periodic Reviews of Graduate and Professional Programs

The Chancellor's Council on Graduate Studies (CCGS) under the Ohio Department of Higher Education is responsible for assessment of new graduate degree programs. The CCGS consists of graduate deans from all Ohio universities. Assessment is based on criteria provided in the CCGS Guidelines and Procedures for Review and Approval of Graduate Degree Programs (the “Guidelines”).

The Guidelines provide that all universities must employ graduate program review procedures informed by the key features and elements outlined in the Council of Graduate Schools' publication, *Assessment and Review of Graduate Programs*. The CGS publication recommends that graduate programs be reviewed every five to ten years according to a published timetable.

Previously, the Ohio Department of Higher Education (or its predecessor body, the Ohio Board of Regents) required that doctoral programs be reviewed on 5-10 year intervals, with reviews submitted to the Chancellor's Council on Graduate Studies (or its predecessor body, the Regents Advisory Council on Graduate Study). More recently, the Ohio Department of Higher Education has mandated that all graduate programs (PhD and Masters) be subject to academic program review. It is also the current expectation of the Higher Learning Commission that degree programs at all levels (undergraduate through doctoral) be subject to periodic academic program review. Schedules for these academic program reviews are being created within the College and Schools.

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Relevant student information should be contained within the self-studies prepared for these periodic reviews, such as student demand/enrollment during the period under review, application ratio, student GPA and GRE scores, diversity of the student body, and employment of graduates in fields consistent with the mission of the program.

3) Student Data Maintained by the Graduate and Professional Schools

College of Arts and Sciences (Jill Korbin, Associate Dean, College of Arts and Sciences; Beth Trecasa, Chief Operations Officer and Assistant Dean for Strategic Initiatives)

- Admissions, enrollment, completion data are available through the SGS and departments manage this information also.
- Information on admitted students, reasons students do not accept offers or withdraw from the program, if maintained, is maintained by individual departments.
- ODHE/HLC periodic reviews have been scheduled for all programs (Cognitive Science, Political Science and Biology reviews are in the final approval process; Dance, Modern Languages and Literature, and Math, Applied Math and Statistics are completing their self-studies documents for review). The self-studies completed for these reviews should include relevant student data.
- In 2015, for the Accenture review, a first destination survey was conducted. There was a decent response, but no subsequent surveys of this type have been conducted.

Case School of Engineering (Nicole Seiberlich, Associate Professor, Biomedical Engineering; chair of BME Graduate Committee as well as chair of CSE Graduate Studies Committee)

- Admissions, enrollment and completion data are available through SGS.
- Availability of other data is variable depending on the department. The university's registrar provided information on matriculants, retention/attrition data, time to degree and completion rates for BME's recently completed self-study for the ODHE.
- CSE departments complete their self-studies for the ODHE on 8-year intervals.
- If information is maintained on reasons that students don't accept offers or withdraw from their programs, it is maintained on the department level.
- Post-graduation information is not maintained at the school level but possibly by the departments.
- The CSE Executive Committee will be considering how to better track and utilize student data.

Frances Payne Bolton School of Nursing (Cynthia Danko, Assistant Professor and Institutional Researcher)

- The SON maintains extensive enrollment information for all undergraduate and graduate programs in a dashboard format on their website. The dashboard is updated annually and contains demographic information. The data are used for surveys and for accreditation purposes.
- Time-to-degree information for master's degree programs and the Doctor of Nursing Practice program is maintained for accreditation purposes (CCNE) (a continuous improvement report was just completed in 2018 and the next full accreditation review is in 2021).
- Employment information for master's degree students and DNPs is obtained through annual alumni surveys and included in self-studies for accreditation. This information can be difficult to obtain and the school is looking into texting students and searching for student information through Facebook and LinkedIn.
- PhD program- the School collects employment data to report to the American Association of Colleges of Nursing (AACN). They are interested in finding out whether graduates are employed in academic or non-academic positions.

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Jack, Joseph and Morton Mandel School of Applied Social Sciences (MSASS) (Richard Sigg, Director of Recruitment and Enrollment, and Karen Ishler, Senior Research Associate)

Admissions, Matriculation, Retention, Time to Degree and Completion Rates

MSSA and MNO Degree Programs

MSASS maintains data on applications, admittances, enrollment, demographics, acceptance and yield rates for the MSSA (on campus, intensive weekend and online formats) and for the Master of Nonprofit Organizations degree program (MNO).

PhD in Social Welfare

MSASS does not track information for the PhD as formally as it does for the MSSA and MNO programs, however, it can be obtained through the SGS, as described above regarding centrally-held information.

Post-Graduation Plans

MSSA and MNO Degree Programs

A graduating student survey is conducted by the Educational Outcome Assessment Office upon graduation and again 6-months out. The surveys are voluntary and the response rate is around 50%.

PhD in Social Welfare

Since there are fewer students in the PhD program, it is easier to track post-graduation plans. All PhD students must complete the Survey of Earned Doctorates also.

School of Dental Medicine (Catherine Demko, Associate Professor, Community Dentistry)

- The SODM Registrar maintains admissions, enrollment, completion and time-to-degree information for DMD students and for students in specialty training programs. The Graduate Studies Office at the SODM also tracks student information in the special training programs. The School does not track reasons why admitted students don't matriculate, but keeps information on why students withdraw from the program especially for the DMD.
- Post-graduation plans are tracked through surveys to recent graduates and alumni. Approximately 20-25% of graduates enter specialty training programs at CWRU or at other schools. Residency directors are surveyed to determine whether CWRU students are prepared for practice, however, residencies are not required for DMD students.
- All the above information is maintained for accreditation purposes.

School of Law (Jaime Bouvier, Assistant Professor of Lawyering Skills)

- Student data for the JD are maintained by the School of Law for reporting to the Law School's Admissions Council (LSAC) and for accreditation purposes every 7 years (American Bar Association- next review in 2024).
- LLM Programs – admissions, enrollment, completion, and time to degree information is maintained by the School of Law. They do not track post-graduation data for their students and do not report to the ABA (**Elizabeth Woyczynski, Administrative Director of Admissions and Student Services**).
- Doctor of Juridical Science (SJD)- same as for LLM programs
- Master's in Financial Integrity- no information at this time
- Master's in Patent Practice- no information at this time
- Master of Law Program- no information at this time

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School of Medicine (Klara Papp, Director of Center for Advancement of Medical Learning, Director of Assessment and Program Evaluation)

Admissions, Matriculation, Retention, Time to Degree and Completion Rates

MD and MD Dual Degrees

Information on admissions, matriculation, retention, and time to degree is maintained for MD and MD/Dual Degree programs through the SOM Registrar's Office. Most medical students complete within 4 years, but some students may take a year off to engage in research activities, others take leave for personal reasons, etc.

Other Master Degree and PhD programs:

The SOM has recently hired a Director of Enrollment Management for the graduate programs at the SOM and this individual will be working on data-keeping, recruitment, marketing, etc.

Master's degree programs (19 programs)- **Cheryl Thompson (Assistant Dean of Educational Initiatives in the Office of Graduate Education)** tracks admissions information through the SGS and SIS. Individual departments provide her with information also. The Physician Assistant (PA) program maintains much of its own data as does the Master of Science in Anesthesia (MSA) program.

Reports on student time-to-degree are not maintained on a regular basis but can be pulled if necessary. Individual departments may have information on reasons students don't accept offers or withdraw from the program.

PhD student data (BSTP and MSTP) are maintained by **Paul MacDonald (Associate Dean for Graduate Education)** and are required for training grant reporting.

Post-Graduation Plans

MD and MD Dual Degrees:

SOM keeps information on residency placement and conducts surveys of residency program directors on their perceptions of how well prepared students are, and graduates' perceptions of how well prepared they are for the next phase of their education.

Master's degree programs- Surveys are conducted of master's degree students to determine their post-graduation plans but it can be difficult to get responses. Individual departments track some of this information also particularly within the PA and MSA programs.

Weatherhead School of Management (Stacy Manz, Project Coordinator and Dana Zingale, Assistant Director, Data and Market Intelligence)

Admissions, Matriculation, Retention, Time to Degree and Completion Rates

Masters degree programs

Applications, admits, yield, enrollment and demographics for all master's degree programs is available through Weatherhead's Hobsons/Apply Yourself application system and annual reports are maintained. Dual degree application/student information is reported within the WSOM program, not called out separately.

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Data on completion, completion rates, retention and time-to-degree are not maintained on a regular basis. Time-to-degree information can be made available if requested. They do not track retention and persistence at the master's level.

PhD and Doctor of Management Programs

Applications, admittances, yield, enrollment and demographics are available for the Doctor of Management and PhD in Designing Sustainable Systems through Hobsons/Apply Yourself application system. Information on other PhD programs granted through the School of Graduate Studies is available through the individual department.

Post-Graduation Plans

Career information for full-time MBA students is maintained by the WSOM Career Management office. Student surveys are conducted upon graduation and 90 days out. Information is tracked for CSEA (Career Services and Employer Alliance), the AACSB (Association to Advance Collegiate Schools of Business) and various MBA rankings (US News, Economist, BusinessWeek, etc.).

Post-graduation plans for students in specialty master's programs are tracked at the individual program level. The CSEA has recently identified standards for reporting employment for specialty master's programs, but they have not officially started data collection and reporting in line with these guidelines.

PhD career information is tracked at the program level and information should be posted on the webpages for the PhD programs under Learning Communities: Alumni.

SECTION II: OTHER DATA INITIATIVES UNDERWAY

During the course of the academic year, the FSCGS became aware of parallel initiatives underway at the university that can contribute to this effort. First, the SGS is currently working to collect and report data as part of the *Coalition for Next Generation Life Science*. Although limited to certain departments/programs, the data collected for this project will be a valuable contribution to the overall effort.

Ongoing regular reporting of components of the desired data to various entities, including accreditation bodies, ODHE/HLC, and NSF are compiled and submitted regularly, by either SGS, individual schools/departments, or the CWRU Office of Institutional Research.

Finally, **individual schools** currently have or are beginning to collect and post data in line with this initiative. Examples including the FBSON and MSASS.

It became apparent to the FSCGS that there are appropriate data available across the university but in the absence of institutional resources or structures to collect and maintain these data, identifying, locating, and reporting data for graduate and professional programs *institutionally* will remain challenging.

SECTION III: RECOMMENDATION FOR NEXT STEPS

In broad terms, the data collection initiative requires creation and support for a *culture of reporting* at the level of graduate and professional education. To achieve this, there needs to be both structural and material support for data collection and reporting. Based on the information presented above and FSCGS discussions throughout the academic year, the FSCGS makes the following recommendations.

April 29, 2019

1. Resources: Due to the heterogeneous nature of graduate and professional programs at CWRU, centralized data collection poses numerous challenges. Although we were able to identify sources of data regarding these programs, the lack of a centralized office with appropriate resources to collect and report these data significantly hampers the ability to develop an institution-wide system of data collection and reporting. Although there is great value in maintaining programmatic autonomy, institutional needs for data collection and reporting require additional resources for SGS and within units to ensure timely and accurate reporting of data.
2. Leverage parallel/ongoing efforts: As noted in Section II, there are initiatives underway across the university that do, or plan to, collect data similar to what are being sought under this initiative. We, therefore, urge that a concerted and focused effort be made to leverage these efforts to avoid costly and frustrating duplication of effort. The FSCGS stands ready to engage in discussions regarding possible structures to achieve this goal.
3. Focus initially on units/programs that are already collecting/ reporting such data. Throughout the academic year, the FSCGS became aware of programs that can serve as initial models of how to collect and report the data of interest. We recommend that efforts going forward begin by focusing on these programs.

Specifically, the FSCGS noted that MSASS, being a smaller and more homogeneous unit that has centralized admission and program data, can serve as an initial unit to explore reporting protocols. It was also noted that within the CSE, the Department of Biomedical Engineering is currently engaged with SGS in developing templates to collect data needed for their self-study. This presents an opportunity to explore the resource and data needs for routine reporting of graduate program data.

We believe a focus on these programs, in conjunction with the Life Sciences initiative centered at SGS, will be an important next step towards establishing institutional structures needed to support a culture of reporting at CWRU.

Submitted by Janet McGrath, Chair, on behalf of the Faculty Senate Committee on Graduate Studies.
April 29, 2019

Faculty Senate Endorsement for the Updated Mentor-Mentee Handbook

Brendan Barton, Vice President for Academic Affairs, GSC

April 29, 2019

Substantial Updates to the Mentor-Mentee Handbook

2007-2008 Graduate Student Senate Handbook

- Mentoring focus emphasized Advisor-Advisee relationship
- One decade out of date (important for sections on Racial and Ethnic Minorities, Women, LGBTQA+, Title IX)
- Language more prescriptive

2018-2019 Graduate Student Council Handbook

- Expansion of Mentor-Mentee definition
- Standalone sections on Mental Health, Imposter syndrome
- Updated sections on Women Mentees, LGBTQA+ Mentees with a change in focus
- Heavily re-edited to favor descriptive over prescriptive language



CASE WESTERN RESERVE
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Graduate Student Council

A Publication of the Graduate Student Council | Case Western Reserve University

The Guidebook for Mentors and Mentees:

*fostering strong relationships
between graduate students
and mentors*



The Guidebook for Mentors and Mentees

Fostering strong relationships between graduate students and
mentors

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CASE WESTERN RESERVE
UNIVERSITY EST. 1826

Graduate Student Council

2018-2019

2017-2019 GSC Mentor-Mentee Committee

This Guidebook was created entirely by the GSC committee on Mentor-Mentee relationships, a group of graduate student representatives who spent many long hours during the 2017-2018 and 2018-2019 academic years continually drafting, editing, and improving this document.

Brendan Barton, *Departments of Pathology and Medicine, School of Medicine*

Leslie Cuellar Vite, *Department of Pharmacology, School of Medicine*

Kacey Dananay, *Department of Biology, School of Medicine*

Brandy Grove, *Department of Macromolecular Science and Engineering, School of Engineering*

Sahil Gulati, *Department of Pharmacology, School of Medicine*

William Lenart, *Department of Macromolecular Science and Engineering, School of Engineering*

Aviva Vincent, *Jack, Joseph, and Morton Mandel School of Applied Social Sciences*

Faculty Reviewers

To get the faculty perspective, the GSC committee on Mentor-Mentee relationships contacted the following group of exemplary Case Western Reserve University faculty mentors who volunteered to review and offer suggestions on the draft version of The Guidebook for Mentors and Mentees. The committee cannot possibly thank enough for your outstanding service, suggestions, advice, and enthusiasm, all of which vastly improved this Guidebook. Each of you truly epitomizes the word 'mentor'.

Gary Galbraith, *Department of Dance, College of Arts and Sciences, Case Western Reserve University*

Patricia Lopez, *School of Law, Case Western Reserve University*

Michael McCarthy, *School of Law, Case Western Reserve University*

Marvin Nieman, *Department of Pharmacology, School of Medicine, Case Western Reserve University*

Sandra Russ, *Department of Psychological Sciences, College of Arts and Sciences, Case Western Reserve University*

John Paul Stephens, *Department of Organizational Behavior, Weatherhead School of Management, Case Western Reserve University*

Chris Winkelman, *Frances Payne Bolton School of Nursing, Case Western Reserve University*

Remarks from President Barbara R. Snyder

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Basics of Good Mentoring

I. What Makes a Mentor Different Than an Adviser or a Coach?

Adviser = An individual who is assigned by the department to provide academic, or work-oriented (i.e. fellowship/work supervisor), supervision. Advisers are people with career experience willing to share their knowledge. Academic supervision includes guiding students with selecting classes and registration that will enable a student to progress through the program and align with their academic specialty within the program. An adviser can also help students develop their professional skills and socialize them into the discipline by guiding them towards academic success. An adviser may also be a mentor.

Mentor = An individual who is identified by the mentee as a trustworthy role model. Mentorships can be within formal or informal relationships. A student/candidate should have multiple mentors throughout their tenure – one person cannot meet all of ones needs. A mentor is invested in development of the mentee, including professional and personal growth outside of direct education. In this sense, a mentor is someone who is safe to say “I don’t know” to without any fear of retribution or judgement. Students/candidates may be in contact with mentors as often as once a week (or more), and as infrequent as once yearly at a conference. However, regular conversations (face-to-face, email, telephone, and text) are an expectation. The relationship between a mentor and mentee require intentional effort and clear communication. As professional and personal goals evolve, so do expectations about mentoring. A mentor may also be an adviser.

II. Being a Good Mentor

Knowing yourself/self-awareness/emotional intelligence

Before becoming a mentor, begin by thinking about your days as a graduate student and the mentoring you did or did not receive. Consider the following:

- What kind of mentoring did you have?
- If you did not have a mentor or several mentors, what aspects of graduate school were difficult for you? How did you cope with them?
- How did/would a mentor (or several mentors) have contributed to your own productivity and satisfaction you’re your graduate student experience?
- What did you like and dislike about the mentoring you received?
- How did your mentors help you progress through your graduate program?
- How well did your mentors prepare you for your career?
- Are you still in contact with any of your former mentors? In what way(s)?
- What could your mentor(s) have done differently to be more effective?

If you are a new faculty member and did not have a mentor in graduate school, consider speaking with a current faculty member who has already successfully mentored several graduate students. You might also consider interviewing graduate students in your department and asking them what they like most about their mentors.

Understanding your mentee

Before getting to know your mentee, it may be of use to understand yourself in the context of group membership. Here are some questions and suggestions for how to go about doing so:

Group memberships:

- Think about how your mentee might relate to others socially in terms of identity. To which age group do they belong? How may they identify in terms of gender, social class, disability, family status, and other groups?
- It may be helpful to examine your own affiliations. Please see appendix H that includes an exercise in getting to know for which groups you may claim membership.

When you have meetings with your mentee, the following categories and their associated suggestions may be useful for understanding the different facet of your mentee's past, present, and future as well as their own personal characteristics.

Career interests:

- Find out about the student's previous educational experiences and why they decided to attend graduate school. What does the student hope to get out of their graduate education?
- Discuss your own research or creative projects and point out how they complement and/or diverge from the student's interests.
- New graduate students are often unsure of exactly where their academic interests lie. Help your mentees identify their interests by recommending courses, projects, lectures, books, or other materials that will expose them to a range of topics within their field.
- Offer suggestions about other training and/or work experiences the student should seek that will help them achieve their goals.
 - Help the mentee actively cultivate professional development. Refer the student to campus resources and people inside or outside the University to build networks. Networking is a learned skill. Even when students enter a program with experience, the mentor should take time to teach the mentee how to network appropriately in their given field. This may include how to address faculty in written communication, attending conferences, presenting in various forums, meeting other faculty on campus, or any other instances where mentees are representing their department.
 - Teach mentees appropriate skills for the academic environment, such as how to write "cold call" emails, how to make conference posters, and how to enter the job market. Do not assume that students already know these skills. If they say they do, state that refreshers are always beneficial, and that it is best practice to understand the institution or department's expectation.
 - Create a space to test out new ways of interacting (i.e. answering questions in class). If a mentee is typically shy, provide an opportunity to engage in verbal conversation. If a mentee is typically outspoken, engage in conversation with intentional listening activities. Be clear that there is a learning activity to acquire new skills.

Work style/learning style:

- Discuss with the student what type of guidance they seek. How much independence does the student want?
- Discuss your work style and the ways in which you interact with your graduate students. This might include the level of independence that you expect of your students and how much time and attention they can expect to receive from you.
- Ask the student about people in their past who have been important mentors. Inquire about how these people were effective in helping the student.
- Consider taking the CliftonStrengths assessment (<https://www.gallupstrengthscenter.com>) --- this is sometimes offered for free through CWRU.

- Set expectations about attendance in the lab or research team, deadlines, and regular meetings to communicate progress, issues, new ideas, and challenges.
- Help navigate the graduate program of study by interpreting graduate school requirements, discussing data ownership and authorship, and advocating for you when you have a problem if that problem is shared with me.

Motivations:

- Ask students about their prior academic, professional, or personal experiences.
- Ask students about their skills (creative, analytical, statistical, etc.) and offer ideas about opportunities to improve those skills through helping other students (teaching and mentoring others), oral and written communication training (reports, presentations, and posters), grant writing, and lab management (supervising others)
- Connect mentees with Career Counseling Services for graduate students on our campus. They offer workshops, coaching, preparation for interviews and online job resources. <https://students.case.edu/career/development/>
 - This resource can be particularly helpful as students redirect their focus after spending some time in either program or lab!

Resources and References

1. Graduate Student Resources. <https://students.case.edu/career/graduate/>
2. Graduate Studies Professional Development Center is available to all PhD, DMA, Man, MRA, MS, MSA, ME, MEM, and MPH students as well as Post-Docs! They offer coaching exercises to help mentees draft a personal vision, exercises to identify values, strengths, and gaps, and create an action plan. <https://community.case.edu/sgs> or email gradprofdev@case.edu.

IV. The Mentoring Process

Setting expectations

Before beginning a mentorship, think about what you want from the graduate student so that your own expectations are established. The following questions are examples of what you might consider:

- What sort of mentor do you want to be, or what kind of mentor do you envision you could be? Some examples are social, professional, research, and teaching role mentors.
- What are your expectations of your students?
- What are your communication preferences (email, phone, etc.)?
- What do your students need to know to succeed in your program?
- What are the national and international organizations (publishers, journals, resources, developmental conferences, etc.) in your field that provide a benefit to the student?
- In some fields, such as research, determining an appropriate meeting frequency is pivotal to student success. How often would you expect to meet with the student to ensure they keep up momentum?

Please refer to Appendices C and D for worksheets on mentor and mentee expectations, respectively.

Individual development plan

An individual development plan is a highly useful exercise for discovering and planning short-term and long-term goals for personal and career development. Essentially, it presents an opportunity for the mentee to process and articulate where they are in their career, where they want to be long-term, and what they need to do short-term to accomplish their long-term goals. Mentors also grow and benefit from mentor-mentee relationships and might include their own development plan that outlines how they will track their growth from the relationship. Templates for these can be found online specific to any

number of fields; however, there are a few commonalities in individual development plans. Here are some questions that you and your mentee should actively be thinking about concerning your mentee's professional and/or personal development:

- What is your mentee's current career situation? Describe current activities, stage in career, and completed goals and milestones.
- What are your mentee's short-term and long-term goals for their career? What is the timeline for their completion?
- What is your mentee's needs and objectives in terms of development?
- What opportunities does your mentee plan to take and when will they take them? This may include opportunities here at CWRU (through Graduate Studies and organizations on campus such as the Graduate Student Council), online or classroom-style classes, professional conferences, internships, and other forms of training or experiences.
- How might the mentor benefit/grow from the relationship, and which metrics can be used to track this?

Developing an individual development plan may be beneficial for the first meetings between a mentor and mentee. For a checklist on first meetings, see appendices E and F (for mentors and mentees, respectively), and refer to appendix G for a sample mentor and mentee agreement form that can set up a collaborative set of objects, roles, responsibilities, and expectations for both parties.

Following up and staying connected

Fostering a strong connection with your mentee is an important lesson for your mentee in maintaining professional ties. Ask your mentee to update you when they have accomplished something of note toward their career goals. Maintain a constant connection with regular meetings, and emphasize that your mentee's development matters to you. Illustrating the career-defining importance of staying connected to your professional network is a great lesson for your mentees to learn.

Mental Health

I. Mental Health and Graduate Students

Graduate Student Mental Health - How Mentors Can Help

Graduate school is stressful for many students though reasons differ based on departmental expectations, program of study, and even family and friends. Aside from learning how to be successful in their field, graduate students must also learn how to overcome potential mental health issues that may arise. While the conversation may be difficult to have with students, mentors can provide the encouragement necessary to tackle these issues. While it is not the mentor's responsibility to provide counseling, it is important that a mentor provide the space to explore stressors, and when necessary, refer students/candidates for additional support. Therefore, it is necessary for faculty to be aware of mental health challenges and statistics to sharpen their ability to identify mental health issues amongst students/candidates.

Statistics

There is growing literature uncovering an under-acknowledged prevalence of mental health disorders amongst graduate students worldwide. Since 2013, 14 students in University of Pennsylvania have committed suicide^[1]. In 2014, University of California at Berkeley identified that 47% of their Ph.D. students exhibited signs of depression^[2]. Furthermore, researchers in Flemish, Belgium found that their Ph.D. student cohort are twofold more likely to develop psychiatric disorders than the highly educated general population^[3]. However, the authors also found that many of these conditions were partially offset when the student had an inspirational mentor. While these studies focused on student populations at specific universities, the implications of their findings on graduate student mental health can be applied for the students here at CWRU.

Breaking the Barrier

Every mentor-mentee relationship is different. While some students may be more open about their personal lives, others view their relationship with their mentor as pertaining strictly to academic work. Additionally, some students may not want their adviser or institutional program to be aware of their mental health conditions. As the relationship between mentee and mentor continues to grow between the student and the mentor, some students may find these issues to be relevant to their relationship. The role of the mentor is not to diagnose mental health issues, but to identify when their mentee is struggling and provide the appropriate resources. While this process may be uncomfortable for both parties, the outcome will be worth the initial struggles.

Identifying Mental Health Issues and Starting/Maintaining the Conversation

It is never too soon to start a conversation with graduate students about mental health issues. While graduate school orientation showcases the health services provided on campus, it is estimated that only 25% of all information from these sessions are retained by students^[4]. Aside from retention, students may not find the information necessary until they are facing mental health issues themselves, often months or years later. Here are signs and symptoms that mentors use to recognize mental health issues for graduate students^[3]:

- Does the student isolate themselves?
- Is the mentee anxious or withdrawn?
- Is the student missing deadlines?

- Does the student verbally mention signs of distress^[5]? (For example: trouble sleeping, great fatigue despite adequate rest, unexplained muscle aches and tension, poor descriptors of themselves, etc.)
- Some signs to watch for include profound depression, thoughts of suicide, self-injury (cutting), frightening anger and/or threats of violence toward others; active anxiety attacks; cognitive confusion, incoherence, disorientation, or grandiose thoughts; or signs of excessive alcohol or drug use.

Starting the Conversation. Considering how each mentor-mentee relationship is different, it is difficult to suggest how to initiate a conversation with a graduate student in distress. While it might be easier to ask the student directly if they have mental health issues, it is best to start with a different but relevant conversation to ease the conversation. Ask the student to explain their ongoing studies, whether it be classes or projects on which they are working. How the student shares these experiences with you will give insight into feelings about their status and success. For example, does the student show excitement verbally and/or nonverbally? Are they intrigued by the topic of their studies? Do they express confusion and doubt in their research or classwork? Do they seem unsure and unmotivated when making deadlines or completing assignments? Additionally, being mindful and aware of the graduate student's body language may reveal nonverbal cues that the student is not conveying verbally. Keep in mind that this suggestion is to guide the conversation towards mental health.

Sustaining the Conversation. As the relationship evolves, so too will the mentor/mentee conversations. Over time, the mentor may find themselves playing more of a role in guiding the student's personal issues. If this is the case, the faculty should also keep in mind their own comfort level in maintaining a personal relationship with their student and the need for confidentiality. As the mentor may also serve as a professor to the student, the mentor may need to restate that particular relationship to maintain professional boundaries and help to identify other support structures, such as counseling or other mentors, the student can pursue for a more personal tone. The student should always be aware that they have support from their mentor, the school, and program of study. Additionally, support should be maintained after the initial conversation. These can be full conversations based on the topics discussed before or just a simple check-in. Students should feel like their mentor is someone who provides support throughout the process of getting help for mental health issues. Consider that this experience will create a stronger mentor-mentee relationship.

Faculty and Student Resources

Below are the resources available from the CWRU University Health and Counseling Services for faculty and students. For more information please visit their website (<https://students.case.edu/departments/wellness/>).

Consultation Regarding Students in Distress:

- Consultation over the telephone is available with a staff member of **UHCS at 216.368.5872**. When a student demonstrates or discloses thoughts of suicide or dangerous behaviors, faculty, staff or students may contact UHCS for a consultation.
- Walk-in consultation is also available for any faculty, staff or students concerned about a student. Walk-in hours are 8:30 a.m. to 4:30 p.m. M-F in 220 Sears Library.
- If you are worried about a student's immediate safety, please call Case Police at 216.368.3333.
- For those who have been victims of gender-based violence, contact the Advocate for Gender Violence Prevention & Response, found at <http://case.edu/centerforwomen/about-the-center/meet-the-team/>

Emergencies after Hours, Weekends, and Holidays:

- After hours, weekends or holidays, in the event of a mental health emergency or to consult about a student in distress, call 216.368.5872 and follow the prompts to speak to a counselor by phone.

Community Resources:

- Mental Health 24-hour Referral: 216.623.6888.
- Cleveland Rape Crisis Hotline: 216.619.6192.
- United Way's 211/First Call for Help: a free and confidential information service ready to direct you to the health and human services you need in Cuyahoga, Geauga, and Medina Counties.

References And Resources

1. Jonathan Zimmerman, “High Anxiety: How Can We Save Our Students From Themselves?” The Chronicle of Higher Education. Commentary. (October 20,2017)
2. Ardon Shorr, “Grad School is Hard on Mental Health. Here’s an Antidote.” The Chronicle of Higher Education. Commentary (July 17, 2017)
3. Elisabeth Pain, “Ph.D. students face significant mental health challenges.” Science. Wellness and Health, Non-Disciplinary (April 4, 2017)
4. Lee Burdette Williams, “It’s Never Too Soon to Talk About Mental Health,” The Chronicle of Higher education. Commentary (October 16, 2016).
5. American Psychology Association. Listening to the warning signs of stress. Retrieved from: <http://www.apa.org/helpcenter/stress-signs.aspx>
6. University Health and Counseling Services <https://students.case.edu/departments/wellness>

Identities of Mentees

I. Introduction to Mentee Identities

Social identity plays an enormous role in every person's life. It influences perceptions, behaviors, and interactions, and it can play both seen and unseen roles in one's career. These sections explore many common mentee identities and provide insights as to how identities influence a mentee's professional or personal life. Keep in mind that mentees may hold multiple identities. Information on their identities gives a peek into the experiences of the mentee. Be aware that each mentee is unique and may only identify in part, or very little, with the descriptions contained in these sections. These sections promote familiarity with and awareness of common themes present in a given mentee's identity, so that if certain scenarios arise, the mentor will approach the situation with familiarity and understanding. For that reason, the best practice is to promote a dialogue with the mentee to uncover how their identities interact with their professional life rather than to assume that they are experiencing their identity exactly as this guide explains it. One exercise that may be useful prior to delving into these sections of the guide is located in appendix H, which may help elicit which groups mentors or mentees belong to and how that informs their daily life.

II. Imposter Syndrome: the What and Why

Imposter Syndrome

In general, the Imposter Syndrome is when an individual is afraid of being exposed as a "fraud" because one attributes success to external sources, such as luck. Women, minorities, and first-generation doctoral students may be more likely to identify with the Imposter Syndrome. Feelings of inadequacy may be accompanied by anxiety, stress, or depression. These feelings might cause a student to refrain from academic challenges and prevent attainment of professional goals. Both macro- and micro-aggressions in the workplace can feed the Imposter Syndrome. Below are some statements that graduate students who have Imposter Syndrome might say:

- "I didn't deserve to get in!"
- "My mentor is going to realize that I'm not capable of succeeding in graduate school. They must think I am a fraud."
- "I got that fellowship but not because I earned it."

How mentors can help

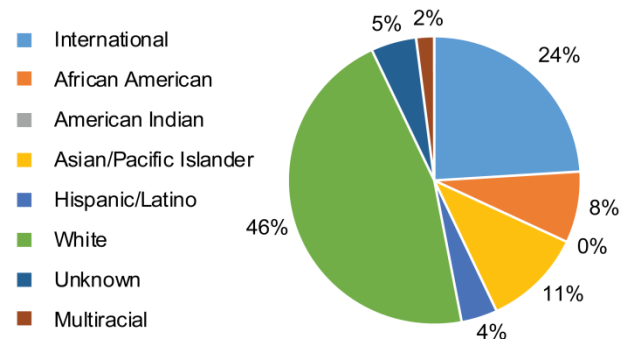
- Enable mentees to be honest about insecurity surrounding professional interactions and/or task. Set aside time to hear the context of the issue and allow the mentee to propose solutions.
 - Support them by asking open-ended questions and guiding their thinking towards their strengths and possible solutions
 - Develop a mutually agreed upon plan to take actionable steps
- Ask about aspirations. These may be different from the specific work of the research lab or center and may change over time. Flexibility is essential to enable students the freedom to explore their career options and fit for their skills. In some cases, completing the degree is not ideal, or shifting to another sub-specialty is necessary. All options are fine.

- Encourage mentees to use their time as a student to explore potential areas of interest. While this does not apply to all students, graduate school is one of the last opportunities for them to explore a variety of academic and career opportunities.
- Offer the student time to reflect and on their path and to set goals. Career planning tools that examine skills, interests, values, career paths, goal setting, planning, and resources may include
 1. The Graduate Student Coaching Program at CWRU (<https://students.case.edu/leadership/graduate/coaching>)
 2. <https://www.imaginephd.com/>
 3. <https://myidp.sciencecareers.org>
 4. <https://www.apa.org/educatino/grad/individual-development-plan.aspx>
- Support the mentee’s professional direction. Do not decide for them what they should or have to do/be to be considered successful
 - Establish an environment that asks open-ended questions about hopes, aspirations, and long-term plans. IF you know that a particular career choice is the only option based on your knowledge of the field and discipline and that is not what your mentee is striving for, be concrete with them. If necessary, recommend a different match.
 - Consider a letter of introduction or provide a connection via email or in person to build the network and opportunities to explore professional directions.

III. Racial and Ethnic Minority Mentees

Case Western Reserve University Graduate Student Demographics

Graduate & Professional Students, Total: 6,512



As illustrated in chart to the left, Case Western Reserve University’s ethnicity demographics for 2016 highlight that the major graduate and professional student populations are white (47%) and international (25%) students. There are 2% of students that identify as under two or more races, while 5% of students fall under the unknown category. Minority graduate students with U.S. citizenship or permanent residency (African American, American Indian, Asian, Hispanic/Latino, and native Hawaiian or other Pacific Islander) comprise 21% of the entire graduate and professional student population. Different minority groups face different issues and experiences; do not assume that all students

from one minority group will share the same thought and perspectives. Social class, geographic origin, and other factors play an important role in shaping an individual’s identity, behaviors, and attitudes. These factors may often supersede race in shaping a student’s character and perspective. There are data that mentoring across gender and race is helpful to both mentors and mentees.^[1]

Role Models with the Same Cultural Values

Role models are individuals who are usually imitated for their values, attitudes, and behaviors. Role models aid students in boosting their confidence in obtaining their professional goals. For many minority students, finding someone who also holds their traditional cultural values is a more difficult task. As minority graduate students are developing themselves in their careers, they struggle with defining how their new lifestyle can blend with their roots. Help connect your students to identify potential role models.

Stereotyping

Minority students may start graduate school feeling as if they do not belong because they are not smart enough or lack experience. They may also feel that other students and faculty assume that they are less qualified than others to be in graduate school. On the other hand, other races such as Asian-American are burdened by the “model minority” myth, which assumes that they are exemplary students, particularly in math and the sciences. Stereotyping in either direction has negative consequences for all parties involved. The mentor can use self-reflection to avoid unconscious bias towards minorities. Further, do not assume a single individual represents the entire minority group.

Racism and Microaggressions and How to Avoid Them

Racism may be expressed in language, action, and association. Overt instances, such as when a student is denied access to a particular activity because of their ethnicity, are perhaps easiest to recognize. But mentors should also be aware of more subtle forms of racism, such as microaggressions, which are a bit harder to identify.

“Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.” –Sue et al *American psychologist*^[2]

One such example of microaggression is asking a student to participate in a community simply because of their minority status and give, for example, the “Hispanic” or “Native American” perspective. Such requests are based on the generalization that being a member of a given culture makes a person an expert on their culture. Although they are not what society thinks of as traditional negative racism, situations like these can make a student feel quite uncomfortable.

Another common microaggression is that minority students may receive feedback that they only got accepted into graduate school or training programs to fulfill affirmative action quotas. Some students may be told that their success will be easier to obtain because they can apply to minority fellowships that are less rigorous. Statements like these force the student to question their abilities and intelligence in their career. Mentors should remind their students that they were chosen to be part of the program and that all students accepted to a graduate program have met rigorous academic standards.

Microaggressions are sadly common, and your mentee may mention how occurrences of these microaggressions by colleagues and workmates may be affecting them. It is important discuss how microaggressions affect them and to support the mentee in coming to a resolution of the issue. This can be achieved by either confronting the microaggressor or reaching out to designated personnel or resources that can help the mentee receive support. Diversity 360 at CWRU is a source of education about diversity, awareness about microaggressions, and strategies to support mentees who identify with a minority (see <https://students.case.edu/diversity/training/diversity360/>)

References and Resources

1. Johnson, BJ 2016. On Being a Mentor, 2nd edition, pages 175-202. New York, Routledge Publishing
2. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American psychologist*, 62(4), 271.

Diversity-Inclusion Campus resources (<https://students.case.edu/diversity/training/diversity360/campusresources.html>)

IV. Women Mentees

Since the last iteration of this handbook, it is important to note that the perception and origin of difference within the gender binary has changed. In addition, gender is increasingly understood as a fluid concept. Gender, once perceived as inherent differences between men and women, is now acknowledged as societal barriers rather than biological shortcomings.

Gender bias in education will continue to present barriers in professional achievement post-graduation. Fields that are heavily predominated by one gender may be particularly susceptible to gender bias, and it must be noted that gender bias cuts both ways: it can also be felt by males in fields that are predominantly female. Thus, providing separate sets of guidelines for the mentorship of men and women is outdated and inherently biased. To ensure success for both women and female-identified students as well as men and male-identified students, mentors should treat men and women the same in the classroom and in the work environment. This section will focus on women and female-identified graduate students, but mentors should also be aware of fields or situations where men and male-identified graduate students may similarly suffer from gender bias.

Statistics on Women and Female-identified Graduate Students

Table 1

Enrollment by gender per graduate studies department^[1]

Graduate Studies^[2]	Men		Women		Total
Applied Social Sciences (MSSA, MNO)	93	51%	590	49%	683
Dental Medicine (DMD, MSD)	201	14%	221	86%	422
Law (JD, LL.M, MA, SJD)	298	48%	288	52%	586
Management (MBA, MAcc, MS, MSM, DM)	492	51%	470	49%	962
Medicine (MD, MS)	445	47%	501	53%	946
Nursing (MN, MSN, DNP)	82	19%	361	81%	443
Graduate Studies	1,283	49%	1,349	51%	2,632
TOTAL	2,960	44%	3,714	56%	6,674

In the 2016 Diversity Snapshot[3] the total women represented 39% (n=497) of the full-time faculty (n=1,268). Although the percentage of undergraduate women remained consistent from 2015 to 2016 (45%, n=2,324), the number of women graduate students increased in proportion to men (55%, n=3,578). There were 47 new men and 246 new women enrolled from 2015 to 2016. This change is representative of the increasing trend nationally for women to pursue graduate education. As of fall 2016, there were 5,902 women enrolled as students across campus. Doctoral pursuit is referenced in terms of completion, not progress in and through program. The University's reporting does not currently include demographic (i.e. gender breakout) nor current enrollment and progression through the doctoral process.

Table 2

Doctoral degrees awarded in 2016-2017

Program	Completion
Masters across all programs	1,451
Master of Accountancy	71
Master of Arts	79
Master of Business Administration	144

Master of Engineering	2
Master of Engineering and Management	70
Master of Fine Arts	1
Master of Laws	55
Master of Nonprofit Organizations	15
Master of Nursing	34
Master of Public Health	23
Master of Science	380
MS in Anesthesia	66
MS in Dentistry	13
MS in Management	242
MS in Nursing	88
MS in Social Administration	168
Doctorates, Research/Scholarship	206
Doctor of Philosophy	196
Doctor of Musical Arts	2
Doctor of Management	3
Doctor of Juridical Science	5
Doctorates, Professional Practice	451
Doctor of Dental Medicine	68
Doctor of Medicine	193
Doctor of Nursing Practice	54
Juris Doctor	136
TOTAL	2,108

Mentoring and Advising

Women can be as competitive and assertive as men. However, some women may choose to avoid conflict and tension due to how women are socialized to communicate. Women who avoid conflict in the workplace or classroom may be selective in approaching potentially tense situations. If a teacher or individual in position of authority would like to engage students in active dialogue in the classroom, they should introduce the conversation stating the expectations for engagement. Some women may need to be given room to speak when in the minority of a class or lab environment.

A mentor can help a mentee process professional and interpersonal interactions and suggest ways in which those interactions may be strengthened. In some instances, this may be encouraging a student to be more assertive and speak up, while in other

instances, women may be encouraged to engage in collaborative work with non-traditional partners. It is the student's responsibility to learn and use their mentor; the student is not in a passive state.

Finding a Productive Mentor-Mentee Match

Women may benefit from being partnered with female role models who are assertive. Fields that typically have an obvious gender minority – i.e. an overwhelmingly male or (as the case may be for some male mentees) female predominance – may benefit greatly from such a role model. However, gender should not be the sole criteria for matching mentees and mentors.

Familial Responsibilities

Women⁴⁾ have the privilege and burden of pregnancy. Mentees should review the department specific and/or School of Graduate Studies maternity policy. This can include student health plan benefits, parental leave (for both men and women) policies and procedures, and leave of absence processes. The mentor can offer to create a self-care plan with their mentee who is planning to become a new parent. using established resources at CWRU.

Many women feel the importance of “pushing through” when it is not necessary. Health and wellness tend to be put on a back burner throughout their educational path. A mentor serves as a source to check and balance one's self within a supportive environment.

Mentors can help guide supportive conversations about family planning. Women should never feel that they are being treated differently by a professor, mentor, or adviser because of a pregnancy. Under no circumstances should a woman face comments regarding her physical ability, hormonal changes, or competence (“pregnancy brain”). Women should not be asked if they plan to have children, if they plan to get married, or other intrusive and unprofessional questions.

Should health or well-being during a pregnancy impact their work or ability to meet deadlines, it is the mentee's responsibility to connect with their professor, mentor, or adviser to shift their responsibilities for the necessary timeframe.

Suggestions and Resources for Mentees Experiencing Discrimination or Harassment

Connect mentees to the appropriate resources if they experience gender-based violence, discrimination, or a family emergency. Do not try to handle it yourself. Mentees should be encouraged to report instances of harassment either to their supervisor, chair, dean of Graduate Studies, and/or to the Title IX office on campus (which can be done anonymously). Additionally, respect and use the names, pronouns, and/or labels the mentee uses. Gender identities will be further covered in later sections.

Suggestions for Mentors to Avoid

Do not ask women to smile. Women should be expected to keep the same facial and body expression as men without bias or judgment.

Do not comment on women's clothing, unless appropriate. Discuss professional attire for a conference, but avoid judgmental language such as “you would be better off wearing a skirt”. Commenting on proper safe lab attire is appropriate.

Do not ask about family planning or personal matters until a trustworthy relationship has been established. It is acceptable to ask a mentee if these are topics they would like to talk about with you. If they say “yes”, then you may engage.

Physical contact is not acceptable. Not only may it be unwelcome or inappropriate, some students may have an aversion to being touched. Read their body language and always ask first. It is ok to ask a mentee if certain physical contact is acceptable. For example, if they are crying you may ask if they would like a hug. If, and only if, they say “yes”, then you

may engage. There are very few circumstances where physical contact is appropriate or necessary. It is best to avoid contact.

Avoid “process punishment” such as, “I went through the process, that’s just the way it is.” Such comments are dismissive of a student’s concerns. There is no reason for academic hazing or harassment. Students and candidates are already in a position of less power and privilege. To purposefully belittle, bully, condescend, or intimidate a student is harassment. Women seldom report harassment because they fear retribution, they do not want to lose their job, and they do not want to risk having to find a new lab/department/program. Thus, it is the responsibility of the mentor to avoid such behavior. It is also their responsibility to point out instances when harassment occurs as noted in conversation the with mentee and guide action towards addressing the situation.

References and Resources

1. Does not include CIM students or doctoral specific program enrollment
2. <http://case.edu/ir/media/caseedu/institutional-research/documents/students/enrollbygender17.pdf>
3. http://case.edu/ir/media/caseedu/institutional-research/documents/pdfs/Diversity_Snapshot_Fa2016.pdf
4. Transgender men who are pregnant also encounter similar bias. This is further discussed in the LGBTQA+ section.

Flora Stone Mather Center for Women (<https://students.case.edu/departments/centerforwomen/>)

ACES+. The Academic Careers in Engineering & Science (ACES) program at Case Western Reserve University was part of the National Science Foundation (NSF) ADVANCE program to develop a national science and engineering workforce that includes the full participation of women at all levels of faculty and academic leadership. <https://case.edu/aces/>

V. LGBTQA+ Mentees

Introduction to the LGBTQA+ Community

Members of the LGBTQA+ community, such as those that identify as lesbian, gay, bisexual, transgender, queer, questioning, asexual, allies, pansexual, intersex, or two-spirit, among other identities, represent the spectrum of sexual and gender identities outside of traditional societal rules of heterosexuality and gender binary (i.e. male, female). Strides within modern western culture have led to growing awareness and acceptance of members of the community, leading to more LGBTQA+ individuals feeling comfortable to be expressive of their identities in their personal lives as well as in the workplace. Graduate students belonging to this community lie on a gamut of comfort with disclosing their identity in a workplace or school environment, in their personal lives, or to themselves. To this end, providing an open-minded, inclusive, and supportive climate is imperative for members of the LGBTQA+ community to thrive. It also requires knowing the different climates they inhabit: regional or statewide, local, university-level, and program-level.

Better understanding of the LGBTQA+ community comes from an understanding of sexual identity, gender identity, and gender expression. Sexual identity refers to how the person identifies themselves independent of their sexual behavior (i.e. sexual acts the individual engages in) or sexual orientation (i.e. attraction to a certain sex, gender, or multiple sexes or genders) and is inclusive of identities such as asexuality and pansexuality, among others. Usage of the term MSM (men who have sex with men) in medical literature, for example, is inclusive of men who may identify as asexual or straight.

Gender identity refers to how the person identifies themselves, which may or may not be different from their biological sex (i.e. male versus female). Those who identify with a gender other than their biological sex may describe themselves as transgender, genderqueer, genderfluid, agender, pangender, two-spirit, and so on. To encompass the entire gender variant community, many use the term “trans*” for inclusivity. Some in the trans* community prefer alternative pronouns for others to use in reference to them, such as ze/zir/zirs or they/their/theirs, among others, instead of he/him/his and she/her/hers.

Gender expression refers to how the person expresses gender externally, such as through clothing or make-up, social behavior, and so on. It is usually described on a spectrum from the feminine to masculine, including the androgynous. Drag queens are an example of a theatrical form of feminine gender expression.

One additional point to make is that some individuals may not have a determinate biological sex as they differ biologically from either female or male. These individuals are termed intersex (the former term hermaphrodite is now derogatory) and should not be conflated with transgender individuals. Parents had historically assigned the individual a gender as a child, but medical doctors are beginning to advise that parents wait for the child to assert its own gender identity.

For other definitions on LGBTQA+ terms, please refer to the glossary at the end of this section.

Social Environment and Climate for an LGBTQA+ Individual

How an LGBTQA+ student acts in a given situation may be seen through the lens of the sociopolitical climate they were exposed to previously, such as at their undergraduate institution or where they grew up, as well as the current climate in graduate school. CWRU graduate students interact within a number of contexts, such as within the local and regional area of Cleveland, within CWRU itself, as well as within their program. Each of these contexts may have a different climate with respect to acceptance of LGBTQA+ individuals. Knowing a bit more about the LGBTQA+ climate at each of these levels will assist in understanding how supported or stigmatized a student might feel in their life.

Although LGBTQA+ individuals are getting more attention in mainstream media and politics, there is still considerable stigma associated with being a part of this community no matter the general climate. Social support for LGBTQA+ students can be found through multiple associations at the university level, including the CWRU LGBT center, the graduate student group QGrad, and the undergraduate student group SPECTRUM. Local and national efforts include the LGBT Center of Greater Cleveland and associations such as the Human Rights Campaign, GLAAD, GLSEN, and PFLAG. Additionally, Stonewall Sports has established multiple LGBTQA+ team sporting leagues in the city, such as kickball and dodgeball, which are available seasonally.

For a mentor, cultivating an accepting and welcoming climate may include getting SafeZone training and displaying stickers or symbols of LGBTQA+ support in their office. SafeZone training can be accessed by contacting the LGBT Center staff, currently director Liz Roccoforte (liz.roccoforte@case.edu) or AmariYah Israel (amariyah.israel@case.edu), to schedule a group training or attend a scheduled training. Remaining cognizant of the stigma and issues surrounding LGBTQA+ students and knowing safe places for support is helpful for when a student is going through difficult times. Additionally, the student may want mentors who specialize in or advocate for LGBTQA+ students and who can serve as role models. Networking with faculty, the LGBT center, or LGBTQA+ student organizations such as QGrad may result in finding a mentor that can assist the student with these topics.

Transgender people run into a number of difficulties relating to transitioning, including requests for legal name changes that may require reissuance of important documents, such as diplomas, need for comprehensive health insurance to cover gender affirmation care, and lack of gender-neutral bathrooms. Additionally, transmen may still maintain the ability to become pregnant; pregnancy and its impact on mentees is discussed more completely in the women mentees section. The CWRU LGBT Center has a number of resources to address difficulties common to transgender individuals, and gender affirmation care is currently fully supported by the student health insurance plan. These difficulties accompany other social aspects of transition, most notably pronoun use and name changes, which may be different depending on the social sphere and how comfortable the trans person may be with their identity. Usage of the correct pronoun and name is highly affirmatory and makes trans people feel truly seen; incorrect usage of pronouns or names can be invalidating and is unfortunately common amongst strangers due to gender stereotypes propagated by outdated societal constructs. Knowing these difficulties may help gain perspective on where transgender students are coming from.

Finally, coming out may be a difficult process for the student, who may be considering both the fear of needing to protect themselves or having an exit strategy as well as the fear of compromising their values or sense of self. Each student will be different in this regard and some may not bring their personal lives to school for a variety of reasons. As with other LGBTQA+ topics, the student will take the lead on introducing them if or when they feel comfortable, and it is best practice to be accepting and welcoming of the student's disclosures.

Discrimination

Discrimination of LGBTQA+ individuals leads them to feel invisible, ostracized, isolated, concealed, and undervalued. Discrimination against LGBTQA+ individuals is quite common and may go unnoticed in the form of microaggressions. Microaggressions are brief verbal, behavioral, or environmental indignities, unintentional or intentional that communicate prejudice, discrimination, and hostility subtly with words as well as actions. In fact, there is a remarkable lack of state-wide or federal protections for those of the LGBTQA+ community, such that discrimination against LGBTQA+ individuals is considered legal. Additionally, discrimination may also occur within the LGBTQA+ community, such as marginalization of bisexuals or dismissal of transgender people. LGBTQA+ students will feel safer in environments where forms of discrimination, such as microaggressions or blatant heterosexism, are absent or avoided. Here are some examples of discrimination to be aware of:

- Heterosexism is the belief that heterosexuality is superior and the norm, such that a person is heterosexual unless otherwise indicated. An example of such would be asking a female acquaintance about her boyfriend. Use unassuming words such as "partner" instead.
- Genderism is the belief that gender only exists as a binary system of man-woman, where gender is automatically and intractably linked to one's sex assigned at birth. An example of such would be having bathrooms marked for "men" and "women" rather than having gender-neutral or unisex bathrooms or stating that certain toys are gender specific such as giving dolls to girls and trucks to boys
- Homophobia is the irrational fear of homosexuals or homosexuality. An example of such would be mentioning that you wish gay men didn't act so "gay" (flamboyant).
- Transphobia is an irrational fear of those who are gender variant and/or the inability to deal with gender ambiguity. For example, saying, "you are so pretty – I couldn't even tell you were trans!" is a form of transphobia.
- Biphobia is not a fear but rather a marginalizing belief that bisexuality does not exist, that everyone is bisexual, that bisexual individuals are simply hypersexual, that bisexuality is a temporary phase between either heterosexuality or homosexuality, or that when a bisexual has an opposite-sex or same-sex partner, that individual is no longer bisexual but rather heterosexual or homosexual instead. An example would be thinking that a bisexual woman dating a man is straight, no longer bisexual, or sex-hungry. Biphobia includes assuming that because someone is dating the opposite sex they are "straight"

Glossary of selected LGBTQA+ Terms (see appendix I for extended glossary)

Ally: (noun) a typically straight or cis-identified person who supports and respects for members of the LGBTQ community

Aromantic: (adj) describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships

Asexual: (adj) having a lack of (or low level of) sexual attraction to others and/or a lack of interest or desire for sex or sexual partners. Asexuality exists on a spectrum from people who experience no sexual attraction or have any desire for sex to those who experience low levels and only after significant amounts of time

Biological Sex: (noun) a medical term used to refer to the chromosomal, hormonal and anatomical characteristics that are used to classify an individual as female or male or intersex. Often referred to as simply "sex," "physical sex," "anatomical sex," or specifically as "sex assigned [or designated] at birth"

Bisexual: (adj) a person emotionally, physically, and/or sexually attracted to male/men and females/women. Other individuals may use this to indicate an attraction to individuals who identify outside of the gender binary as well and may

use bisexual as a way to indicate an interest in more than one gender or sex (i.e. men and genderqueer people). This attraction does not have to be equally split or indicate a level of interest that is the same across the genders or sexes an individual may be attracted to

Cisgender: (adj, pronounced “siss-jendur”) a person whose gender identity and biological sex assigned at birth align (e.g., man and male-assigned). A simple way to think about it is if a person is not trans*, they are cisgender.

Cisnormativity: (noun) the assumption, made by individuals or institutions, that everyone is cisgender, and that cisgender identities are superior to trans* identities or people. Leads to invisibility of non-cisgender identities

Gender Binary: (noun) the idea that there are only two genders (male/female) and that a person must be strictly gendered as either male or female.

Gender Expression: (noun) the external display of one’s gender, through a combination of dress, demeanor, social behavior, and other factors, which is generally measured on scales of masculinity and femininity. Also referred to as “gender presentation”

Gender Fluid: (adj) a gender identity best described as a dynamic mix of boy and girl. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more man some days, and more woman other days

Gender Identity: (noun) the internal perception of one’s gender and how they label themselves based on how much they align or don’t align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans, and more

Gender Non-Conforming (GNC): (adj) someone whose gender presentation, whether by nature or by choice, does not align in a predicted fashion with gender-based expectations

Genderqueer: (adj) a gender identity label often used by people who do not identify with the binary of man/woman; or as an umbrella term for many gender non-conforming or non-binary identities (e.g., agender, bigender, genderfluid). Genderqueer people may combine aspects of various gender identities (bigender, pangender), may not have a gender or identify with a gender (genderless, agender), may move between genders (genderfluid), or may be third gender or other-gendered (includes those who do not place a name to their gender having an overlap of, or blurred lines between, gender identity and sexual and romantic orientation)

Gender Variant: (adj) someone who either by nature or by choice does not conform to gender-based expectations of society (e.g. transgender, transsexual, intersex, gender-queer, cross-dresser, etc.)

Heteronormativity: (noun) the assumption, in individuals or in institutions, that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. Leads to invisibility and stigmatizing of other sexualities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals *should* identify as men and women, and be masculine men and feminine women, and finally that men and women are a complimentary pair

Heterosexism: (noun) behavior that grants preferential treatment to heterosexual people or, that reinforces the idea that heterosexuality is somehow better or more “right” than queerness, or that makes other sexualities invisible

Heterosexual: (adj) a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also known as straight

Homophobia: (noun) an umbrella term for a range of negative attitudes (e.g., fear, anger, intolerance, resentment, erasure, or discomfort) that one may have towards members of LGBTQ community. The term can also connote a fear, disgust, or dislike of being perceived as LGBTQ

Romantic Attraction: (noun) an affinity for someone that evokes the desire to engage in relational intimate behavior (e.g., flirting, dating, marriage), which can be experienced in varying degrees (from little-to-non, to intense). Often conflated with sexual attraction or emotional/spiritual attraction.

Sexual Attraction: (noun) an affinity for someone that evokes the want to engage in physical intimate behavior (e.g., kissing, touching, intercourse), which can be experienced in varying degrees (from little-to-non, to intense). Often conflated with romantic attraction or emotional/spiritual attraction.

Sexual Orientation: (noun) the type of sexual, romantic, emotional/spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to (often mistakenly referred to as sexual preference)

Sexual Preference: (noun) the types of sexual intercourse, stimulation, and gratification one likes to receive and participate in. Generally, when this term is used, it is being mistakenly interchanged with “sexual orientation,” creating an illusion that one has a choice (or “preference”) in who they are attracted to.

Trans*/Transgender: (adj) (1) An umbrella term covering a range of identities that transgress socially defined gender norms. Trans with an asterisk (*) is often used to indicate that you are referring to the larger group nature of the term; (2) A person who lives as a member of a gender other than that expected based on anatomical sex.

Transman: (noun) An identity label sometimes adopted by female-to-male transgender people or transsexuals to signify that they are men while still affirming their history as assigned female sex at birth (sometimes referred to as transguy)

Transwoman: (noun) Identity label sometimes adopted by male-to-female transsexuals or transgender people to signify that they are women while still affirming their history as assigned male sex at birth.

Transsexual: (noun and adj) a person who identifies psychologically as a gender/sex other than the one to which they were assigned at birth. Transsexuals often wish to transform their bodies hormonally and surgically to match their inner sense of gender or sex.

Ze/Hir: (noun, pronounced "zee"/"here") alternate pronouns that are gender neutral and preferred by some trans* people. They replace “he” and “she” and “his” and “hers” respectively. Alternatively, some people who are not comfortable or do not embrace "he" or "she" use the plural pronoun “they” and "their" as gender neutral singular pronouns.

References

1. "Proud and Prepared: A Guide for LGBT Students Navigating Graduate Training" was released in August 2015 by the American Psychological Association of Graduate Students Committee on Sexual Orientation and Gender Diversity (APAGS-CSOGD). Retrieved from <http://www.apa.org/apags/resources/lgbt-guide.aspx>
2. Vocabulary Extravaganza 3.0. (n.d.). Retrieved from <http://thesafezoneproject.com/activity/vocabulary-extravaganza-2-0/>
3. Lesbian Gay Bisexual Transgender Center at CWRU. (<https://students.case.edu/departments/lgbt>)

VI. Mentees with Families

Familial Responsibilities

As previously stated, women face many challenges during pregnancy and immediately following birth. However, mentors can provide essential support for women to remain successful during this time.

Men also face significant changes when they become a parent. New parents face considerable stress, and plans for the unexpected and flexibility need to be established with the support of their mentor.

The same regard for self-care, respect, and planning should be affordable to all students who engage in the process of adoption. Similarly, stress on family structures should also be respected, regardless of the structure of the family. This may include scenarios involving care for an ailing parent or spouse, the death of a loved one, or other family needs. The ability to serve as a stable and loving family member does not conflict with the ability to be a successful student, employee, and/or candidate. If a situation arises where family and work/school are in conflict, the student and mentor can work together to find a solution. It is the mentee’s responsibility to communicate with the mentor, and the mentor’s responsibility to maintain a safe environment for conversation. Empathy from the mentor can support the mentee during stressful transitions in familial relationships.

VII. International Mentees

Issues of Culture and Language in the Classroom

For most international students, choosing to study in the United States means that they will need to function in a second language and adjust to an entirely new set of cultural and educational norms (Trice, 1999). An important example is the issue of competition. Many international students feel that American classes are unnecessarily competitive. In particular, students from Eastern and Southeastern Asia—often trained in educational systems where the student's role is to be passive—are shocked to see American students speaking up without being called upon or challenging the remarks of professors and peers. They fear that if they do not exhibit these behaviors, the faculty will judge them to be less capable and/or less intelligent.

Many international students are also uncertain about academic rules. When combined with the difficulties of nuances in language and communication, uncertainty with the English language could result in violations of academic integrity and plagiarism. Some international students may be disappointed if their classes do not incorporate many international perspectives or if American faculty and students undervalue the global experiences they bring to the classroom.

Social Stresses

While many graduate students experience the stress of having moved away from family and friends, international students have an even greater sense of displacement. International students who bring their partners and children with them have worries about how well their families are adjusting to Cleveland, Ohio and to American life overall. In addition, a significant number of international graduate students are concerned with loneliness (because they are unfamiliar with the ways in which Americans socialize) and being unable to find people patient enough to speak with them (Trice, 1999). A further complication is that, upon returning home, international graduate students find that because of their different dress, talk, and behavior, they have become foreigners in their own countries.

Below are a few suggestions for engaging and interacting with International students:

- If you have ever traveled to another country, recall how you had to rely on assistance from others as you became acclimated to the language and customs. Offer international students the same courtesies you needed when you traveled abroad.
- If you have traveled to their country, share the positive experiences from your visit with them. This may help communicate your awareness of their country, culture, and perspective.
- Demonstrate your interest in international students by reaching out to them at academic and social occasions. Ask about their research and outside interests. Take time to learn about their experiences and perspectives.
- Introduce new international students to more advanced international graduate students so that they have a network of people to rely on for advice. There are a number of student organizations on campus, including the Center for International Affairs.
- Some international students find it hard to jump into classroom discussions. Calling on them for specific responses may help engage them in your classes.
- Some international students find it difficult to converse over e-mail because they rely on seeing facial expressions and other mannerisms to understand conversations. You may want to offer to meet in person with international students if you think they have difficulties with e-mail.
- Do not assume that all international students have difficulties with English. Many were trained in English-speaking institutions and others have English as their first language.
- For students who are still working on English competency, ask them if they are comfortable with you correcting their use of English in a public setting (e.g., classroom).
- Clarify what constitutes original work and what is plagiarism.

- Be aware that international students must obey rules that govern their studies and funding. Most commonly, students have a single-country visa which prohibits them from traveling freely. They also cannot work for pay and are excluded from most U.S.-based fellowships.

Resources

International Student Services: <https://case.edu/international/international-student-services>

VIII. Mentees with Disabilities

Graduate Students with Disabilities

A disability is a physical, cognitive, or mental impairment that greatly limits some, or many, aspects of the student's major life activities. A physical or mental impairment is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting bodily functions. Physical impairment includes but not limited to impairment to the neurological, musculoskeletal, respiratory, cardiovascular, reproductive, digestive, immune system, skin, or endocrine system. Examples of mental impairment include emotional or mental illnesses and specific learning disabilities. Disabilities may incur changes to many major activities, including personal care, walking, seeing, hearing, eating, sleeping, learning, reading, thinking, and communicating.

Students are encouraged to self-disclose their disability to Disability Resources, other staff members or faculty. However, students are not obligated to disclose to anyone. If a student with a disability wants an accommodation, they must see a professional staff member in the Office of Disability Resources who can discuss the process of acquiring an accommodation. Once the student gets an accommodation, they will receive an accommodations memo. This memo states the accommodations that have been made for the student for that semester. New memos with any updated accommodations are given each semester, and it is the student's responsibility to provide the memo to faculty. The accommodation should not change the function of the class (e.g. flexible attendance accommodations for a laboratory class that requires participation will have different accommodations than a lecture class). Memos are not retroactive and they do not include a diagnosis. If you are unsure about the accommodations given, speak to a professional staff member in the Office of Disability Resources. They are advocates for the student as well as the professor.

If you have a student that is displaying behaviors that are troubling or inappropriate, faculty mentors should contact the Graduate Studies Office. Explain the behavior your student is displaying and they will be able to identify if they can help or will guide you to the correct office for support. Regardless if your student has a disability or not, all students are held to the same Student Code of Conduct.

Resources

Office of Educational Services for Students (ESS): 216.368.5230.

Disability Resources for students at CWRU (<https://students.case.edu/academic/disability/>)

IX. Mentees with Religious Beliefs

It is important that mentors respect the religious practices that their graduate students choose to follow. While it is impossible for mentors to know every practice within every religion, this section outlines some things faculty members may want to be aware of when interacting with students of diverse religious beliefs.

Absences

Students with religious beliefs may take days off from school for religious holidays, even though they may not be official university holidays. Examples include Rosh Hashanah for students with Jewish beliefs or Good Friday for students with Christian beliefs. It is important to let students know that observing their religious holidays will not result in a penalty and that faculty members will help fill them in on any information they have missed.

Dietary Customs

Many religions have dietary customs. Some of these customs are practiced only during religious holidays, such as the holy month of Ramadan for the Muslim faith, during which practicing Muslims do not consume food or drink during daylight hours. Other nutritional practices may persist at all times.

Suggestions

Make it clear to students on your class syllabus or in early discussions that absences due to religious practices will not hurt their grade or your opinion of their work ethic. It should also be made clear how much time in advance students should notify you of their absence and their responsibilities for making up the work.

Be accommodating to all religious practices of students. For example, if a meeting or class is scheduled during sunset, allow students who observe the holy month of Ramadan to bring some food and drink with them, as they will likely have not eaten all day.

When planning social gatherings, avoid referring to these as parties for specific religious groups. Having a “Winter Break Party” instead of a “Christmas Party” will make all students feel welcome, including Jehovah’s Witnesses who do not celebrate many Christian or any civil holidays.

In settings where food will be provided, be conscious of food options as some religions have specific dietary needs and restrictions.

Resources

CWRU’s student organization list includes a sub-heading of religious groups: <http://gsc.case.edu/>

General Guidelines

I. Title IX: Sexual Harassment

Sexual Harassment, Sexual Misconduct, and Title IX

Title IX of the Education Amendments of 1972 is a federal civil rights law that prohibits discrimination on the basis of sex in federally funded programs and activities. This applies to K-12, colleges and universities that accept federal funding. Title IX also covers sexual misconduct, intimate partner violence, pregnant and parenting student, and stalking based on gender.

Behaviors that fall under Title IX violations include sexual harassment, sexual misconduct, and intimate partner violence. Sexual harassment is uninvited and un-welcomed verbal, non-verbal, or physical behavior of sexual nature, especially by a person in authority towards a subordinate, such as a professor towards a student. This includes unwanted sexual advances, stalking, and requests for sexual favors. More information on CWRU's Sexual Harassment Policy can be found at <https://students.case.edu/policy/sexual/harassment.html>. Sexual Misconduct is a broad term that includes many behaviors including sexual harassment, sexual assault, rape, and sexual exploitation. Intimate Partner Violence is defined as violence or abuse between those in a close romantic, or intimate relationship to each other. Intimate partner violence can consist of intimidation, harassment, physical abuse, sexual abuse, or interference with personal liberty of any person by someone in an intimate relationship. Additionally, Title IX prohibits sex discrimination in educational programs and activity, and it also prohibits discrimination of students who have children or are pregnant.

CWRU's policy is in place to provide a workplace that is supportive, educational and non-discriminatory. This policy applies to all students, faculty, staff as well as other university officials, volunteers or visitors, and is effective starting the day the student accepts admission to CWRU. The university does not discriminate on the basis of sex in its educational program and in other activities operated by the university as is required by Title IX. Our university is committed to building a community that is based upon trust and respect for all of its members.

CWRU expects all members of the university (including visitors and volunteers) to conduct themselves in a way that does not violate the rights of others. Complaints that are reported will result in CWRU acting to end the discrimination, prevent future occurrences, and give guidance and help to all members involved. This policy extends to members on and off campus property. All members of the university community are encouraged to cooperate and participate in inquiries and investigations, appear before a hearing panel as requested, and cooperate with resolutions of complaints and implementations of recommended sanctions as applicable.

The university's policy governs university-sponsored activities occurring both on and off university property and applies to non-university sponsored or related events that occur off university property that may have a demonstrable and significant disruptive impact on a university community member or on the campus. The work or educational environment includes, but is not limited to: offices, classrooms and clinical settings; residence halls and Greek Houses; on-campus or off-campus interactions between university community members, whether personal or virtual; and all university-sponsored activities, programs, or events (including off-campus activities such as international travel programs).

All faculty, staff, and student employees (resident assistants, orientation leaders) are mandatory reporters. All reports of discrimination that fall under Title IX must be reported to the Title IX Coordinator. Confidential resources are not required

to report anything to the university. These confidential resources are (University Health and Counseling Services, Student Advocate for Gender Violence Prevention and Response, Inter-religious Council, and Cleveland Rape Crisis Center). Please note any report made to these offices is not considered making a report to the university. The University must review all complaints reported to the university in a prompt and impartial manner and provide interim measures and accommodations to parties involved in a Title IX issue. Title IX is a federal civil right that applies to all people in the United States (not just female students). If harassment or misconduct takes place, the university may not retaliate against victims making a complaint. All educational institutions, including CWRU, must have an established protocol or complaints, discrimination or violence against others.

Reports can be filed with the Office of Title IX, or the Office for Inclusion, Diversity, and Equal Opportunity. More information on where to report violations can be found at <http://case.edu/title-ix/file-a-report>

II. Ethical Responsibilities for Mentors

Letters of Recommendation

During and beyond the graduate program, graduate students will need letters of recommendations from their advisers to apply for pre- or post-doctoral fellowships and/or job positions. In some cases, it is expected from these organizations and institutions that one letter must come from the applicant's adviser. Letters must showcase the talent and skills of the applicant and must be designed to ensure the best chance of receiving the award or position. Students should never feel pressured or unsure in their ability to secure a great recommendation letter from their adviser. Utilizing letters of recommendation to pressure the student, in any circumstances, is unethical. If there are concerns about a student's abilities or obligations, this is a matter of separate discussion.

Committee Meetings (may not be applicable to all schools/degrees)

Some graduate programs require students to form committees composed of their adviser and other faculty members who are experts in their field of study. These committees should be designed by both the student and their adviser to ensure a both rigorous and a fostering environment. Regular committee meetings throughout the year are designed to push the student's project forward and provide support for the student's professional goals. Student support from the adviser is critical during these meetings, especially in the beginning. Committee meetings may be daunting for the student, so students often view their advisers as their first ally as they are getting to know the rest of the committee. Advisers should support the student before, during, and after these committee meetings. Some students may need guidance on how to set up or present in their first couple of meetings. During the meeting, an adviser should also evaluate when and how to properly aid the student. For example, the adviser should allow the student to think through questions and answer as well as they can, but rephrase questions that the student may not understand. Additionally, the adviser should highlight the student's strengths and accomplishments to the committee while acknowledging weaknesses that they can improve upon with the committee's help. Most importantly, a post-committee meeting conversation with the student should be held to reflect on the feedback given during the committee meeting. This ensures that the adviser and student remain on the same page for moving their project and professional goals forward.

University Policies and Procedures Applicable to Mentees

Graduate students that are enrolled in programs under the School of Graduate Studies^[1] are entitled to two weeks of vacation per calendar year (10 traditional work days) if they receive support for a 12-month period. Advisers should encourage students to take time off from their program. After taking a mental and physical break, students may come back recharged and motivated to pursue their academic goals. Additionally, pressuring students to not take vacation or creating guilt for doing so may make the student feel unsupported, which may create a hostile work environment.

Graduate students who receive support for a 12-month period are entitled to the following:

- Observation of all university holidays^[2], which are Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Day, and Memorial Day.
- Two weeks of sick leave per the calendar year (10 traditional work days).
- Parental leave up to 6 weeks for the primary caregiver and 3 weeks for a domestic partner.

For more information about university policies and procedures please visit: <http://case.edu/gradstudies/about-the-school/policies-procedures>.

References

1. List of programs under the School of Graduate Studies: <https://case.edu/gradstudies/prospective-students/degree-programs-offered/>
2. Dates of University Holidays: <https://case.edu/finadmin/humres/policies/employment/holiday.html>

Resources

Faculty Mentoring Program offered through the Office of Faculty Development

<https://case.edu/facultydevelopment/career-path/mentoring-mentor-fellows-program>

Graduate Student Mentoring Resources through the University Center for Innovation in Teaching and Education (UCITE). <https://case.edu/ucite/faculty-productivity/graduate-student-mentoring>. This site includes a mentor readiness assessment and a mentor motivation inventory in a PDF workbook, *Building Effective Mentoring Relationships*.

“Academic Careers in Engineering & Science (ACES) Home.”

<http://www.case.edu/admin/aces/>

American Psychological Association of Graduate Students. “A Survival Guide for Ethnic Minority Graduate Students.”

<http://www.apa.org/apags/diversity/emsg.html>

Association of Colleges and the Further Education National Training Organization, Learning and Skills Council.

“Mentoring towards excellence: Section 4: Handbook and guidelines for mentors and mentees.” Coventry, England.

“AWIS: Association for Women in Science | Mentoring.”

<http://www.awis.org/careers/mentoring.html>

Brainard, S.G., Harkus, D.A., and George, M.R. (1998), “A curriculum for training mentors and mentees: Guide for administrators.” Seattle, WA: Women in Engineering Initiative, WEPAN Western Regional Center, University of Washington.

“Case Medicine: Office of Multicultural Programs.”

<http://casemed.case.edu/omp/>

“Case School of Graduate Studies.”

<http://www.case.edu/provost/gradstudies/>

“Case Western Reserve University LGBT Resources.”

<http://www.case.edu/provost/lgbt/>

“Cleveland baby & kid stuff classifieds - craigslist.”

<http://cleveland.craigslist.org/bab/>

“Cleveland childcare classifieds - craigslist.”

<http://cleveland.craigslist.org/kid/>

“Cleveland Metroparks.”

<http://www.clemetparks.com/>

“Committee on LGBT Concerns.”

<http://www.case.edu/provost/lgbt/committee.html>

“Council for Economic Opportunities in Greater Cleveland.”

<http://www.ceogc.org/>

“Counseling Services and Collegiate Behavioral Health - Case University Counseling Services.”

<http://studentaffairs.case.edu/counseling/>

“CPST Home Page.”

<http://cpst.org/index.cfm>

“Cuyahoga County Ohio Parks.”

<http://ohio.hometownlocator.com/features/cultural.class,Park,scfips,39035.cfm>

“Daily Dose of Reading: Home.”

<http://www.dailydoseofreading.org/>

“Disability Resources - Case Educational Services for Students.”

<http://studentaffairs.case.edu/education/disability/>

“Disability Resources One-Pagers - Case Educational Services for Students.”

<http://studentaffairs.case.edu/education/disability/learning.html>

“ED.gov.”

<http://www.ed.gov/parents/earlychild/ready/healthystart/index.html>

“Events | Dr. Senders and Associates.”

<http://drsenders.com/?q=event>

“Financial Aid - Home.”

<http://finaid.case.edu/Finaid.aspx?c=1>

“Flora Stone Mather Center for Women.”

<http://www.case.edu/provost/centerforwomen/index.html>

“Go City Kids - Cleveland - Kids & Family Activities, Cleveland Entertainment & Events.”

<http://gocitykids.parentsconnect.com/?area=177>

“Graduate Student Handbook.”

<http://www.case.edu/provost/gradstudies/docs/GraduateStudentHandbook.pdf>

Green, S.G. & Bauer, T.N. (1995). Supervisory mentoring by advisors: Relationships with doctoral student potential, productivity, and commitment. *Personnel Psychology*, 48, 537-561.

“Information for Faculty - Case Educational Services for Students.”

<http://studentaffairs.case.edu/education/disability/faculty.html>

Limbach, Patrick. “AIGC Article: Mentoring Minority Science Students: Can a White Male Really be an Effective Mentor?” American Indian Graduate Center.

<http://www.aigc.com/articles/mentoring-minority-students.asp>

Nerad, M. (1992). Using time, money and human resources efficiently and effectively in the case of women graduate students. Paper prepared for the conference proceedings of Science and Engineering Programs: On Target for Women (March, 1992).

Nerad, M. & Stewart, C.L. (1991). Assessing doctoral student experience: Gender and department culture. Paper presented at the 31st Annual Conference of the Association for Institutional Research (San Francisco, CA, May 1991).

“Ohio County/Metro Trails.”

<http://www.dnr.state.oh.us/tabid/11875/default.aspx>

Nyquist, J.D., Wulff, D.H. (1996). Working Effectively With Graduate Assistants. Thousand Oaks, California: Sage.

“Promoting Intercultural Exchange at Case - Case International Student Services.”

<http://studentaffairs.case.edu/international/>

Sandler B.R., Silverberg. L.A., & Hall, R.M. (1996). The chilly classroom climate: A guide to improve the education of women. Washington, D.C. The National Association for Women in Education.

“Shaker Heights Public Library.”

<http://www.shakerlibrary.org/Kids/links.aspx?Websites+for+Parents>

“Student Organizations - Case Multicultural Affairs.”

<https://studentaffairs.case.edu/multicultural/resources/organizations.html>

“Student Organizations: Case Western Reserve University.”

<http://www.case.edu/studentorgs/>

“The Mentoring Gap for Women in Science :: Inside Higher Ed :: Higher Education's Source for News, and Views and Jobs.”

<http://www.insidehighered.com/news/2008/02/28/mentor>

The Rackham School of Graduate Studies, The University of Michigan. “How to Mentor Graduate Students: A Guide for Faculty at a Diverse University.” 2006.

“Think, Lead, and Act Globally - Case Multicultural Affairs.”

<http://studentaffairs.case.edu/multicultural/>

Trice, A.D. (1999). Graduate education at the University of Michigan: A foreign experience. Ann Arbor, MI: University of Michigan, Rackham School of Graduate Studies.

“Welcome to Heights Parent Center.”

<http://www.heightsparentcenter.org/>

Zelditch, M. (1990). Mentor roles. Proceedings of the 32nd Annual Meeting of the Western

Association of Graduate Schools, Tempe, Arizona, 16-18 March, 1990, p. 11.

Additional Reading

The following resources are quality references in the mentoring of graduate students.

Graduate School Handbooks and Guides

“How to Mentor Graduate Students: A Guide for Faculty at a Diverse University,” University of Michigan, The Rackham School of Graduate Studies.

“Best Practices for Mentoring Graduate Students,” Jackson State University.

<http://www.jsums.edu/gadmappl/Mentoring.pdf>

“A Handbook for Graduate Faculty Advisors & Mentors,” Graduate School of the University of New Hampshire.

“How to Mentor Graduate Students: A Faculty Guide,” Graduate School of the University of Washington.

Mentoring Resources such as interview questions and contracts.

<https://mentoringresources.ictr.wisc.edu>

Articles and Books

Jane L. Fowler and John G. O’Gorman, “Mentoring Functions: A Contemporary View of the Perceptions of Mentees and Mentors.” *British Journal of Management* 16, pp. 51-57 (2005).

Johnson, W. Brad. *On Being a Mentor: a Guide for Higher Education Faculty*. Lawrence Erlbaum, 2007.

Lee, A., Dennis, C., and Campbell, P., Nature’s Guide for Mentors.

Nature 447, 791- 797 (2007).

Nature 444 (14), p. 966 (2006).

Pfund, C., House, S., Asquith, P., Spencer, K., Silet, K. & Sorkness, C. et al. 2012 Mentor Training for Clinical and Translational Researchers. England: WH Freeman and Company. Published on Line

<https://health.usf.edu/medicine/mdprogram/rise/scholars-resources/~media/FBB05459BD6B4396BB76725C85BAFF9E.ashx>. See especially Chapter 5 Aligning Expectations.

Richard S. Krannich, “Some Thoughts on Graduate Student Mentoring.”

http://gss.case.edu/MentoringDocuments/Thoughts_on_Grad_Stud_Mentoring.pdf

Trevino, Yolanda, “Mentor vs. Advisor,” Indiana University Graduate School.

<http://www.indiana.edu/~grdschl/mentoring.php>

Appendices

Appendix A – Conflict Mediation and Management Guide

Unfortunately, all relationships can come to a point of conflict, and learning how to deal well with conflict is an important skill to wield, especially in professional relationships.

Conflict is when one or more persons have needs and expectations that are not met or somehow satisfied by another. Conflict management is the method used to process the conflict. A few of these methods are shown in the table below as well as when they may be appropriate or inappropriate.

Common Conflict Management Styles/Strategies

Style/Strategy	When it's appropriate	When it's inappropriate
<p>Avoidance: Solving the problem by denying its existence or maintaining the status quo.</p>	<ul style="list-style-type: none"> • Issue is unimportant • Timing is wrong • Cooling-off period is needed 	<ul style="list-style-type: none"> • Issue is important • Issue will not disappear but will build
<p>Accommodating/Smoothing: Playing down differences, creating surface harmony.</p>	<ul style="list-style-type: none"> • Issue is unimportant • Timing is wrong • Cooling-off period is needed • The relationship is more important than the issue 	<ul style="list-style-type: none"> • Issue is more important than the relationship • Others are ready and willing to deal with the issue
<p>Confrontation/Dominating: Solving the problem through making a unilateral decision on behalf of both conflicting parties</p>	<ul style="list-style-type: none"> • Quick decisive action is needed • Safety is at stake • Speed is more important than relationships • Unpopular decision must be made and consensus among the people appears very unlikely • Great disparity of expertise 	<ul style="list-style-type: none"> • People have no way to express needs that could result in future disruptions • Relationships are more important than speed.
<p>Compromise/Bargaining: When each party gives up something or exchanges one thing for another</p>	<ul style="list-style-type: none"> • Both parties can give • Resources are limited • Goals are moderately important • Temporary settlements are needed • Both parties have relatively equal power • There are several acceptable solutions that both parties are willing to consider 	<ul style="list-style-type: none"> • Original positions are unrealistic and inflated • Solutions need to be watered down • Doubtful commitment

<p>Collaboration/Problem Solving - when all are willing to seek a win-win solution; desire to reach a solution that is acceptable to all parties</p>	<ul style="list-style-type: none"> • You need everyone to buy in • Issues are too important to be compromised • You want as much perspective on the problem as possible • There is no pressure for a quick solution 	<ul style="list-style-type: none"> • There is not enough time • There is not enough commitment from both parties • Safety and expediency are most important
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Knowing the steps for collaboration and conflict management is highly useful for when conflict comes about. Here are the general tips and tricks for collaboration, negotiation, and conflict management:

Steps for Collaboration/Negotiation

1. **Establish the purpose of the meeting.** Affirm or reaffirm the willingness of both party to be present and their desire to seek a solution.
2. **Establish a mediator or facilitator role.** A mediator or facilitator does not decide who is right or settle the conflict directly. Instead, a mediator or facilitator helps the parties speak openly to each other and listen to each other's point of view so that some better basis for resolving the differences can be established.
3. **Establish time limits.** The discussion should have a time limit (may need to schedule another meeting).
4. **Set ground rules.** Establish rules about confidentiality, affirm or reaffirm one's willingness to seek resolution, and set other ground rules relevant to the situation
5. **Define the problem.**
 - a. **Identify the positions.** Have each person explain in 5 minutes how they see the situation, without interruptions from the other. A mediator might summarize what they have just heard or have each party summarize what they heard the other say. Ask each person what it is that the other person doesn't understand about their situation or argument.
 - b. **Identify the interests** (the underlying needs, expectations, apprehensions, perceptions, goals, etc.). Have each person talk about their expectations, needs, perceptions and apprehensions for 5 minutes without interruptions from the other. Mediator might summarize what they have just heard or have each party summarize what they heard the other say. Ask each person what it is that the other person doesn't understand about their situation or argument.
 - c. **Identify/search for common themes/points of agreement**
 - d. **Identify differences/points of real disagreement.**
6. **Define each BATNA.** Make sure parties have thought about their BATNA (their best alternative to a negotiated agreement, i.e., what they will do if an agreement isn't reached).
7. **Generate alternative options.** Brainstorm ideas that could address each party's interests.
8. **Evaluate options and the consequences of each option.** Have people assess their "currently perceived choices" and their "target future choice."
9. **Search for a solution.** Seek alternatives that address the interests of both parties.
10. **Identify a plan of action.** Agree upon a solution and ensuring commitment to it.
11. **Evaluate/check-in.** Ensure the problem remains resolved at a set time in the future.

Principles for Managing Conflict

- **Maintain mutual respect:** Provide thoughtful discussion questions such as, "how can I discuss our differences in ways that allow the other person to retain their dignity? How can I avoid having the other person feel denigrated or put down?"
- **Seek common ground:** Explore overarching goals, values and shared purpose. Try to see things through the other person's eyes (e.g., their culture, race, gender, age, or other life experiences).

- **Focus on the problem.** Do not focus on the attack. Instead focus on what people are saying about the problem.
- **Objectify the situation.** Help people focus on what happened, the behavior causing the problem, what the impact is and what ideas they have for solutions.
- **Emphasize and acknowledge both people's situation.** Try putting yourself in both person's shoes and try to understand the emotional impact which the situation is creating for them.
- **Acknowledge the needs of both people.** Empathize verbally with them and allow them to vent their emotions so that you can establish yourself as being understanding of both sides.
- **Validate feelings.** Help make emotions explicit and acknowledge emotions as legitimate.
- **Listen actively.** Verify and provide feedback to both parties. Let both parties know that you are genuinely trying to understand both parties' position and interests, and that you are trying to help. Summarize what you are hearing as the more neutral source. Seek clarification on your feedback to make sure that what you heard is correct.
- **Separate fact from opinion.**
- **Keep perspectives open.** Help both parties see the situation from their own perspective, from the other person's perspective (getting into the other person's shoes), and from the perspective of a neutral third party (or fly on the wall).
- **Be non-threatening.** Avoid any statements that criticize, are sarcastic, and put people on the defensive.
- **Encourage use of "I" statements.** "I" statements encourage personal responsibility and agency.
 - "I" statements have four components:
 - what the person experienced or what he/she perceived,
 - what the person felt about that experience, what they liked or did not like and why,
 - what the person would like to see happen differently in the future (what the person needs from the other person), and
 - the consequences the person sees if things don't change.
 - "Chris when you got upset when I asked you about getting a job at the Shopping Center, I felt angry because I had thought you would be happy that I wanted to do something in common with you. I would like us to find something in common or else living together for the rest of the year is going to be very difficult for both of us."
- **Ask/probe for feeling statements about the conflict.** If the participants are reluctant to express their feelings probe by asking for feelings.
 - "Chris, it sounds like you are feeling disrespected or discounted by Terry, and Terry, it sounds like you feel like Chris is provoking you on purpose. Does that sound right?"

Adapted from *Conflict Mediation Guidelines* by Ann Porteus

<https://web.stanford.edu/group/resed/resed/staffresources/RM/training/conflict.html>

Appendix B – Phases of a Graduate Student’s Professional Development

Common Phases of Graduate Student Development

As Mentee Becomes:	Senior Learner	Colleague in Training	Junior Colleague/Colleague
Emphasizes mentor’s role as	Manager	Educational/Professional Model	Colleague/Mentor
	<ul style="list-style-type: none"> • “Do the task the way I’ve laid out and check back with me.” 	<ul style="list-style-type: none"> • “Think about the problem, generate options, then let’s talk about potential outcomes/decisions.” 	<ul style="list-style-type: none"> • “You make the decision. Let me know how I can help. I’m interested in the outcome.”
Views own teaching role as	Assistant	Associate	Collaborator
	<ul style="list-style-type: none"> • Grading papers • Holding office hours • Planning quizzes • Collecting feedback 	<ul style="list-style-type: none"> • Writing assignments • Generating test questions • Doing some teaching, lecturing, or small group discussions 	<ul style="list-style-type: none"> • Designing, developing, or revising advanced courses or curriculum; instructor of record or co-teaching
Views research role as	Assistant	Associate	Collaborator
	<ul style="list-style-type: none"> • Performing specific duties under relatively close supervision 	<ul style="list-style-type: none"> • Assuming design and implementation responsibility for part of a grant or for own research project 	<ul style="list-style-type: none"> • Conducting research project (or own portion of it) with high degree of independence; sees mentor as a resource
Understands practitioner, applied, or service roles as	Assistant	Associate	Collaborator
	<ul style="list-style-type: none"> • Learning the ropes • Acquiring discrete technical skills 	<ul style="list-style-type: none"> • Providing strategic assistance expertise • Ultimately defers to mentor 	<ul style="list-style-type: none"> • Co-leading, co-designing, co-facilitating • Sharing responsibility equally
Prefers evaluation to be	Assistant	Associate	Collaborator
	<ul style="list-style-type: none"> • Frequent and focused on immediate performance 	<ul style="list-style-type: none"> • Systematic and focused on overall skill development of skills, aptitudes 	<ul style="list-style-type: none"> • Collegial, informal, and focused on style, approach, values
Sees mentoring needs as	Assistant	Associate	Collaborator
	<ul style="list-style-type: none"> • Self-assessment • Goal assessment • Regular meetings 	<ul style="list-style-type: none"> • Observations • Job shadowing • Meetings • Attend or Present and conferences together • Networking 	<ul style="list-style-type: none"> • Reflective practicum • Retreat • Opportunistic meetings • Networking • Generating new projects together • Co-stewardship

Adapted from Nyquist, J.D. and Wulff, D.H. (1996). Working effectively with graduate assistants, p 27. Thousand Oaks, CA.: Sage. (See Chao [1997] for a four-phase model of graduate student development.)

Appendix C – A Worksheet for a Mentor’s Expectations

Use this worksheet to develop an understanding of what you, as a faculty mentor, expect to gain from your mentoring relationship. By clarifying your own expectations, you will be able to communicate and work more effectively with your students. Add items you deem important.

The reasons I want to be a mentor are to:

- Encourage and support a graduate student in my field
- Establish close, professional relationships
- Challenge myself to achieve new goals and explore alternatives
- Pass on knowledge
- Create a network of talented people
- Other _____

I hope that my student and I will:

- Tour my workplace, classroom, center, or lab
- Go to formal mentoring events together
- Meet over coffee or meals
- Go to educational events such as lectures, conferences, talks, or other University events together
- Go to local, regional, and national professional meetings together
- Other _____

The things I feel are off-limits in my mentoring relationship include:

- Disclosing our conversations to others
- Using non-public places for meetings
- Sharing intimate aspects of our lives
- Meetings behind closed doors
- Other _____

I will help my student with job opportunities by:

- Finding job or internship possibilities in my department, center, lab, or company
- Introducing my student to people who might be interested in hiring them
- Helping my student practice for job interviews
- Suggesting potential work contacts to pursue
- Teaching them about networking
- Critiquing their resume or curriculum vita
- Other _____

The amount of time I will spend with my student will be, on average:

1 2 3 4 hours every: week other week per month (circle one)

Adapted from: Brainard, S.G., Harkus, D.A., and George, M.R. (1998), A curriculum for training mentors and mentees: Guide for administrators. Seattle, WA: Women in Engineering Initiative, WEPAN Western Regional Center, University of Washington.

Appendix D – A Worksheet for a Mentee’s Expectations

Use this worksheet to develop an understanding of what you, as a student, expect to gain from your mentoring relationships. By clarifying your own expectations, you will be able to communicate them more effectively to your mentors. Add items you deem important.

The reasons I want a mentor are to:

- _____ Receive encouragement and support
- _____ Increase my confidence when dealing with professionals
- _____ Challenge myself to achieve new goals and explore alternatives
- _____ Gain a realistic perspective of the workplace
- _____ Get advice on how to balance work and other responsibilities, and to set priorities
- _____ Gain knowledge of the “do’s and don’t’s” in my field of study
- _____ Learn how to operate in a network of talented peers
- _____ Other _____

I hope that my mentor and I will:

- _____ Tour my mentor’s workplace and explore various teaching or work sites
- _____ Go to formal mentoring events together
- _____ Meet over coffee, lunch, or dinner
- _____ Go to educational events such as lectures, conferences, talks, or other University events together
- _____ Go to local, regional, and national professional meetings together
- _____ Create opportunities where I will be able to network with people in my field
- _____ Other _____

I hope that my mentor and I will discuss:

- _____ Academic subjects that will benefit my future career
- _____ Career options and job preparation
- _____ The realities of the workplace
- _____ My mentor’s work
- _____ Technical and related field issues
- _____ How to network
- _____ How to manage work and family life
- _____ Personal dreams and life circumstances
- _____ Other _____

The things I feel are off-limits in my mentoring relationship include:

- _____ Disclosing our conversations to others
- _____ Using non-public places for meetings
- _____ Sharing intimate aspects of our lives
- _____ Meeting behind closed doors _____ Other _____

I hope that my mentor will help me with job opportunities by:

- _____ Opening doors for me to job possibilities
- _____ Introducing me to people who might be interested in hiring me
- _____ Helping me practice for job interviews
- _____ Suggesting potential work contacts for me to pursue on my own

- _____ Teaching me about networking
- _____ Critiquing my resume or curriculum vita
- _____ Other _____

The amount of time I will spend with my mentor will be, on average:

1 2 3 4 hours every: week other week per month (circle one)

Adapted from: Brainard, S.G., Harkus, D.A., and George, M.R. (1998), A curriculum for training mentors and mentees: Guide for administrators. Seattle, WA: Women in Engineering Initiative, WEPAN Western Regional Center, University of Washington.

Appendix E – Planning for first meetings: A Mentor’s Checklist

Use this checklist to plan initial meetings with your students in light of what you hope to help them achieve over the long term.

- _____ Arrange first meetings with potential students.
- _____ Explain the goals for meetings and discuss how confidentiality should be handled.
- _____ Discuss what each of you perceives as the boundaries of the mentoring relationship.
- _____ Review the student’s current experience and qualifications.
- _____ Discuss and record the student’s immediate and long-term goals; explore useful professional development experiences in light of these goals. Record these on a professional development plan. Discuss strategies and target dates.
- _____ Discuss and record any issues that may affect the mentoring relationship such as time and financial constraints, lack of confidence, new to the role, etc.
- _____ Arrange a meeting schedule (try to meet at least once a quarter). Record topics discussed and feedback given at each meeting. Ensure that all meeting records are kept confidential and in a safe place.
- _____ Discuss the following activities that can form part of your mentoring relationship:
 - Giving advice on strategies for improving teaching.
 - Organizing observation(s) of teaching and providing constructive feedback.
 - Organizing a session of work shadowing.
 - Consulting on issues or concerns the student has with colleagues or study and research groups.
 - Providing feedback from other sources (students, faculty, administrators, and other mentors in or outside the University).
- _____ Create a mentoring action plan that reflects different professional development needs at different stages of the student’s graduate program.
- _____ Encourage your student to reflect regularly on his or her goals, achievements, and areas for improvement. Ask the mentee to compose a brief reflection essay (e.g., 1/2 page) prior to each meeting.
- _____ Amend the mentoring action plan as needed by focusing on the student’s developing needs.
- _____ Create an Individual Development Plan for their first year.

Adapted from: Mentoring towards excellence: Section 4: Handbook and guidelines for mentors and mentees. Association of Colleges and the Further Education National Training Organization, Learning and Skills Council: Coventry, England.

Appendix F – Planning for first meetings: A Mentee’s Checklist

Use this checklist to plan initial meetings with your mentors in light of what you hope to achieve over the long term.

- _____ Arrange first meetings with a prospective mentor.
- _____ Explain your goals for meetings and ask how confidentiality should be handled.
- _____ Discuss what each of you perceives as the boundaries of the mentoring relationship.
- _____ Review the current experience and qualifications.
- _____ Discuss and record your immediate and long-term goals. Explore useful professional development experiences in light of these goals. Record these on a professional development plan. Discuss options, strategies, and target dates.
- _____ Discuss and record any issues that may affect the mentoring relationship such as time and financial constraints, lack of confidence, being new to the role, etc.
- _____ Arrange a meeting schedule with your mentor (try to meet at least once a quarter). Record topics discussed and feedback given at each meeting. Request that all meeting records are kept confidential and in a safe place.
- _____ Discuss with your mentor the following activities that can form part of your mentoring relationship:
 - Getting advice on strategies for improving teaching or research.
 - Organizing observation(s) of teaching and providing constructive feedback.
 - Organizing a session of work shadowing.
 - Getting advice on issues or concerns with colleagues in study and research groups.
 - Providing feedback from other sources (students, faculty, administrators, and other mentors in or outside the University).
- _____ Create a mentoring action plan that reflects different professional development needs at different stages of your graduate program.
- _____ Encourage your mentor to reflect regularly with you on your goals, achievements, and areas for improvement. Compose a brief reflection essay (e.g., 1/2 page) prior to each meeting.
- _____ Amend your mentoring action plan as needed by focusing on your developing needs.

Adapted from: Mentoring towards excellence: Section 4: Handbook and guidelines for mentors and mentees. Association of Colleges and the Further Education National Training Organisation, Learning and Skills Council: Coventry, England.

Appendix G – Sample Mentor and Mentee Agreement

Consider using this agreement, or another one that you and your student(s) create together, if you believe the mentoring relationship will be strengthened by formalizing a mutual agreement of roles, responsibilities, and expectations.

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. We want this to be a rich, rewarding experience with most of our time together spent in professional development activities. To this end, we have mutually agreed upon the terms and conditions of our relationship as outlined in this agreement.

Objectives

We hope to achieve:

- 1.
- 2.
- 3.
- 4.

To accomplish this we will:

- 1.
- 2.
- 3.
- 4.

Confidentiality

Any sensitive issues that we discuss will be held in confidence. Issues that are off-limits in this relationship include:

Frequency of Meetings

We will attempt to meet at least _____ time(s) each month. If we cannot attend a scheduled meeting, we agree to notify one another in advance.

Duration

We have determined that our mentoring relationship will continue as long as we both feel comfortable or until:

No-Fault Termination

We are committed to open and honest communication in our relationship. We will discuss and attempt to resolve any conflicts as they arise. If, however, one of us needs to terminate the relationship for any reason, we agree to abide by one another's decision.

Mentor

Student

Date

Date

Adapted from: Brainard, S.G., Harkus, D.A., and George, M.R. (1998), A curriculum for training mentors and mentees: Guide for administrators. Seattle, WA: Women in Engineering Initiative, WEPAN Western Regional Center, University of Washington.

Appendix H – Group Membership Exercises

Mentors and mentees may associate with groups according to their established identities at an unconscious level. This exercise aims to elicit what those identities are and how they may impact your daily life in relation to how you spend your time as well as to how you relate to other people. Becoming more aware of your group membership may key you in certain biases and experiences unique to you and your identity.

What are my group memberships?

Think about each category of difference on this worksheet. Then, fill in how you identify related to the categories that you are comfortable sharing. Please note that you may fill in as many or as few boxes as you wish. This worksheet is for your own benefit, and you do not need to share any information beyond what is comfortable for you.

Categories of Difference	How do you identify?
1. Age	
2. Race, Skin Color	
3. Sex (e.g., female, male, intersex)	
4. Gender Identity (e.g., cisgender, transgender, gender non-conforming)	
5. Hierarchical Level/Type of Position (e.g., graduate assistant, faculty, undergrad)	
6. Sexual Orientation/Sexuality	
7. Social Class	
8. Educational Level (e.g., generation to college; “highest” degree awarded)	
9. Religion/Spirituality/Ways of Knowing	
10. National Origin, Immigration Status	

11. Disability	
12. Ethnicity/Culture	
13. English Proficiency	
14. Family Status (e.g., married, single, parent, etc.)	
15. Years of experience (on campus, in this position, or in your field)	

Discussion questions for group memberships

Referring back to what you wrote on the previous worksheet, please discuss the following questions within your groups. Again, you do not have to discuss or disclose anything beyond your comfort level.

- Which of your group memberships are you most conscious of on a daily basis? Which, if any, are you less conscious of on a daily basis? Why might this be?
- What group membership are you most conscious of in other people on a daily basis?
- Which group memberships, if any, seem to impact how you get seen and treated on campus? How might your group memberships affect how you are perceived as a TA? Does this affect how you perform your role as a TA?
- In what ways have you seen other people being treated differently based on their perceived group memberships, on this campus or any other?

Appendix I – LGBTQA+ Glossary of Terms (extended)

Glossary on LGBTQA+ Terms

Ally: (noun) a typically straight or cis-identified person who supports and respects for members of the LGBTQ community

Androgyny/Androgynous: (adj, pronounced “an-jrah-jun-ee”) (1) a gender expression that has elements of both masculinity and femininity; (2) occasionally used in place of “intersex” to describe a person with both female and male anatomy

Aromantic: (adj) describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships

Asexual: (adj) having a lack of (or low level of) sexual attraction to others and/or a lack of interest or desire for sex or sexual partners. Asexuality exists on a spectrum from people who experience no sexual attraction or have any desire for sex to those who experience low levels and only after significant amounts of time

Bigender: (adj) describes a person who fluctuates between traditionally “woman” and “man” gender-based behavior and identities, identifying with both genders (and sometimes a third gender)

Bicurious: (adj) describes a curiosity about having attraction to people of the same gender/sex (similar to questioning)

Biological Sex: (noun) a medical term used to refer to the chromosomal, hormonal and anatomical characteristics that are used to classify an individual as female or male or intersex. Often referred to as simply “sex,” “physical sex,” “anatomical sex,” or specifically as “sex assigned [or designated] at birth”

Biphobia: (noun) a range of negative attitudes (e.g., fear, anger, intolerance, resentment, erasure, or discomfort) that one may have/express towards bisexual individuals. Biphobia can come from and be seen within the queer community as well as straight society

Bisexual: (adj) a person emotionally, physically, and/or sexually attracted to male/men and females/women. Other individuals may use this to indicate an attraction to individuals who identify outside of the gender binary as well and may use bisexual as a way to indicate an interest in more than one gender or sex (i.e. men and genderqueer people). This attraction does not have to be equally split or indicate a level of interest that is the same across the genders or sexes an individual may be attracted to

Cisgender: (adj, pronounced “siss-jendur”) a person whose gender identity and biological sex assigned at birth align (e.g., man and male-assigned). A simple way to think about it is if a person is not trans*, they are cisgender.

Cisnormativity: (noun) the assumption, made by individuals or institutions, that everyone is cisgender, and that cisgender identities are superior to trans* identities or people. Leads to invisibility of non-cisgender identities

Closeted: (adj) an individual who is not open to themselves or others about their (queer) sexuality or gender identity. This may be by choice and/or for other reasons such as fear for one’s safety, peer or family rejection or disapproval, or the loss of housing, job, etc. Also known as being “in the closet.” When someone chooses to break this silence they “come out” of the closet

Coming Out: (noun) (1) the process by which one accepts and/or comes to identify one’s own sexuality or gender identity (to “come out” to oneself); (2) The process by which one shares one’s sexuality or gender identity with others (to “come out” to others). This is a continual, life-long process. Every day, all the time, one has to evaluate and re-evaluate who they are comfortable coming out to, if it is safe, and what the consequences might be

Cross-dresser: (noun) someone who wears clothes of another gender/sex

Demisexual: (noun) an individual who does not experience sexual attraction unless they have formed a strong emotional connection with another individual, often within a romantic relationship

Drag King: (noun) someone who performs masculinity theatrically

Drag Queen: (noun) someone who performs femininity theatrically

Emotional/Spiritual Attraction: (noun) an affinity for someone that evokes the want to engage in emotional intimate behavior (e.g., sharing, confiding, trusting, interdepending), which can be experienced in varying degrees (from little-to-non, to intense). Often conflated with romantic attraction and sexual attraction

Fluid/Fluidity: (adj/noun) generally with another term attached, like gender-fluid or fluid-sexuality, fluidity describes an identity that may change or shift over time between or within the mix of the options available (e.g., man and woman, bi and straight)

Gay: (adj) (1) a term used to describe individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to males or male-identified people who are attracted to other males or male-identified people, but it can be applied to females or female-identified people as well; (2) An umbrella term used to refer to the queer community as a whole, or as an individual identity label for anyone who does not identify as heterosexual

Gender Binary: (noun) the idea that there are only two genders (male/female) and that a person must be strictly gendered as either male or female.

Gender Expression: (noun) the external display of one’s gender, through a combination of dress, demeanor, social behavior, and other factors, which is generally measured on scales of masculinity and femininity. Also referred to as “gender presentation”

Gender Fluid: (adj) a gender identity best described as a dynamic mix of boy and girl. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more man some days, and more woman other days

Gender Identity: (noun) the internal perception of one’s gender and how they label themselves based on how much they align or don’t align with what they understand their options for gender to be. Common identity labels include man, woman, genderqueer, trans, and more

Gender Non-Conforming (GNC): (adj) someone whose gender presentation, whether by nature or by choice, does not align in a predicted fashion with gender-based expectations

Genderqueer: (adj) a gender identity label often used by people who do not identify with the binary of man/woman; or as an umbrella term for many gender non-conforming or non-binary identities (e.g., agender, bigender, genderfluid). Genderqueer people may combine aspects of various gender identities (bigender, pangender), may not have a gender or identify with a gender (genderless, agender), may move between genders (genderfluid), or may be third gender or other-gendered (includes those who do not place a name to their gender having an overlap of, or blurred lines between, gender identity and sexual and romantic orientation)

Gender Variant: (adj) someone who either by nature or by choice does not conform to gender-based expectations of society (e.g. transgender, transsexual, intersex, gender-queer, cross-dresser, etc.)

Heteronormativity: (noun) the assumption, in individuals or in institutions, that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. Leads to invisibility and stigmatizing of other sexualities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals *should* identify as men and women, and be masculine men and feminine women, and finally that men and women are a complimentary pair

Heterosexism: (noun) behavior that grants preferential treatment to heterosexual people or, that reinforces the idea that heterosexuality is somehow better or more “right” than queerness, or that makes other sexualities invisible

Heterosexual: (adj) a person primarily emotionally, physically, and/or sexually attracted to members of the opposite sex. Also known as straight

Homophobia: (noun) an umbrella term for a range of negative attitudes (e.g., fear, anger, intolerance, resentment, erasure, or discomfort) that one may have towards members of LGBTQ community. The term can also connote a fear, disgust, or dislike of being perceived as LGBTQ

Homosexual: (adj) a medical term used to describe a person primarily emotionally, physically, and/or sexually attracted to members of the same sex/gender. This term is considered stigmatizing due to its history as a category of mental illness, and is discouraged for common use (use gay or lesbian instead)

Intersex: (adj) someone whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female. In the medical care of infants, the initialism DSD (“Differing/Disorders of Sex Development”) is used. Formerly known as hermaphrodite (or hermaphroditic), but these terms are now considered outdated and derogatory

Lesbian: (noun and adj) a term used to describe females or female-identified people attracted romantically, erotically, and/or emotionally to other females or female-identified people

Metrosexual: (noun and adj) a man with a strong aesthetic sense who spends more time, energy, or money on his appearance and grooming than is considered gender normative

MSM/WSW: (noun) initialisms for “men who have sex with men” and “women who have sex with women,” to distinguish sexual behaviors from sexual identities (i.e., because a man is straight, it doesn’t mean he’s not having sex with men). Often used in the field of HIV/Aids education, prevention, and treatment.

Mx.: (typically pronounced mix) is a title (e.g. Mr., Ms., etc.) that is gender neutral. It is often the option of choice for folks who do not identify within the cisgender binary.

Outing: (noun) an involuntary or unwanted disclosure of another person’s sexual orientation, gender identity, or intersex status.

Pansexual: (adj) a person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities or expressions (can be abbreviated as “pan”)

Polyamory/Polyamorous: (noun/adj) refers to the practice of, desire to, or orientation towards having ethical, honest, and consensual non-monogamous relationships (i.e. relationships that may include multiple partners). This may include open relationships, polyfidelity (which involves more than two people being in romantic and/or sexual relationships which is not open to additional partners), amongst many other set ups. Some poly(amorous) people have a “primary” relationship or relationships and then a “secondary” relationship or relationships which may indicate different allocations of resources, time, or priority.

Questioning: (verb and adj) exploring one's own sexual orientation or gender identity; or an individual who is exploring their own sexual orientation and gender identity.

Queer: (adj) used as an umbrella term to describe individuals who don't identify as straight. Also used to describe people who have non-normative gender identity or as a political affiliation. Due to its historical use as a derogatory term, it is not embraced or used by all members of the LGBTQ community. The term queer can often be used interchangeably with LGBTQ.

Romantic Attraction: (noun) an affinity for someone that evokes the desire to engage in relational intimate behavior (e.g., flirting, dating, marriage), which can be experienced in varying degrees (from little-to-non, to intense). Often conflated with sexual attraction or emotional/spiritual attraction.

Sexual Attraction: (noun) an affinity for someone that evokes the want to engage in physical intimate behavior (e.g., kissing, touching, intercourse), which can be experienced in varying degrees (from little-to-non, to intense). Often conflated with romantic attraction or emotional/spiritual attraction.

Sexual Orientation: (noun) the type of sexual, romantic, emotional/spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to (often mistakenly referred to as sexual preference)

Sexual Preference: (noun) the types of sexual intercourse, stimulation, and gratification one likes to receive and participate in. Generally, when this term is used, it is being mistakenly interchanged with "sexual orientation," creating an illusion that one has a choice (or "preference") in who they are attracted to.

Sex Reassignment Surgery (SRS): (noun) a term used by some medical professionals to refer to a group of surgical options that alter a person's biological sex. "Gender confirmation surgery" is considered by many to be a more affirming term. In most cases, one or multiple surgeries are required to achieve legal recognition of gender variance. Some refer to different surgical procedures as "top" surgery and "bottom" surgery to discuss what type of surgery they are having without having to be more explicit.

Third Gender: (noun) a term for a person who does not identify with either man or woman, but identifies with another gender. This gender category is used by societies that recognize three or more genders, both contemporary and historic, and is also a conceptual term meaning different things to different people who use it as a way to move beyond the gender binary.

Top Surgery: (noun) this term refers to surgery for the construction of a male-type chest or breast augmentation for a female-type chest.

Trans*/Transgender: (adj) (1) An umbrella term covering a range of identities that transgress socially defined gender norms. Trans with an asterisk (*) is often used to indicate that you are referring to the larger group nature of the term; (2) A person who lives as a member of a gender other than that expected based on anatomical sex.

Transition/Transitioning: (noun/verb) this term is primarily used to refer to the process a trans* person undergoes when changing their bodily appearance either to be more congruent with the gender or sex they feel themselves to be and/or to be in harmony with their preferred gender expression.

Transman: (noun) An identity label sometimes adopted by female-to-male transgender people or transsexuals to signify that they are men while still affirming their history as assigned female sex at birth (sometimes referred to as transguy)

Transwoman: (noun) Identity label sometimes adopted by male-to-female transsexuals or transgender people to signify that they are women while still affirming their history as assigned male sex at birth.

Transphobia: (noun) the fear of, discrimination against, or hatred of trans* people, the trans* community, or gender ambiguity. Transphobia can be seen within the queer community, as well as in general society.

Transsexual: (noun and adj) a person who identifies psychologically as a gender/sex other than the one to which they were assigned at birth. Transsexuals often wish to transform their bodies hormonally and surgically to match their inner sense of gender or sex.

Transvestite: (noun) a person who dresses as the binary opposite gender expression ("cross-dresses") for any one of many reasons, including relaxation, fun, and sexual gratification. Often called a "cross-dresser," and should not be confused with transsexual

Two-Spirit: (noun) is an umbrella term traditionally used by Native American people to recognize individuals who possess qualities or fulfill roles of both genders

Ze/Hir: (noun, pronounced "zee"/"here") alternate pronouns that are gender neutral and preferred by some trans* people. They replace "he" and "she" and "his" and "hers" respectively. Alternatively, some people who are not comfortable or do not embrace "he" or "she" use the plural pronoun "they" and "their" as gender neutral singular pronouns.

References

1. Vocabulary Extravaganza 3.0. (n.d.). Retrieved from <http://thesafezoneproject.com/activity/vocabulary-extravaganza-2-0/>

Women's Committee of the
Faculty Senate
Annual Report

Faculty Senate Committee on Women Faculty Resolution to Have the Faculty Climate, and Gender Equity Surveys Institutionalized

- The Provost's Office along with the Office of Institutional Research has conducted an annual faculty gender salary analysis;
- The Provost's Office along with the Office of Institutional Research has conducted an annual report on gender differences in faculty recruitment, rank, administrative positions and endowed chairs;
- The Provost's Office along with the Office of Institutional Research has conducted a faculty climate survey (every three years); and
- This data and the survey answers have been disseminated to the faculty through its website.

Unless these studies are formalized and mandated through the Faculty Handbook, or the Faculty By-Laws there is a significant risk that this data gathering and these surveys will not occur due to loss of staff, budget reductions or neglect.

RESOLVED, That it is the recommendation of the Committee for Women Faculty that this data gathering and these surveys be continued;

RESOLVED, That that is the sense of this Committee that the Executive Committee of the Faculty Senate make an agenda item of how to institutionalize this data gathering and the continuation of these surveys;

RESOLVED, That changes be made to either the Faculty Handbook or Faculty By-Laws, or both, that will institutionalize this data gathering and these surveys;

RESOLVED, That the Faculty Senate continue to have access to the results of this data gathering and these surveys;

RESOLVED That the information be presented annually to the Faculty Senate and the appropriate Faculty Senate Committees, including the Committee on Women Faculty; and

RESOLVED, That the information gathered and these surveys be placed on the Faculty Senate website.

Adopted unanimously on November 12, 2018 by the Members of the Committee on Women Faculty.

Faculty Senate Committee on Women Faculty Resolution to Have the Faculty Senate Recommend an Increase in Discretionary Faculty Budgets

- Over the past 12 years, there has been a budgetary policy of no increases in nonsalary funds;
- Because of this, there have been serious erosions in available resources for faculty in terms of partner hire funds, research opportunity grants, and faculty programs such as To Tenure and Beyond and What's Next; and
- Although these programs differentially affect women faculty, they are supportive of all faculty.

RESOLVED, That it is the recommendation of the Committee for Women Faculty that the Executive Committee address the topic of an increase in these funds to account for at least inflation; and

RESOLVED, That the Faculty Senate should advocate for inflationary increases in partner hire funds, research opportunity grants, and funding for faculty programs such as To Tenure and Beyond and What's Next.

Adopted unanimously on November 12, 2018 by the Members of the Committee on Women Faculty.

Faculty Senate Committee on Women Faculty Resolution to Include Elder Care in the existing programs offered to faculty and staff through Human Resources

- Human Resources offers a relationship with Erin Nannies to place caregivers with families on a full-time and temporary basis;
- The University pays for the registration fee and up to two emergency referrals to Erin's Nannies;
- IMPACT Solutions, the University's Assistance Program, offers personalized assistance locating childcare services as well as online access to a comprehensive database of qualified childcare providers;

- The University reimburses up to \$100 per day for childcare support during domestic travel and up to \$150 per day for childcare support during international travel, with a family limit of \$1000 per fiscal year, and whereas these expenses can support care for a child who travels to the event or for the child to remain at home while the adult travels;
- Case Western Reserve University employees receive 10% tuition savings with a KinderCare Learning Centers and Champions Before- and After-School Programs;

- The University offers financial assistance to faculty and staff whose household incomes are \$50,000 or less to cover 50% of the fee for a holiday day camp to care for a child during a legal or school holiday when the CWRU employee must work; and
- There is a need to have these programs extended to include elder care.

RESOLVED, That it is the recommendation of the Committee for Women Faculty that the five childcare programs described on the Human Resources website, and explained above be expanded to include eldercare;

RESOLVED, That if the existing programs cannot be extended to include eldercare, that the University contract with additional providers that offer comparable programs in eldercare.

RESOLVED, That the Executive Committee propose a formal study of this recommendation through the Faculty Senate.

Adopted unanimously on November 12, 2018 by the Members of the Committee on Women Faculty.

**Faculty Senate Committee on Women Faculty
Resolution to Have the Post-Doc Policy for Parental
Leave Made Equivalent to the Parental Leave for
Faculty and Staff and CWRU**

Eligible postdocs [at CWRU] may receive paid parental leave for any of the following up to a maximum of six (6) weeks of paid parental leave under this policy for birth mothers and primary care givers AND up to three (3) weeks of paid parental leave for other parents, including domestic partners, who are primary givers as follows:

- Up to six (6) weeks paid parental leave to the birth mother to recover from childbirth and/or to care for and bond with the newborn within 12 months of birth; OR

- Up to six (6) weeks paid leave to the primary caregiver to care for and bond with a newly adopted child within 12 months from placement.

AND IF APPLICABLE

- Up to three (3) weeks paid parental leave to the other parent, including a domestic partner, to care for and bond with a newborn child within 12 months of birth; OR

- Up to three (3) weeks paid parental leave to the other parent, including a domestic partner, who is not the primary caretaker to care for and bond with a newly adopted child within 12 months from placement.

Once paid leave is exhausted, postdocs may continue on unpaid leave if appropriate documentation has been submitted, up to a total leave time of twelve (12) weeks. Postdocs on unpaid leave:

- o must have exhausted all paid parental leave, sick pay (birth mother), and vacation pay
- o remain in the Postdoc Benefits program for 12 weeks according to plan provisions,
- o upon return to work, adjustments will be made to their paycheck for Postdoc Benefits payments made on their behalf.

Other private universities such as Johns Hopkins and Cornell provide eight (8) weeks of paid maternity leave;

The University provides faculty with sixteen (16) weeks of paid parental leave; and

There is a need to have paid parental leave extended to improve the health and welfare of the primary care giver; therefore be it

RESOLVED, That it is the recommendation of the Committee for Women Faculty that the University policy for paid parental leave for Postdoctoral Fellows and Postdoctoral Scholars be extended to eight (8) weeks;

RESOLVED, That the Executive Committee propose a formal study of this recommendation through the Faculty Senate.

Adopted unanimously on February 18, 2019 by the Members of the Committee on Women Faculty.

Report from the Faculty Senate Committee on Faculty Compensation

2018-2019

David Matthiesen, CSE, chair

Chris Winkelman, SON

Aloen Townsend, MSASS

Susan Case, WSOM

Anita Aminoshariae, SDM

Thomas Love, SOM

Angela Ciccia, CAS

ex officio **Carolyn Gregory, VP for Human Resources**

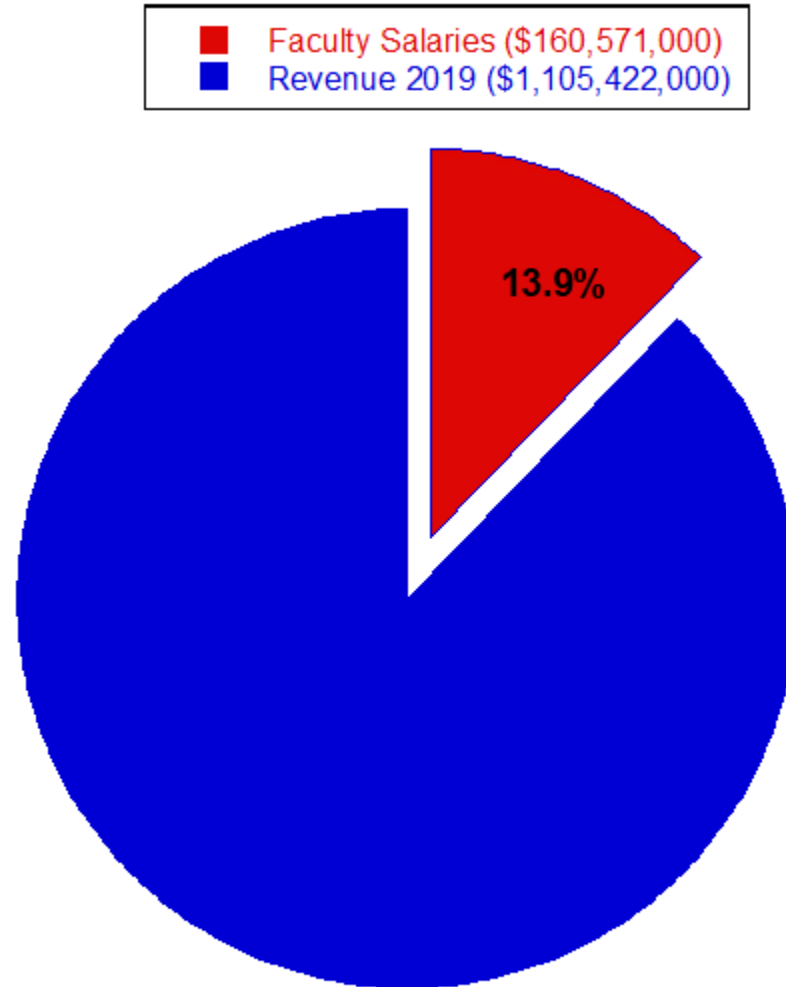
ex officio **Charles Rozek, Vice Provost for Faculty Affairs**

Charges to the committee:

1. consultation with the university administration regarding fringe benefits and the annual allocation of funds available for faculty salaries and raises,
2. **an annual review of the guidelines and policies for faculty compensation for each school and college considering issues of comparability in policies across units,**
3. review of the implementation of those guidelines and policies at each school and college,
4. **competitive analyses of faculty salaries and fringe benefits in peer universities nationwide,**
5. **the effect of current salaries and fringe benefits on the ability of the university to attract and retain top faculty,**
6. and other matters of policy and equity brought to its attention by the faculty or administration.

Part 1: Considering SALARY as part of compensation

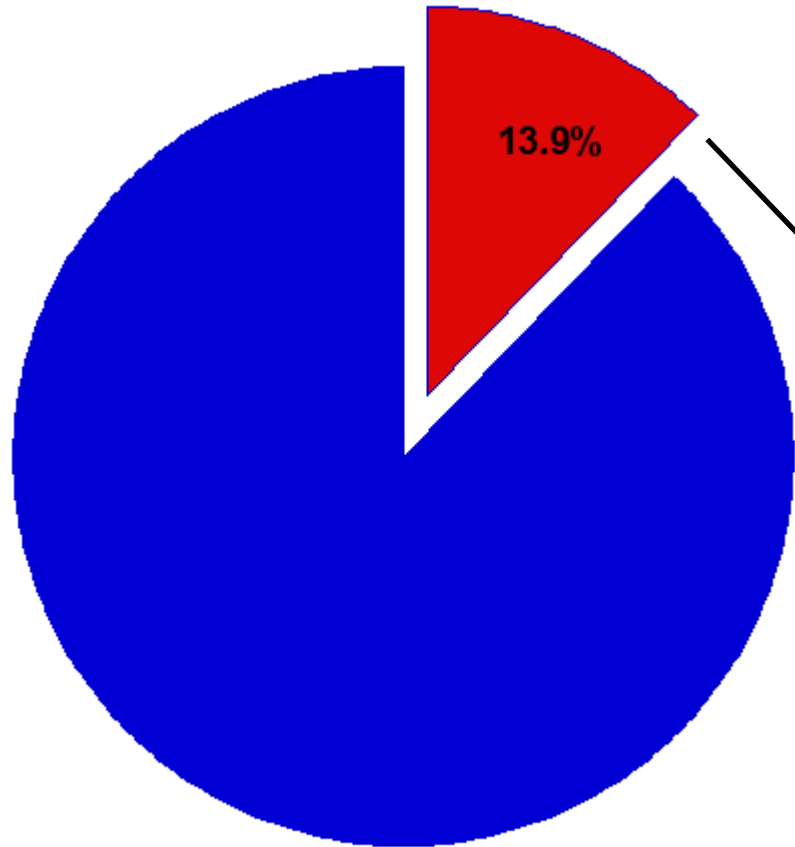
Let's talk about pies. 13.9% of the total CWRU budget is for Faculty Salaries.



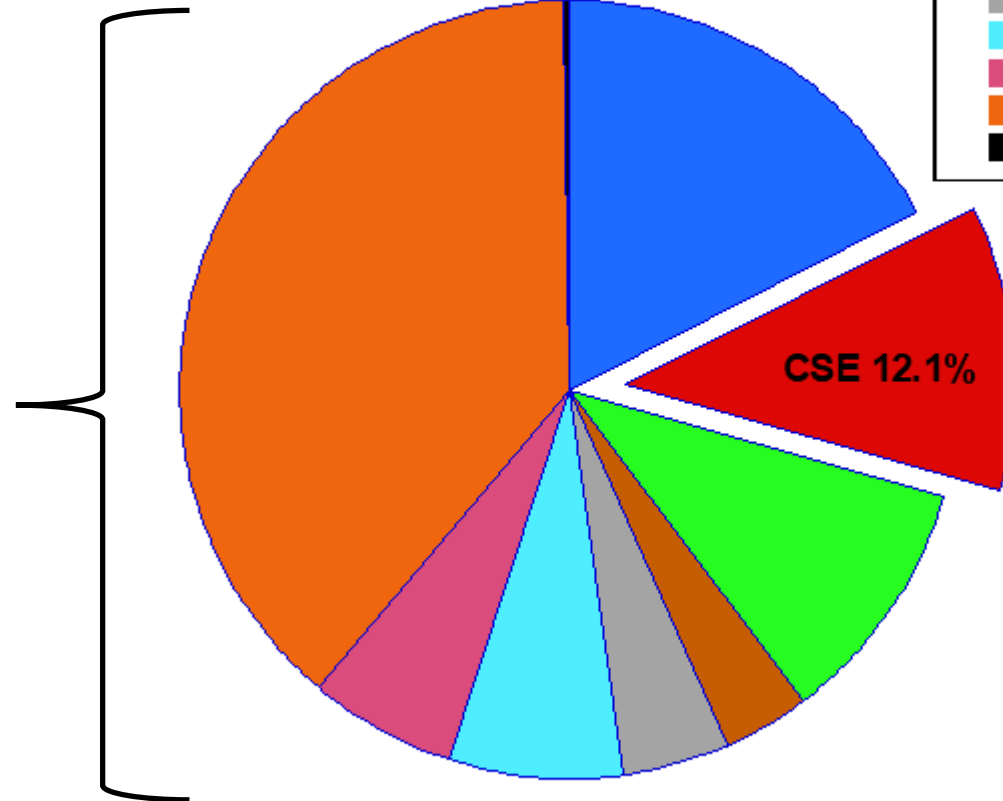
10-year average $14.2 \pm 0.3\%$

Faculty Salaries vs. CWRU Total Revenue
2019 Budget

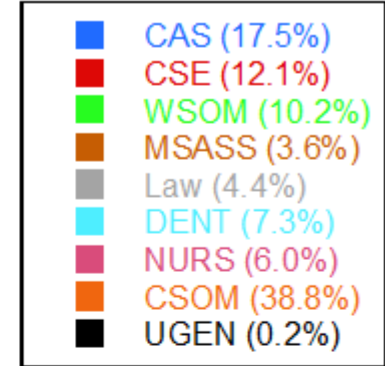
The 13.9% slice of the total CWRU budget then becomes an entire pie.
This pie in turn is sliced into faculty salaries for each school.



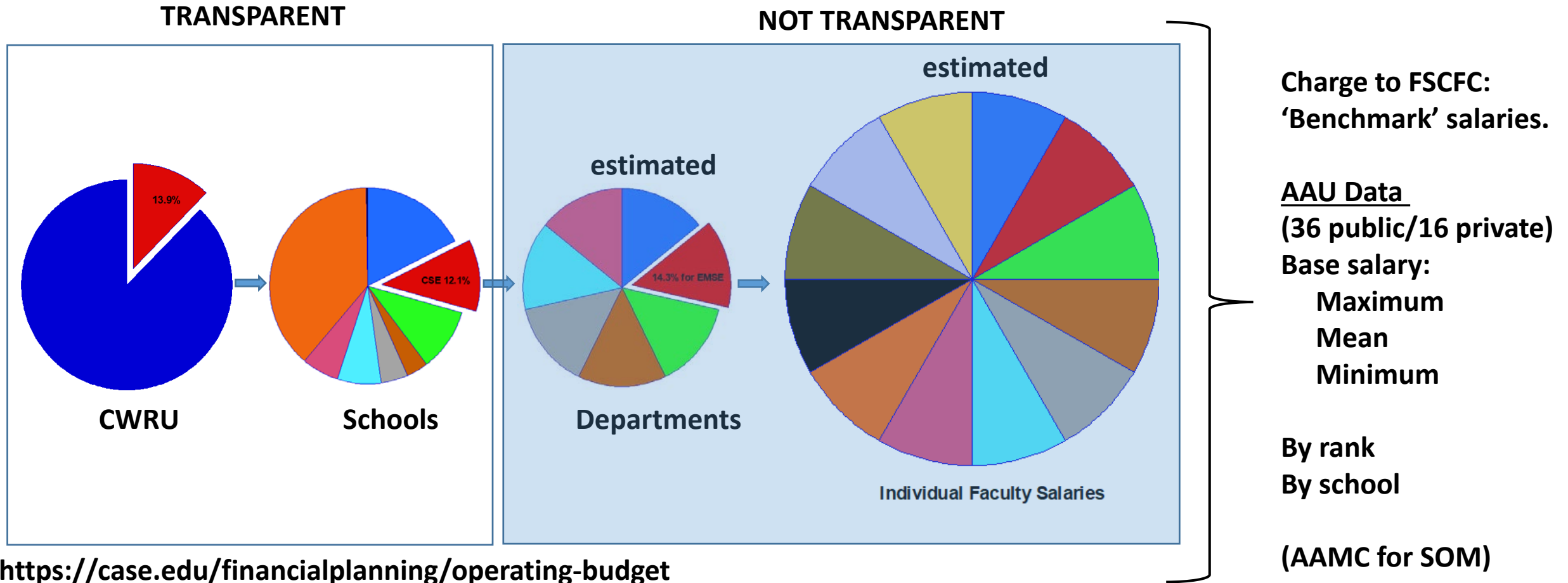
Faculty Salaries vs. CWRU Total Revenue
2019 Budget



Faculty Salaries by School
2019 Budget



CWRU claims a core value of Integrity and Transparency BUT we are NOT fully transparent. This limits the “competitive analysis of faculty salaries” that the Compensation Committee can conduct.



	CAS-AHSS	CAS-Math, Science	Engineering	Law	Management	MSASS	Nursing
Professor							
CWRU percentile among AAU:							
2017-18	16	12	9	26	18	84	55
2016-17	19	10	4	35	16	77	50
2015-16	18	7	4	34	14	80	52
2014-15	15	5	2	46	15	76	55
Associate Professor							
CWRU percentile among AAU:							
2017-18	13	25	15		5	80	47
2016-17	12	12	9		9	69	28
2015-16	18	15	8	62	11	80	26
2014-15	13	11	11		8	76	52
Assistant Professor							
CWRU percentile among AAU:							
2017-18	11	14	22		21	72	50
2016-17	9	9	18		17	58	40
2015-16	11	14	15		18		46
2014-15	7	2	9		15		43

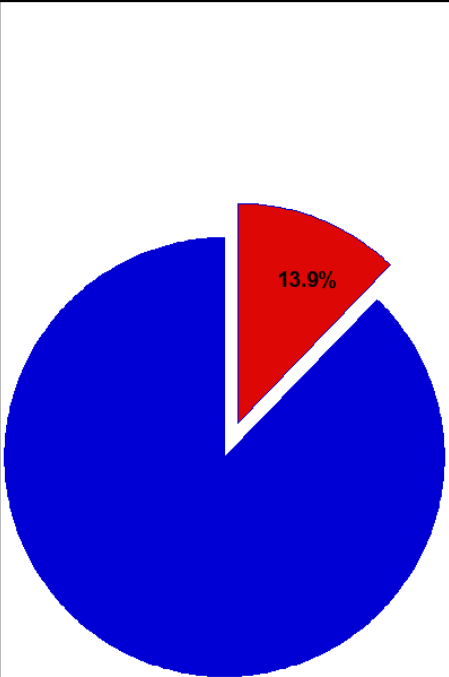
CWRU law percentiles are suppressed because of small cell sizes.

Questions:
Do the CWRU values shift?
Does the range shift?
Or both?

Who is Responsible for Faculty Salaries? **EVERYONE!**

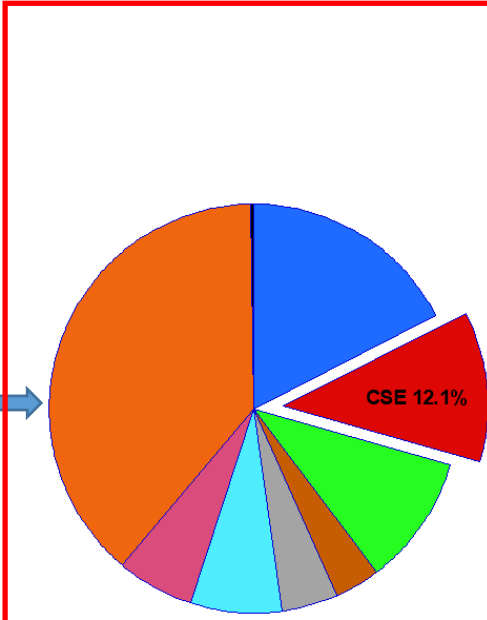
Deans & Chairs

President & Provost



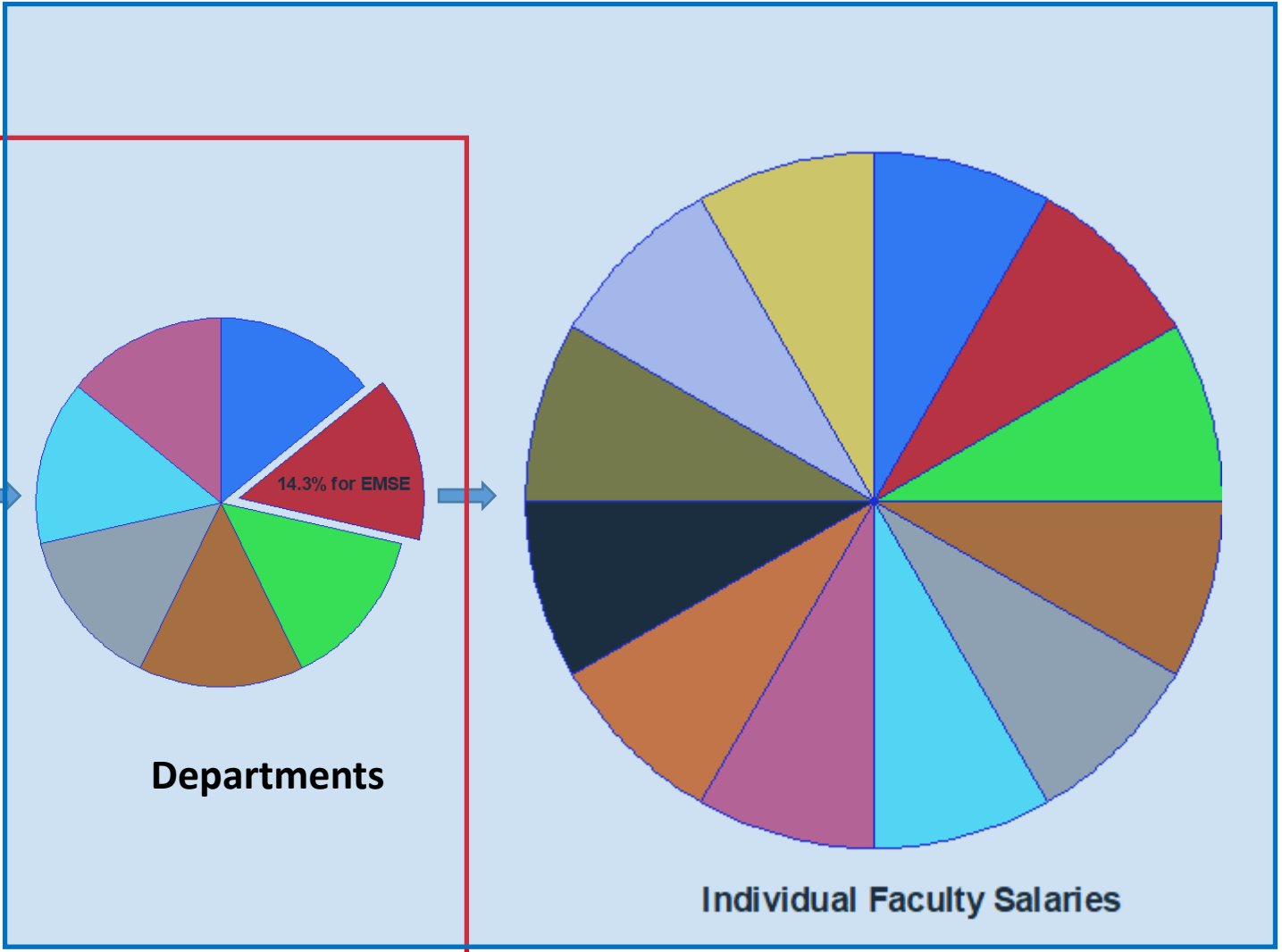
CWRU

TRANSPARENT



Schools

Provost & Deans



Departments

Individual Faculty Salaries

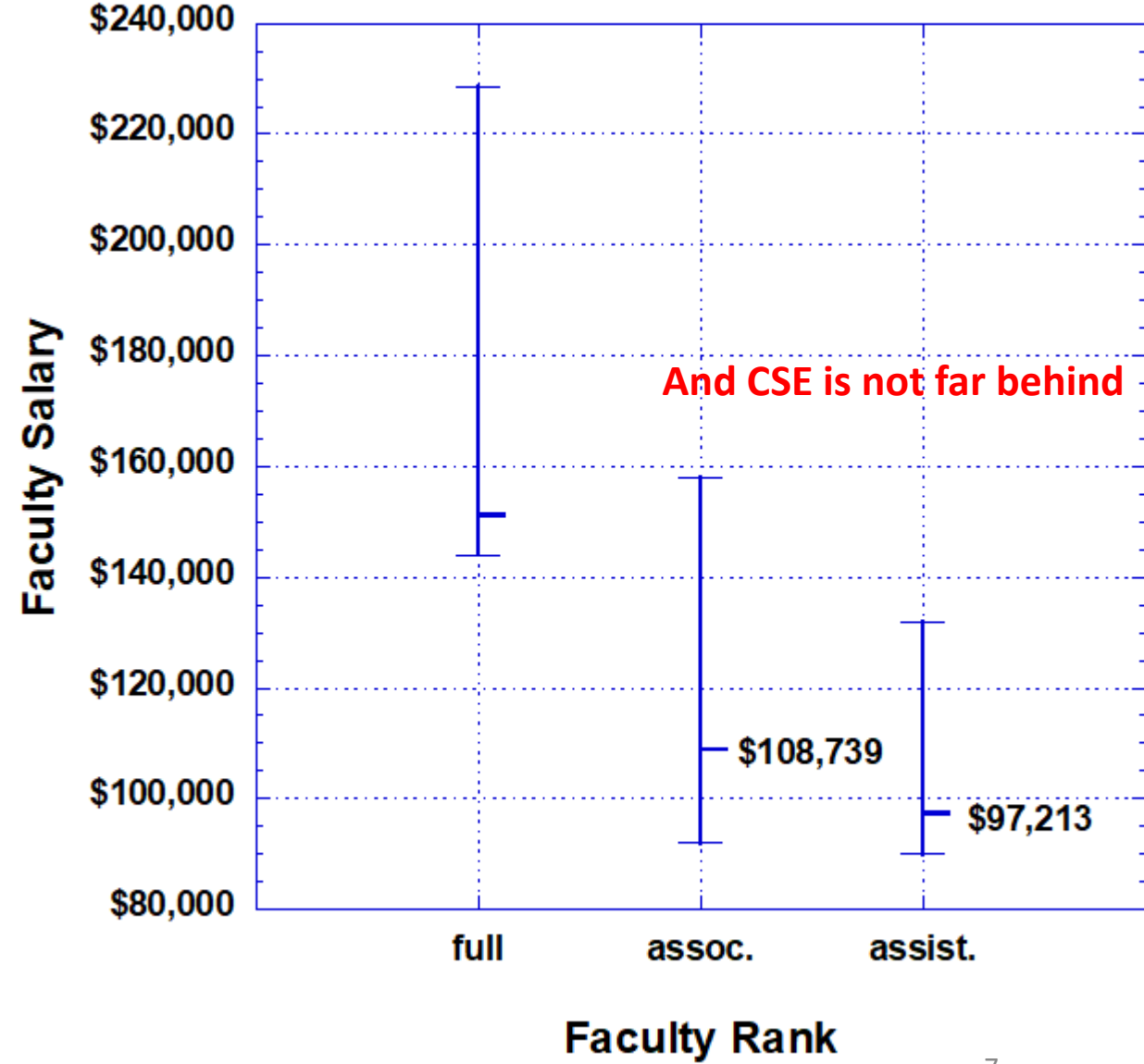
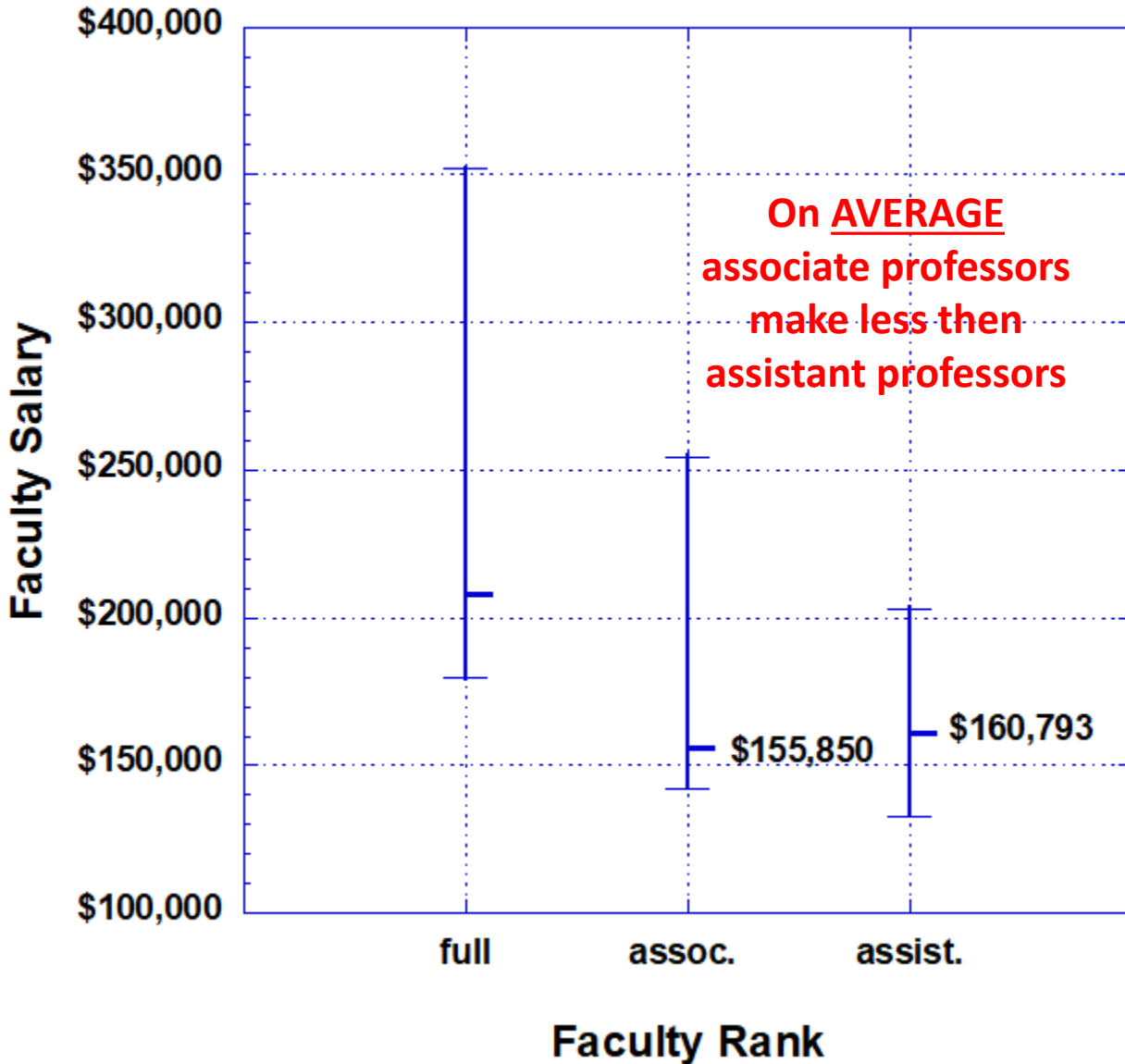
NOT TRANSPARENT

An OBVIOUS problem: The Curse of Salary INVERSION (and how big is this problem?)

(inversion means that CWRU assigns a negative value to Associate Professor's years of productivity)

WSOM

CSE

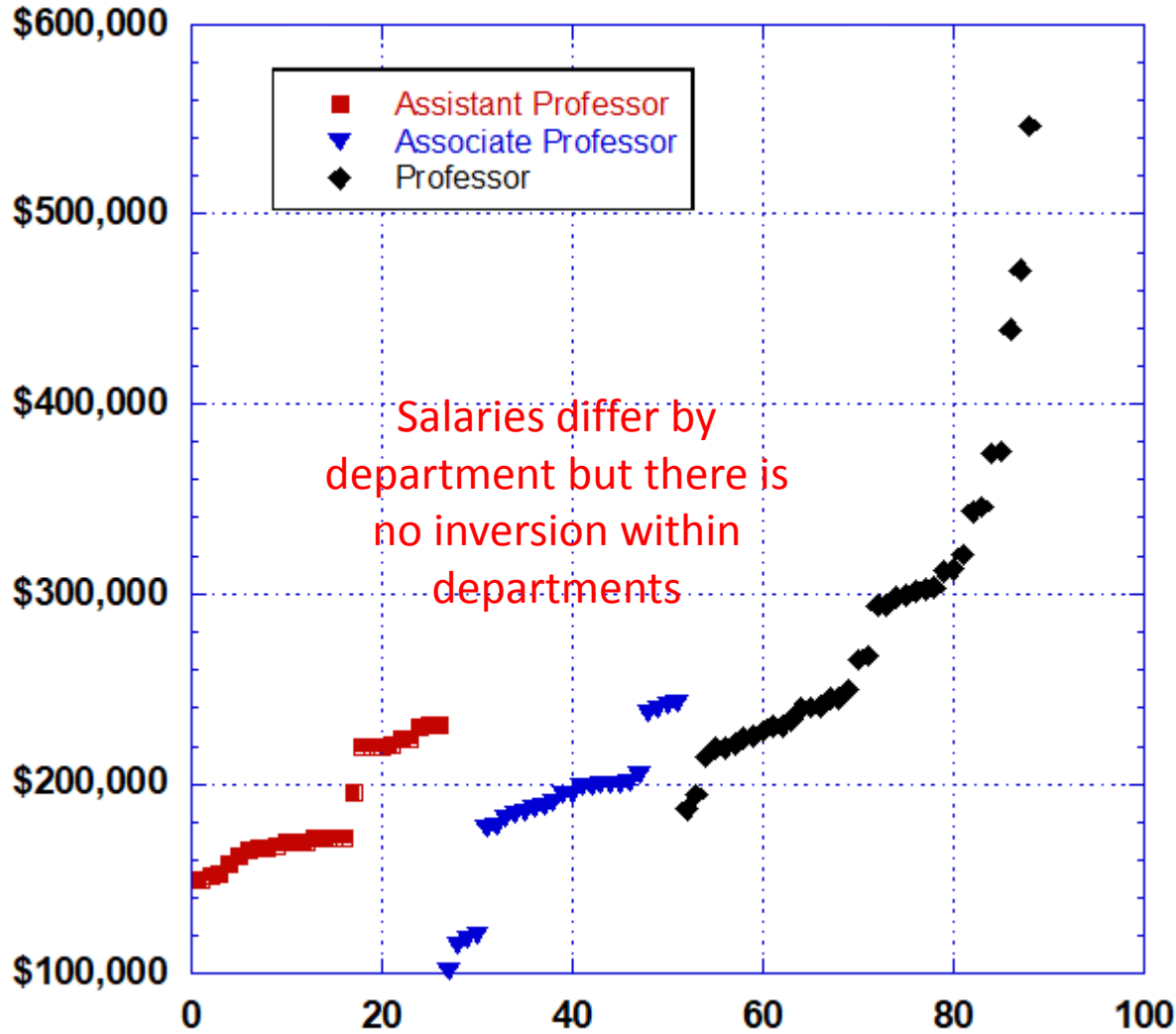


(range used is from AAU data since no CWRU data is available to the committee)

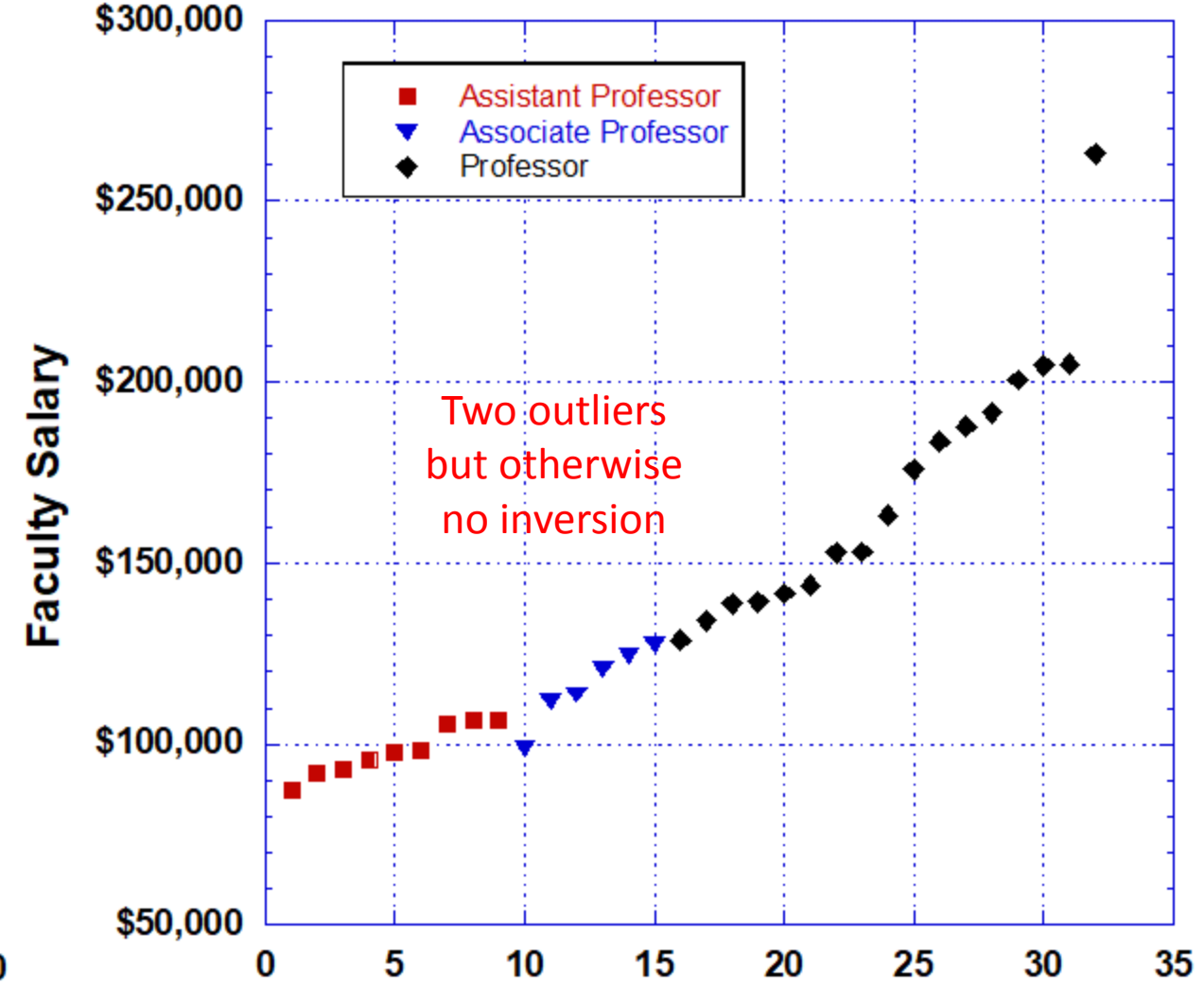
At the MAJORITY of AAU universities, these questions (and more) can be FULLY answered!

<https://apps.hr.osu.edu/salaries/>

Fisher College of Business @ The OSU 2019



EMSE Department @ The OSU 2019



Faculty Climate Survey 2018: Key Takeaways

Satisfaction with Resources, Services, and Responsibilities

Top four in satisfaction:

- Library resources
- Computing resources
- Computing support staff
- Office space

Bottom four in satisfaction:

- Salary
- Start-up funds
- Other resources to support research
- Time available for scholarly work

The data indicate 36% of faculty are likely to leave CWRU within the next three years. *This has increased significantly since 2014, for both the full and matched samples.* The top four reasons to leave have all increased since 2014 and include:

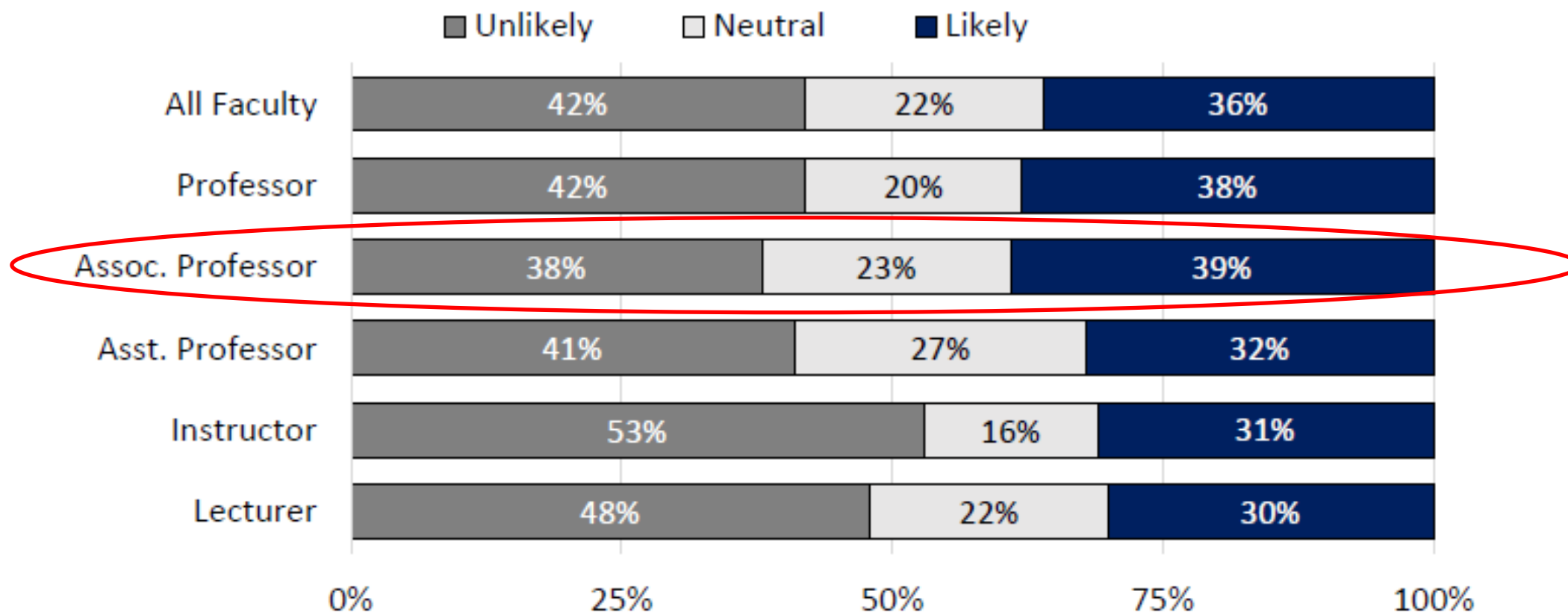
1. To enhance your career in other ways
2. To increase your salary \diamond
3. To find a more supportive work environment \circ
4. To increase your time to do research $\circ \diamond$

\circ difference is sig. for full sample; \diamond difference is sig. for matched sample.

Conclusion: Faculty are dissatisfied with their salaries and work environment.

Faculty Climate Survey 2018: Summary Report

In the next three years, how likely are you to leave CWRU?



Conclusion: Associate Professors are the most dissatisfied.

Part 2: Compensation Incentive Programs

“Life is a zero sum game” – George Carlin

How can a faculty member increase the size of their personal pie (i.e. take home pay)?

- 1. Summer Salary (for faculty on 9-month contracts)**
- 2. Consulting for Outside Interests**
- 3. Publishing a book**
- 4. Publishing a textbook**
- 5. Patents and other Intellectual Property**

- Who owns a faculty member’s ‘know-how’?**
- Who can monetize the faculty member’s ‘know-how’?**
- What disclosure reporting is required?**

Part 2: Compensation Incentive Programs

Activity	Who owns the faculty member's 'know-how'	Monetizing %	Required conflict of interest disclosure
Summer Salary [1]	Faculty member	100% or 50% [2]	No
Consulting	Faculty member	100%	Yes
Publishing a book	Faculty member	100%	No
Publishing a textbook	Faculty member	100%	No
Patents and other IP	Technology Transfer Office	Less than 50% [3]; [4]	No

[1] For faculty on 9-month contracts.

[2] 50% for Case School of Engineering.

[3] Faculty member(s) must pay back 50% of TTO expenses.

[4] 35% if net income to faculty is > \$100,000.

Recommendations from the Faculty Senate Committee on Faculty Compensation (2018-2019):

- 1. The Chair of the Faculty Senate should form an *ad hoc* committee to investigate and answer the question: Is there any law or federal regulation that prevents Case Western Reserve University from public disclosure of all non-student salaries as is the practice of the majority of AAU members. This *ad hoc* committee should report by the end of the Fall 2019 academic term.**
- 2. Central administration should negotiate with the Case School of Engineering to align their summer salary practice and policy with the other schools.**
- 3. The Intellectual Property policy should be changed to align with the other university policies that assign ownership of a faculty member's 'know-how' to the faculty member.**

Report from the Faculty Senate Committee on Faculty Compensation

2018-2019

David Matthiesen, CSE, chair

Chris Winkelman, SON

Aloen Townsend, MSASS

Susan Case, WSOM

Anita Aminoshariae, SDM

Thomas Love, SOM

Angela Ciccia, CAS

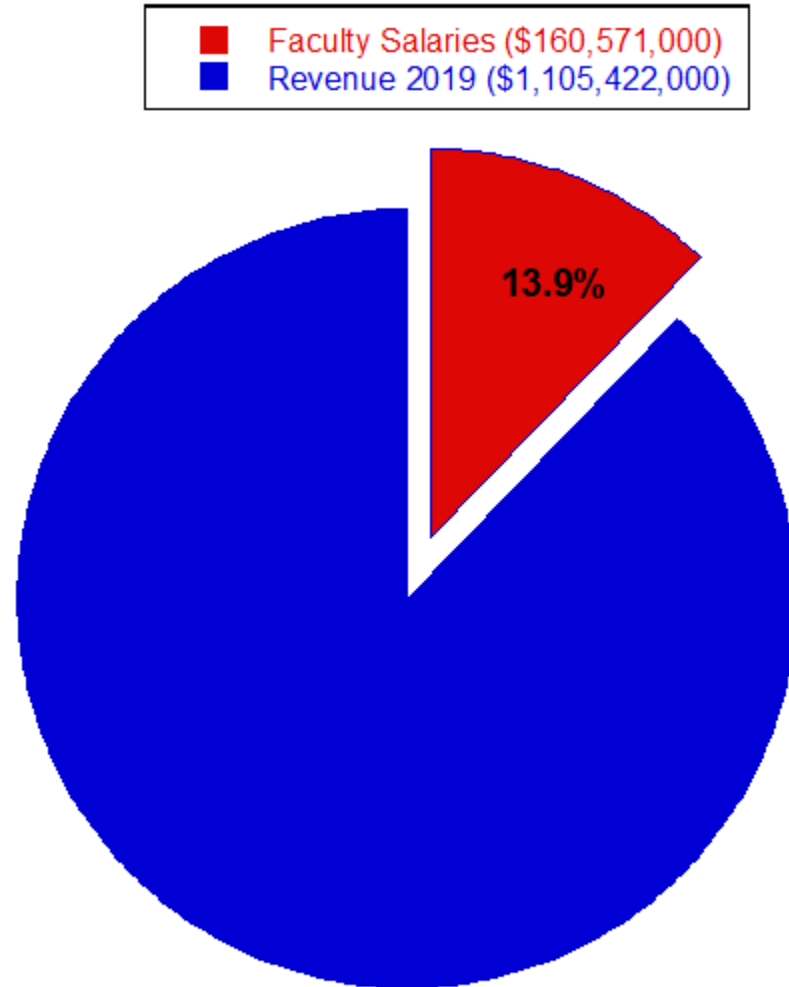
ex officio **Carolyn Gregory, VP for Human Resources**

ex officio **Charles Rozek, Vice Provost for Faculty Affairs**

Charges to the committee:

1. consultation with the university administration regarding fringe benefits and the annual allocation of funds available for faculty salaries and raises,
2. **an annual review of the guidelines and policies for faculty compensation for each school and college considering issues of comparability in policies across units,**
3. review of the implementation of those guidelines and policies at each school and college,
4. **competitive analyses of faculty salaries and fringe benefits in peer universities nationwide,**
5. **the effect of current salaries and fringe benefits on the ability of the university to attract and retain top faculty,**
6. and other matters of policy and equity brought to its attention by the faculty or administration.

Part 1: Considering SALARY as part of compensation
Let's talk about pies. 13.9% of the total CWRU budget is for Faculty Salaries.



10-year average $14.2 \pm 0.3\%$

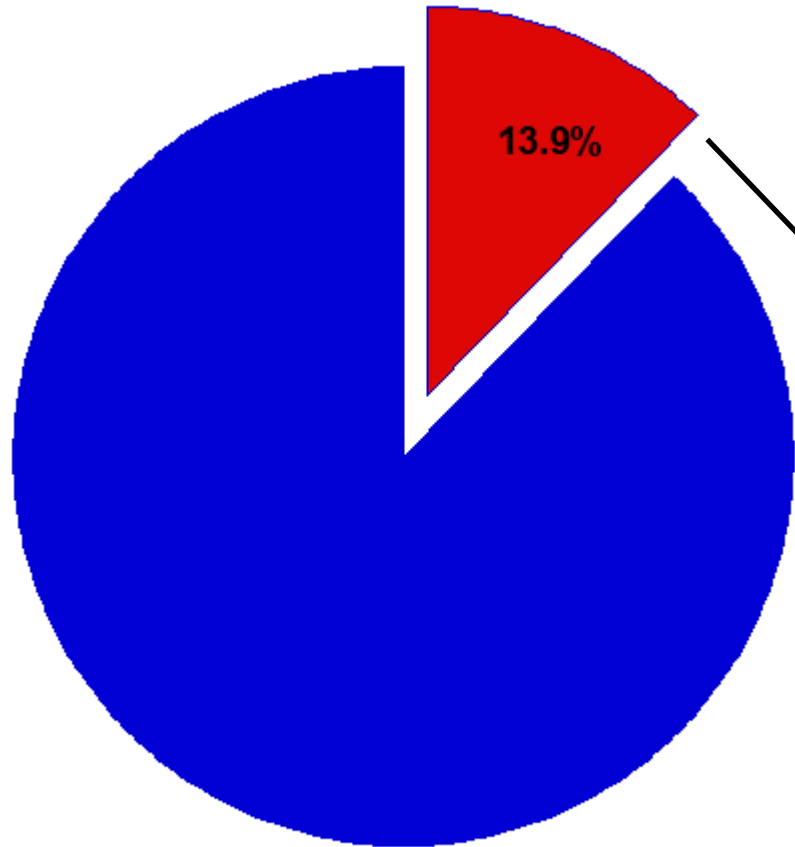
**Faculty Salaries vs. CWRU Total Revenue
2019 Budget**

The percentage of the total CWRU budget for faculty salaries over the last 10-years has averaged $14.2 \pm 0.3\%$.
 Ten years ago it was at the high end of this range and this year it was at the low end of this range.

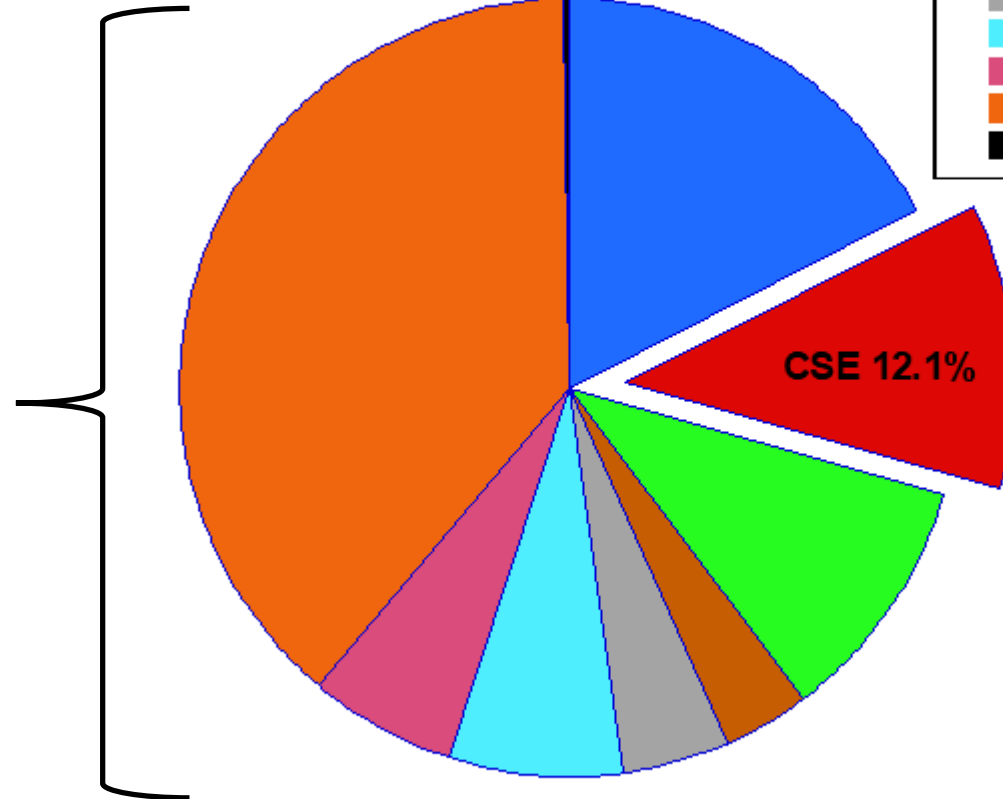
Operating Budget	https://case.edu/financialplanning/operating-budget									
	2019 budget	2018 budget	2017 actual	2016 actual	2015 actual	2014 actual	2013 actual	2012 actual	2011 actual	2010 actual
total revenue (TR)	\$ 1,155,120	\$ 1,111,310	\$1,107,288	\$1,083,653	\$1,029,682	\$1,012,587	\$1,005,339	\$973,225	\$959,016	\$903,811
Faculty Salaries	\$ 160,571	\$ 157,235	\$ 153,912	\$ 149,638	\$ 147,010	\$ 146,824	\$ 143,914	\$140,323	\$136,994	\$131,865
% of TR	13.9%	14.1%	13.9%	13.8%	14.3%	14.5%	14.3%	14.4%	14.3%	14.6%

10 year mean \pm 1 standard deviation = 14.2 ± 0.3

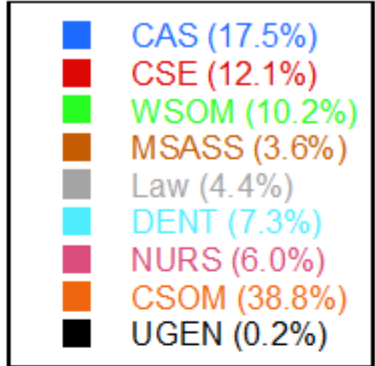
The 13.9% slice of the total CWRU budget then becomes an entire pie.
This pie in turn is sliced into faculty salaries for each school.



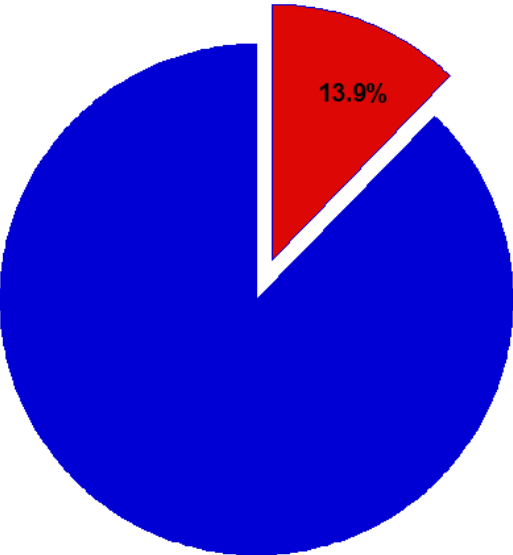
Faculty Salaries vs. CWRU Total Revenue
2019 Budget



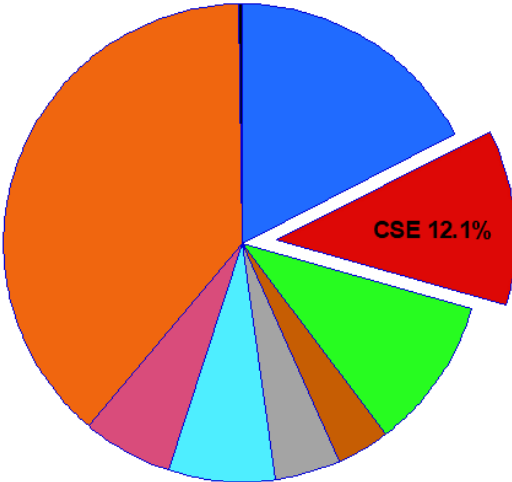
Faculty Salaries by School
2019 Budget



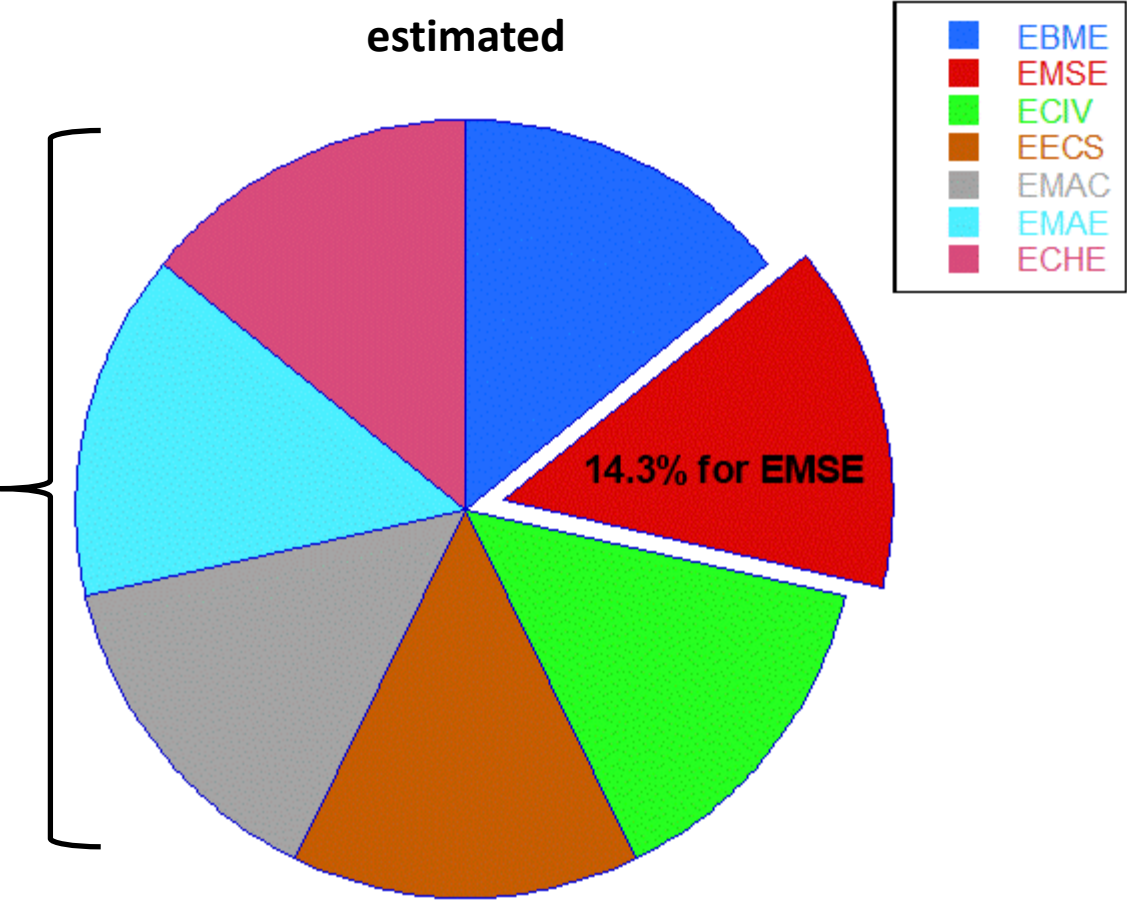
The slice for the schools are further sliced by departments.



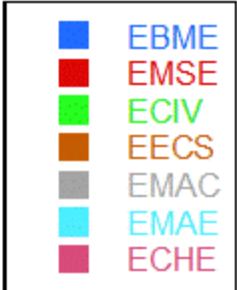
CWRU



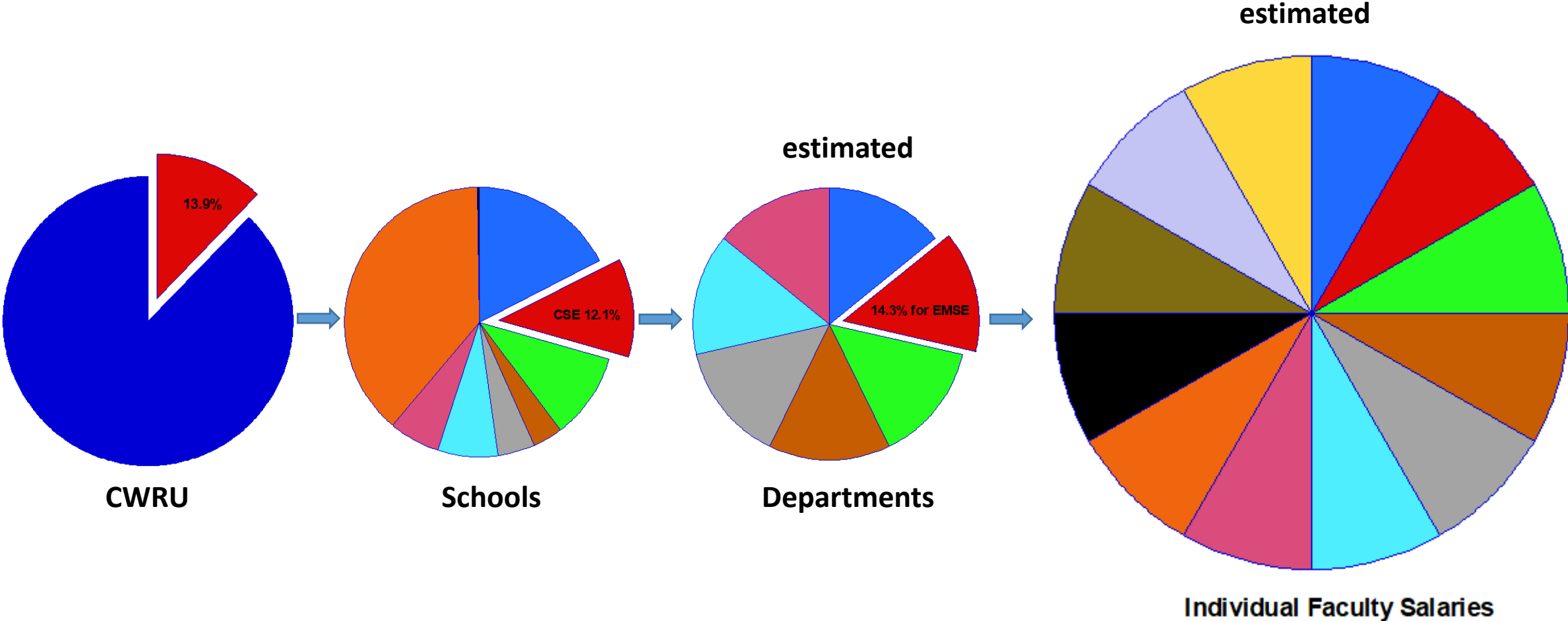
Schools



CSE Faculty Salaries by Department
2019 Budget



Finally the slice of the slice of the slice is diced into individual faculty's salaries.

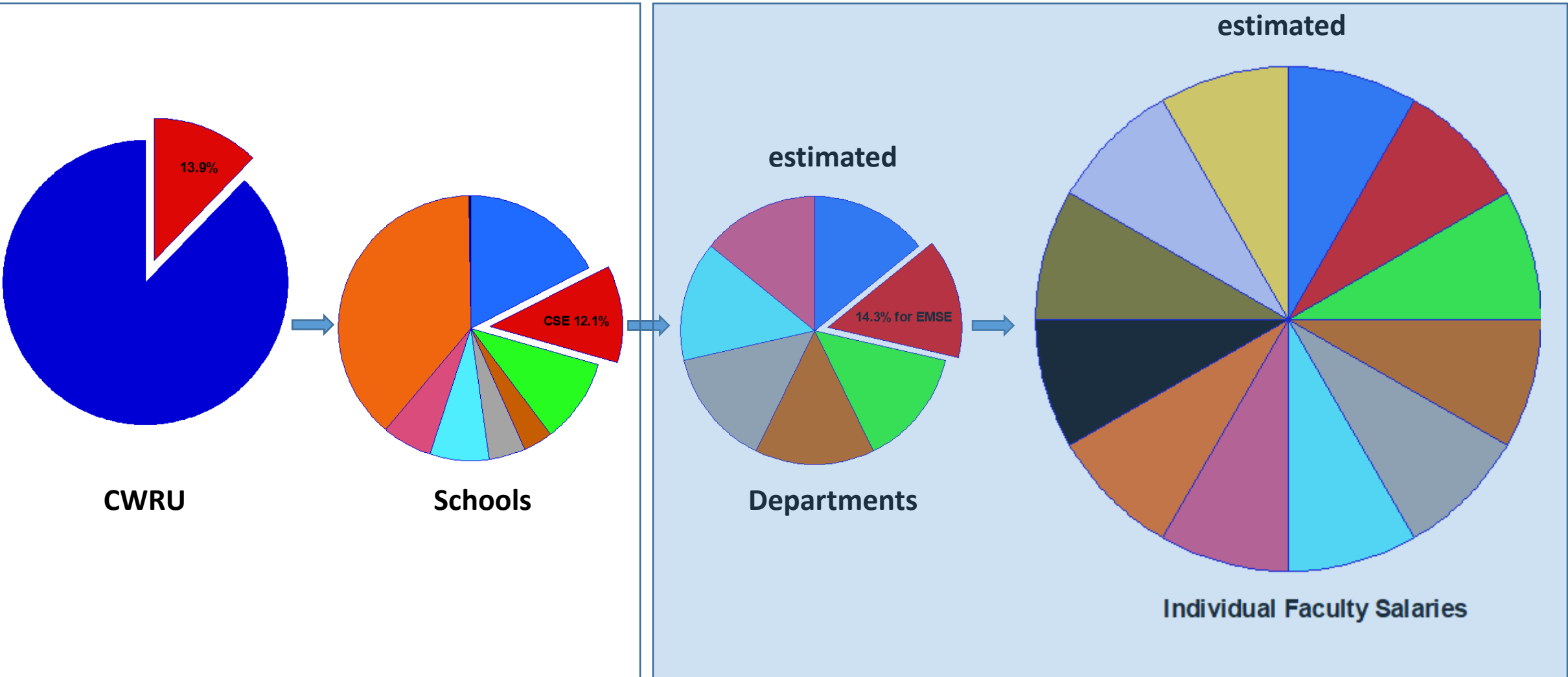


CWRU Core Value: Integrity and Transparency (<http://case.edu/stage/about/mission.html>)

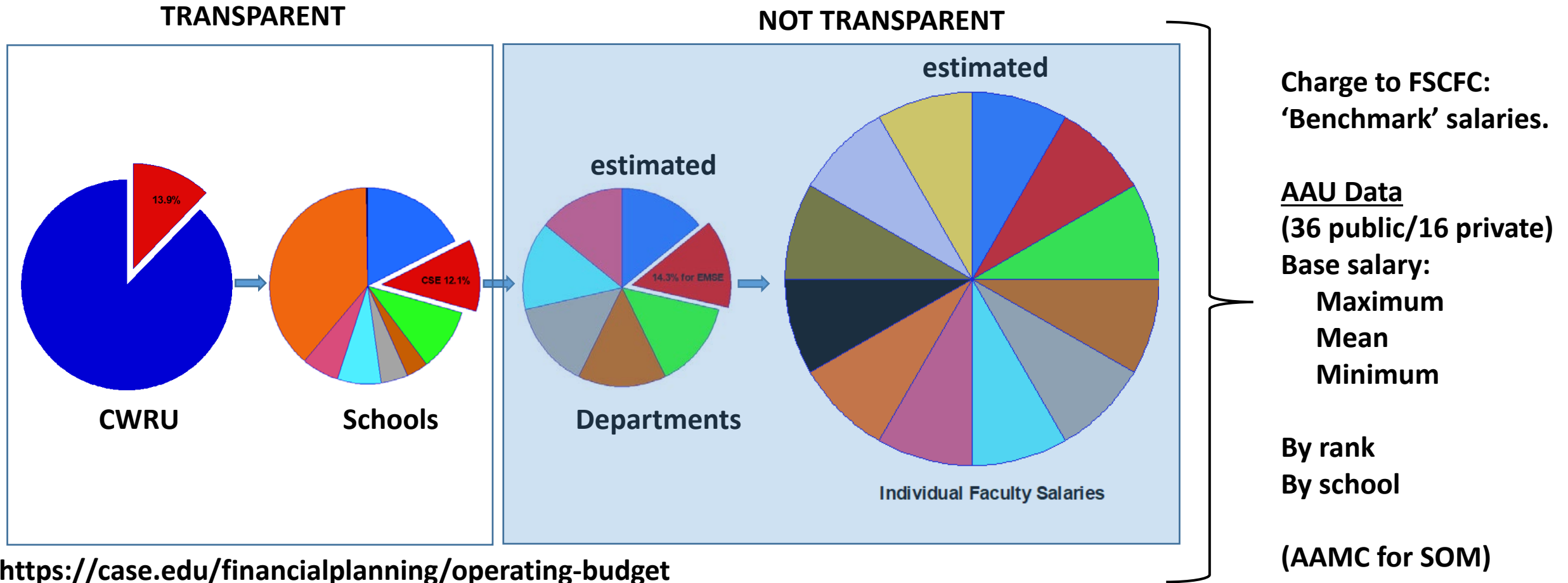
Unfortunately only the first two slices are transparent.

TRANSPARENT

NOT TRANSPARENT



CWRU claims a core value of Integrity and Transparency BUT we are NOT fully transparent. This limits the “competitive analysis of faculty salaries” that the Compensation Committee can conduct.



Association of American Universities (AAU)

Public (36)

Georgia Institute of Technology (2010)
Indiana University (1909)
Iowa State University (1958)
Michigan State University (1964)
The Ohio State University (1916)
The Pennsylvania State University (1958)
Purdue University (1958)
Rutgers University – New Brunswick (1989)
Stony Brook University – The State University of New York (2001)
Texas A&M University (2001)
University at Buffalo – The State University of New York (1989)
The University of Arizona (1985)
University of California, Davis (1996)
University of California, Berkeley (1900)
University of California, Irvine (1996)
University of California, Los Angeles (1974)
University of California, San Diego (1982)
University of California, Santa Barbara (1995)
University of Colorado, Boulder (1966)
University of Florida (1985)
University of Illinois at Urbana-Champaign (1908)
The University of Iowa (1909)
The University of Kansas (1909)
University of Maryland at College Park (1969)
University of Michigan (1900)
University of Minnesota, Twin Cities (1908)
University of Missouri, Columbia (1908)
The University of North Carolina at Chapel Hill (1922)
University of Oregon (1969)
University of Pittsburgh (1974)
The University of Texas at Austin (1929)
University of Virginia (1904)
University of Washington (1950)
The University of Wisconsin – Madison (1900)

Private (26)

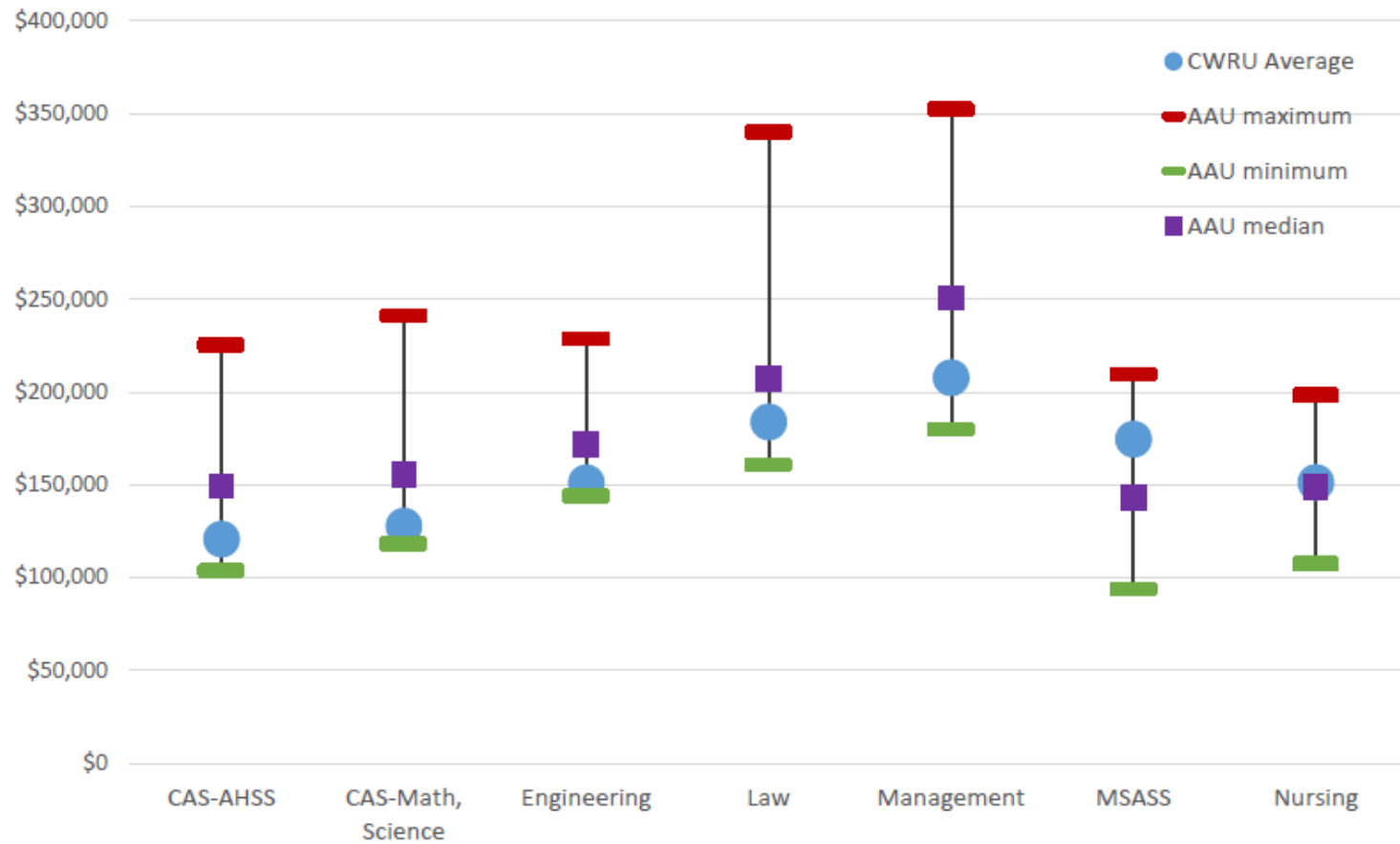
Boston University (2012)
Brandeis University (1985)
Brown University (1933)
California Institute of Technology (1934)
Carnegie Mellon University (1982)
Case Western Reserve University (1969)
Columbia University (1900)
Cornell University (1900)
Duke University (1938)
Emory University (1995)
Harvard University (1900)
The Johns Hopkins University (1900)
Massachusetts Institute of Technology (1934)
New York University (1950)
Northwestern University (1917)
Princeton University (1900)
Rice University (1985)
Stanford University (1900)
Tulane University (1958)
The University of Chicago (1900)
University of Pennsylvania (1900)
University of Rochester (1941)
University of Southern California (1969)
Vanderbilt University (1950)
Washington University in St. Louis (1923)
Yale University (1900)

Canadian (2)

McGill University (1926)
University of Toronto (1926)

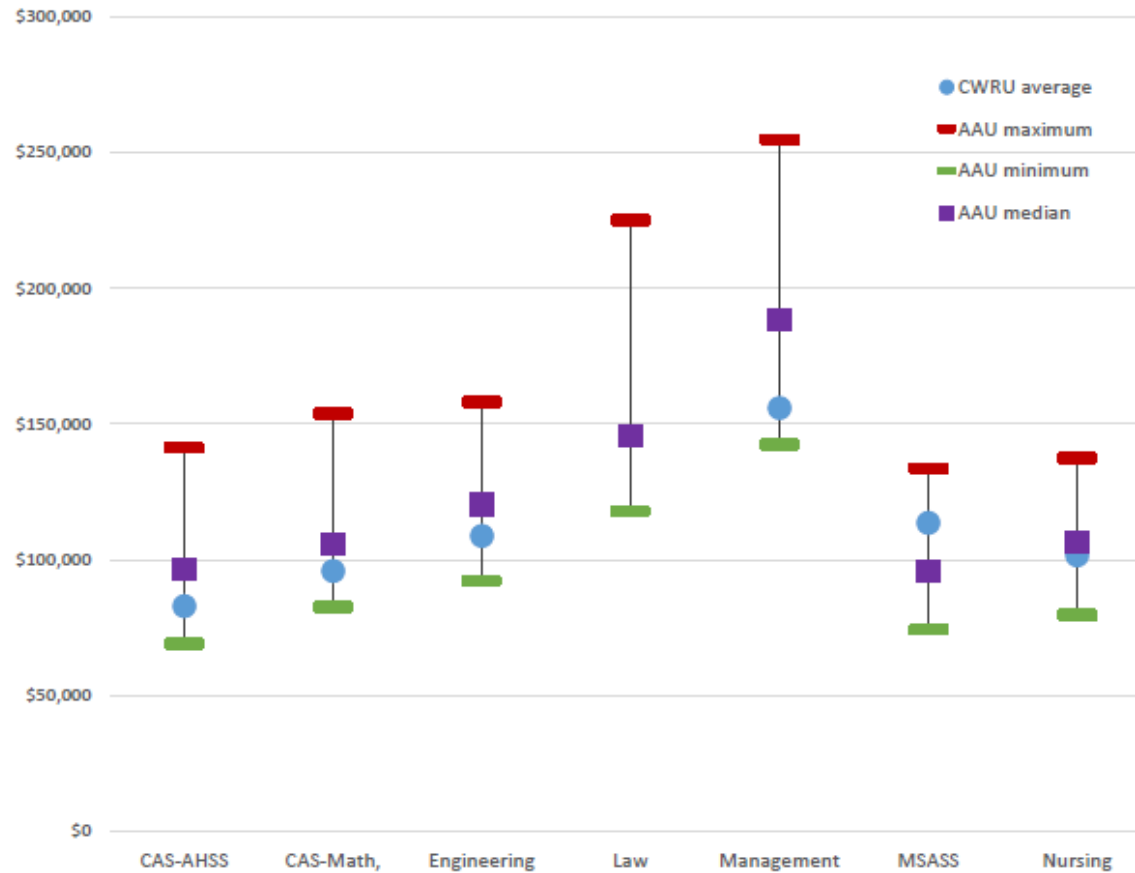
<https://www.aau.edu/>

**CWRU-AAU Salary Comparisons
PROFESSOR**



PROFESSOR	CAS-AHSS	CAS-Math, Science	Engineering	Law	Management	MSASS	Nursing
CWRU mean	\$120,649	\$127,705	\$151,050	\$183,839	\$207,646	\$174,429	\$151,168
CWRU mean as % of AAU mean	78%	79%	86%	75%	77%	112%	101%
\$ difference: CWRU-AAU	(\$33,629)	(\$34,611)	(\$25,287)	(\$60,900)	(\$62,518)	\$18,460	\$1,705
AAU maximum	225,116	241,053	228,456	339,909	352,078	209,108	198,060
AAU minimum	103,570	118,028	143,904	160,651	179,555	93,750	107,362
AAU mean	154,278	162,316	176,336	244,740	270,165	155,970	149,463
AAU median	149,229	154,995	171,271	207,184	250,630	142,959	148,910
n AAU insts	57	57	56	39	57	25	29

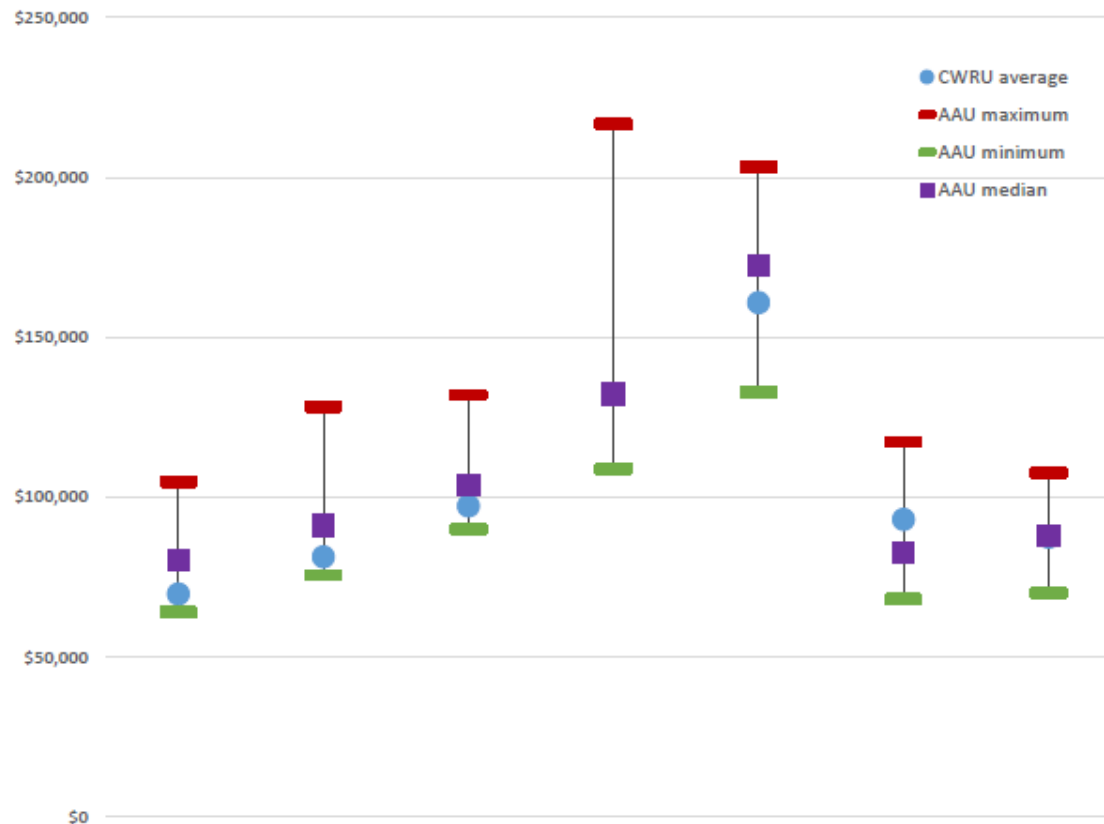
CWRU-AAU Salary Comparisons
ASSOCIATE PROFESSOR



ASSOCIATE PROFESSOR	CAS-AHSS	CAS-Math, Science	Engineering	Law	Management	MSASS	Nursing
CWRU mean	\$82,865	\$95,747	\$108,739		\$155,850	\$113,543	\$101,517
CWRU mean as % of AAU mean	86%	91%	90%		81%	112%	94%
\$ difference: CWRU-AAU	(\$13,032)	(\$9,412)	(\$12,194)		(\$36,984)	\$12,217	(\$6,629)
AAU maximum	141,190	153,578	157,988	224,910	254,663	133,513	137,463
AAU minimum	68,917	82,641	92,056	117,756	142,224	74,241	79,418
AAU mean	95,897	105,158	120,934	152,055	192,833	101,325	108,146
AAU median	96,251	105,906	120,249	145,746	188,425	95,893	106,501
n AAU insts	56	56	55	30	56	25	30

CWRU law salaries are suppressed because of the small number of salaries at the rank of associate professor.

CWRU-AAU Salary Comparisons
ASSISTANT PROFESSOR



	CAS-AHSS	CAS-Math, Science	Engineering	Law	Management	MSASS	Nursing
ASSISTANT PROFESSOR							
CWRU mean	\$69,708	\$81,351	\$97,213		\$160,793	\$93,026	\$87,495
CWRU mean as % of AAU mean	86%	87%	93%		92%	109%	98%
\$ difference: CWRU-AAU	(\$11,168)	(\$12,406)	(\$6,782)		(\$13,444)	\$7,505	(\$1,518)
AAU maximum	104,816	128,260	131,788	216,563	203,208	117,325	107,591
AAU minimum	64,052	75,499	89,980	108,810	132,791	68,088	70,064
AAU mean	80,875	93,757	103,995	150,206	174,237	85,521	89,013
AAU median	80,272	91,137	103,890	132,368	172,525	82,789	87,851
n AAU insts	56	57	55	14	57	25	30

CWRU law salaries are suppressed because of the small number of salaries at the rank of assistant professor.

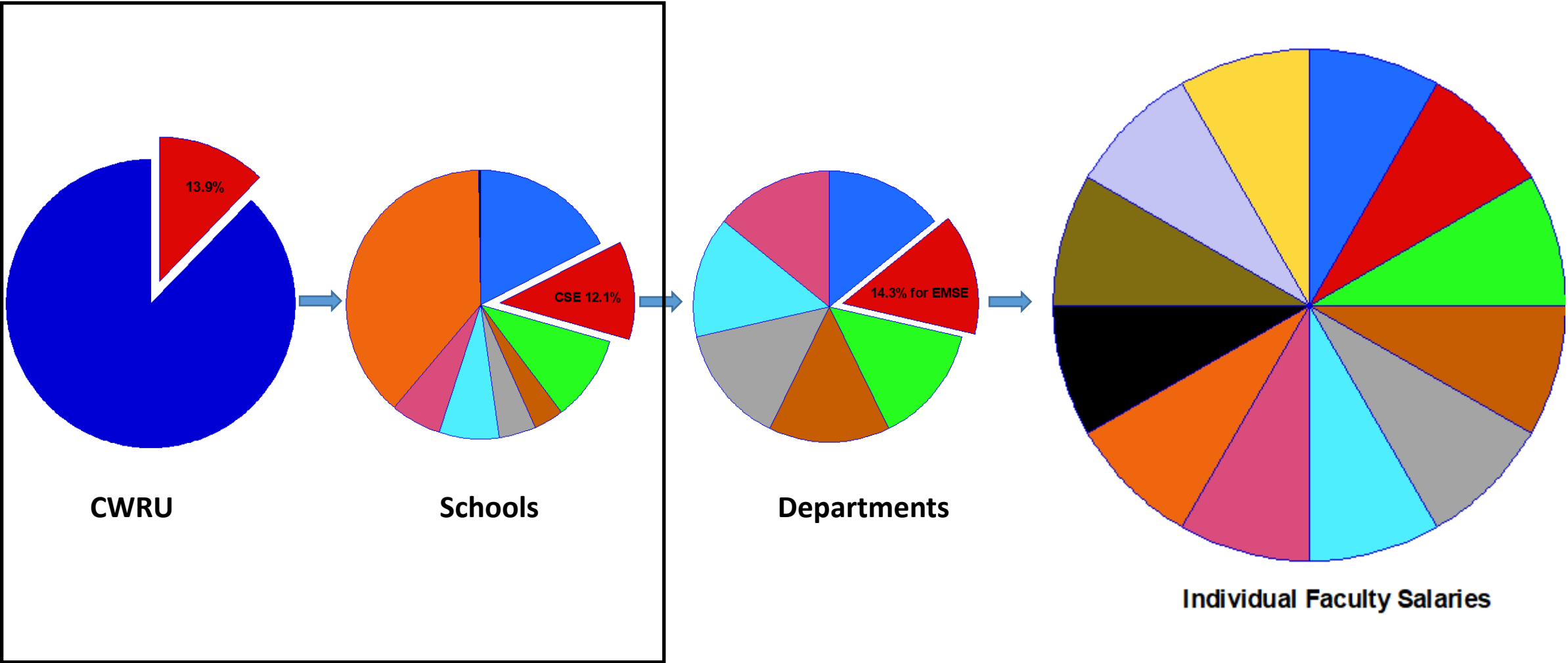
	CAS-AHSS	CAS-Math, Science	Engineering	Law	Management	MSASS	Nursing
Professor							
CWRU percentile among AAU:							
2017-18	16	12	9	26	18	84	55
2016-17	19	10	4	35	16	77	50
2015-16	18	7	4	34	14	80	52
2014-15	15	5	2	46	15	76	55
Associate Professor							
CWRU percentile among AAU:							
2017-18	13	25	15		5	80	47
2016-17	12	12	9		9	69	28
2015-16	18	15	8	62	11	80	26
2014-15	13	11	11		8	76	52
Assistant Professor							
CWRU percentile among AAU:							
2017-18	11	14	22		21	72	50
2016-17	9	9	18		17	58	40
2015-16	11	14	15		18		46
2014-15	7	2	9		15		43

CWRU law percentiles are suppressed because of small cell sizes.

Questions:
Do the CWRU values shift?
Does the range shift?
Or both?

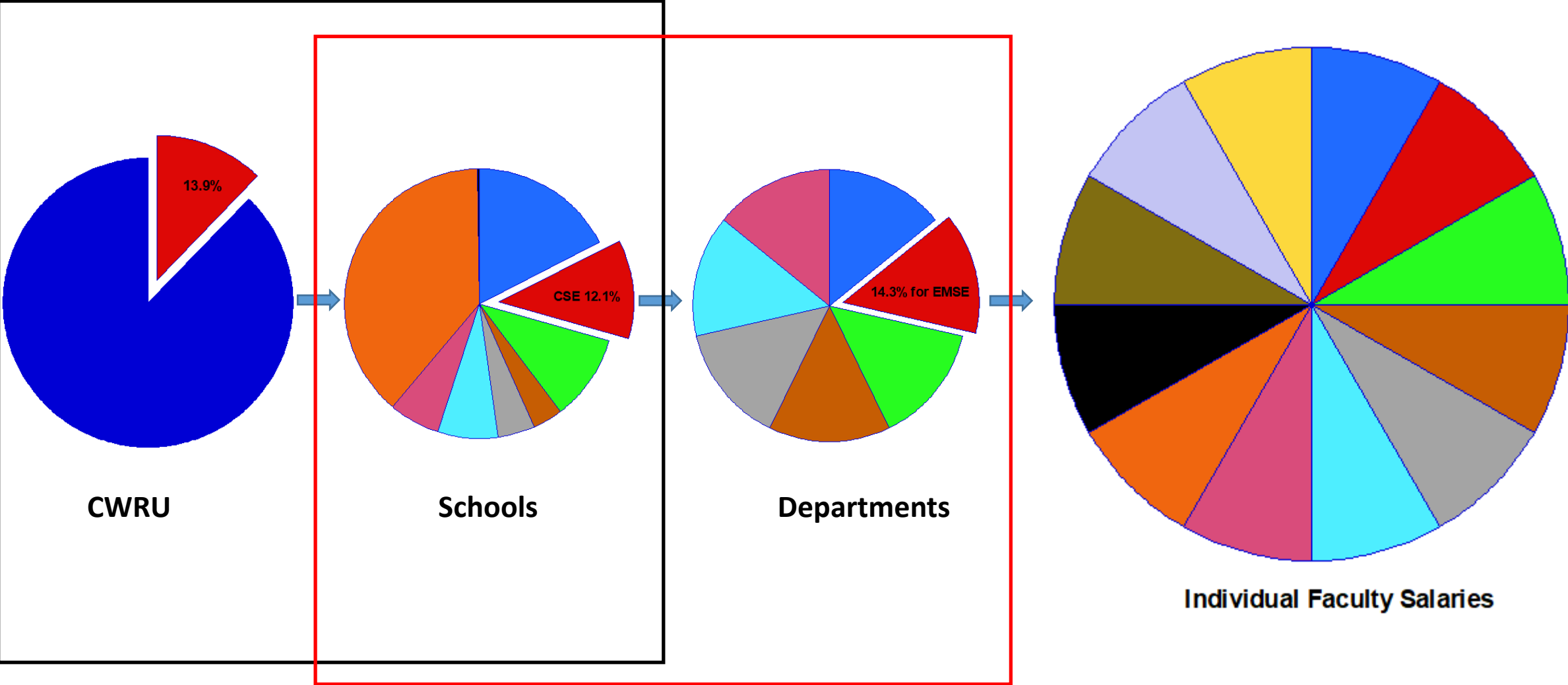
Who is Responsible for Faculty Salaries?

President & Provost



Who is Responsible for Faculty Salaries?

President & Provost

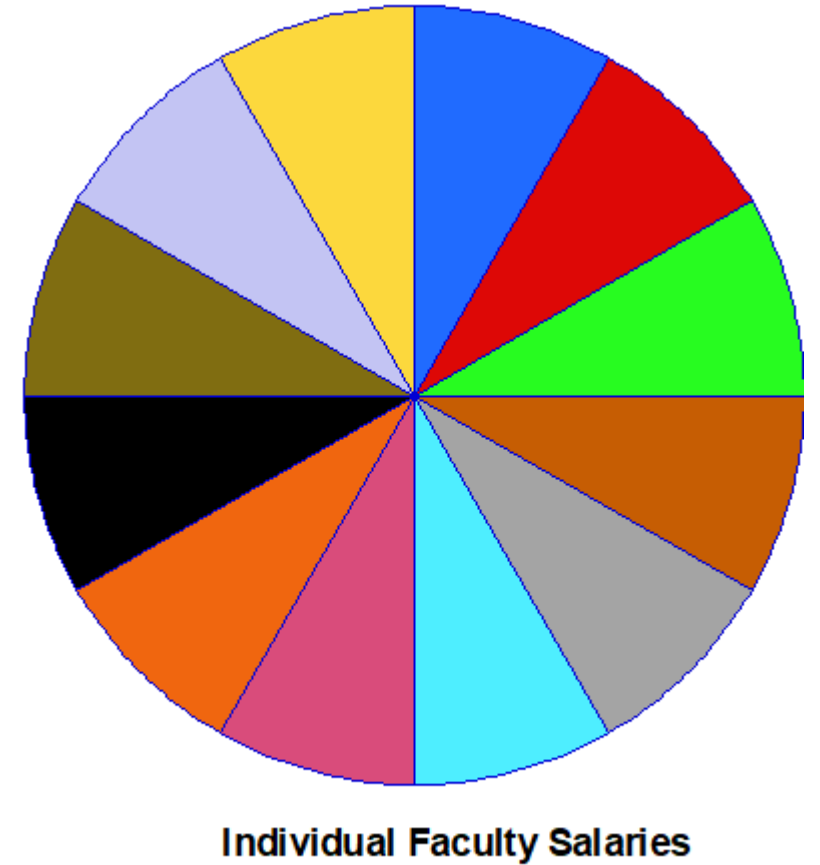
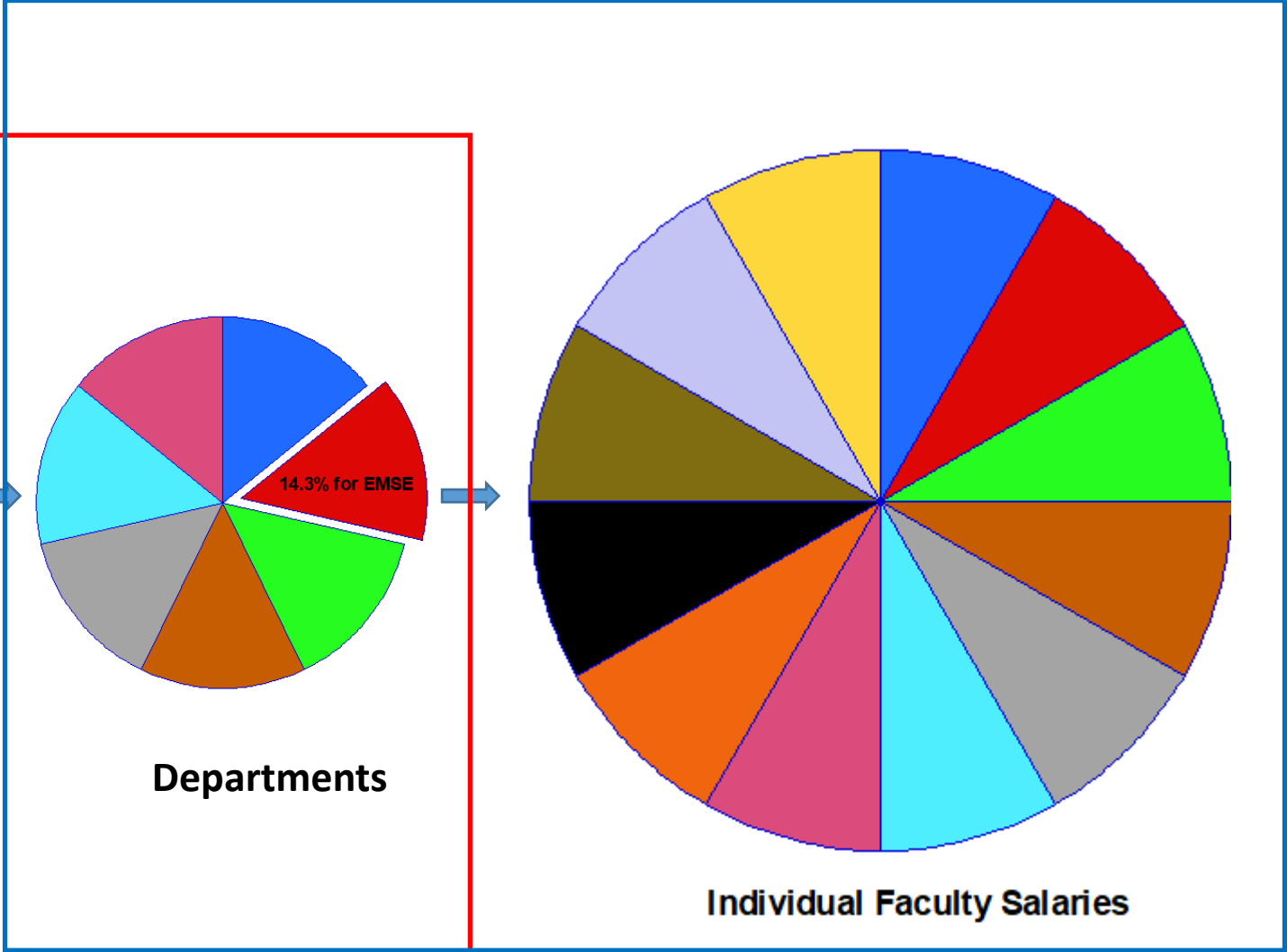
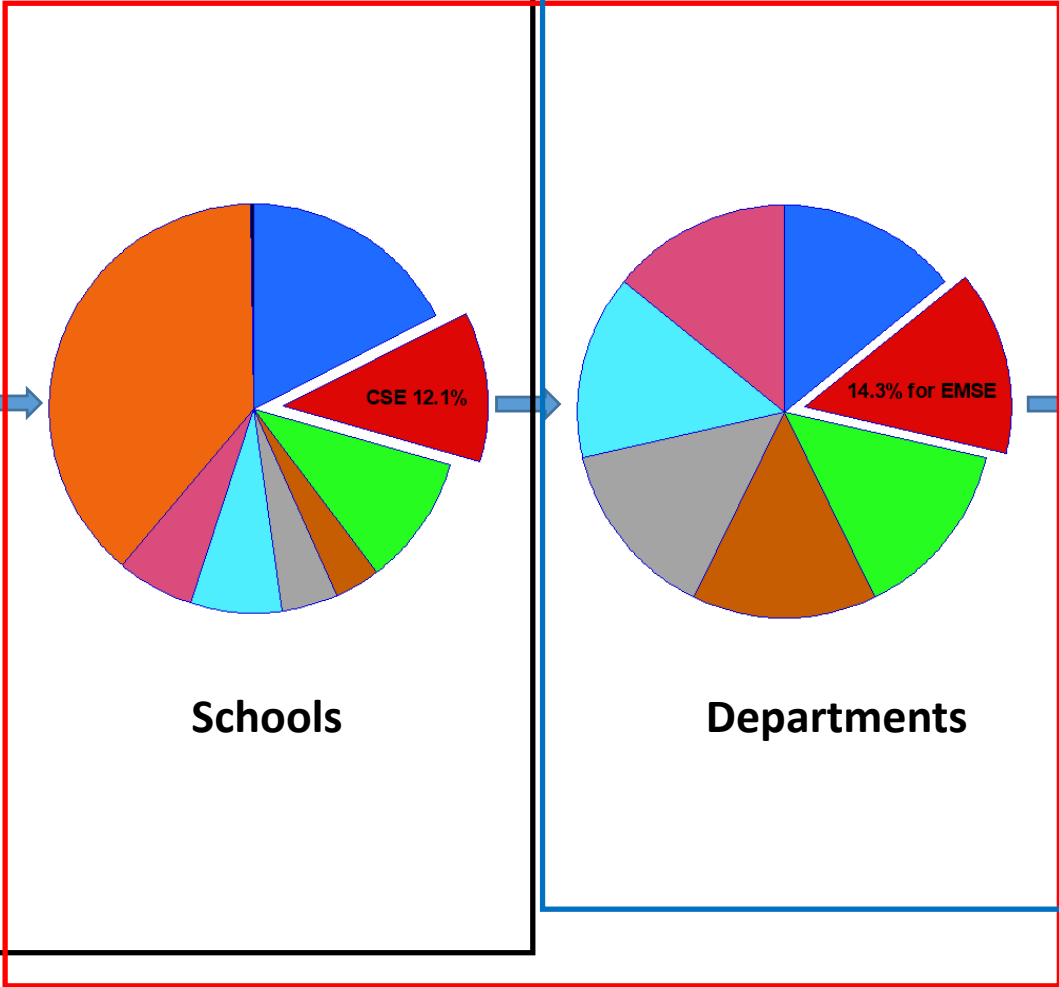
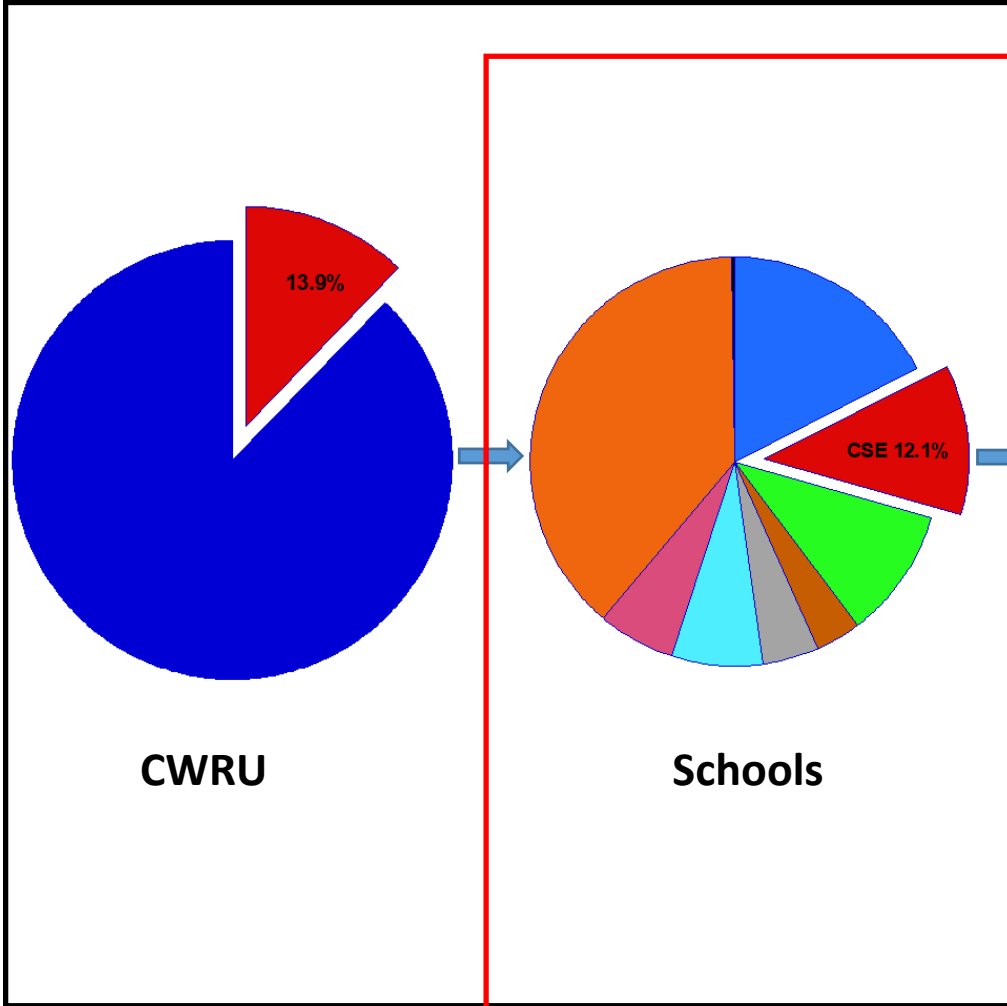


Provost & Deans

Who is Responsible for Faculty Salaries?

Deans & Chairs

President & Provost

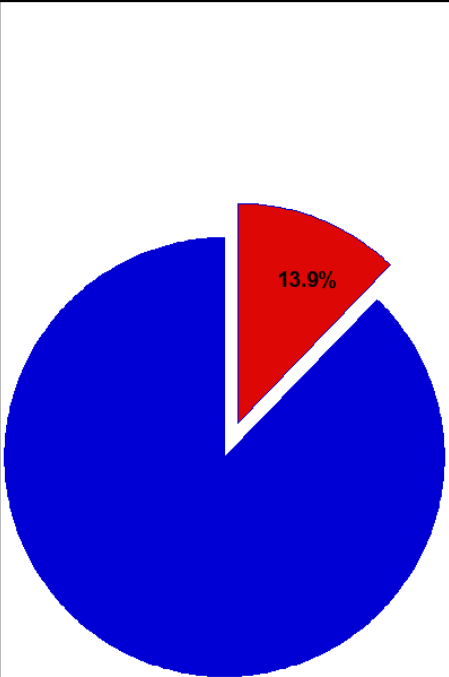


Provost & Deans

Who is Responsible for Faculty Salaries? **EVERYONE!**

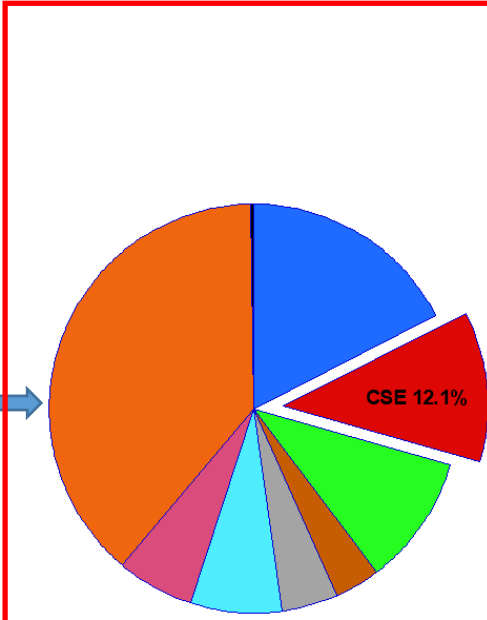
Deans & Chairs

President & Provost



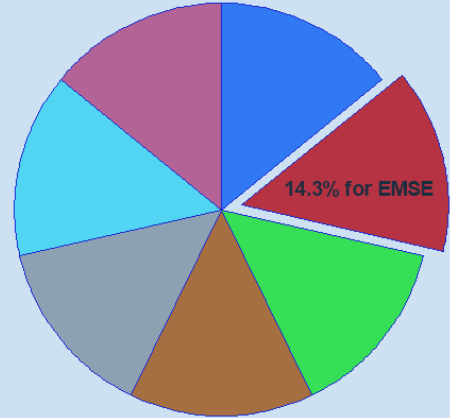
CWRU

TRANSPARENT

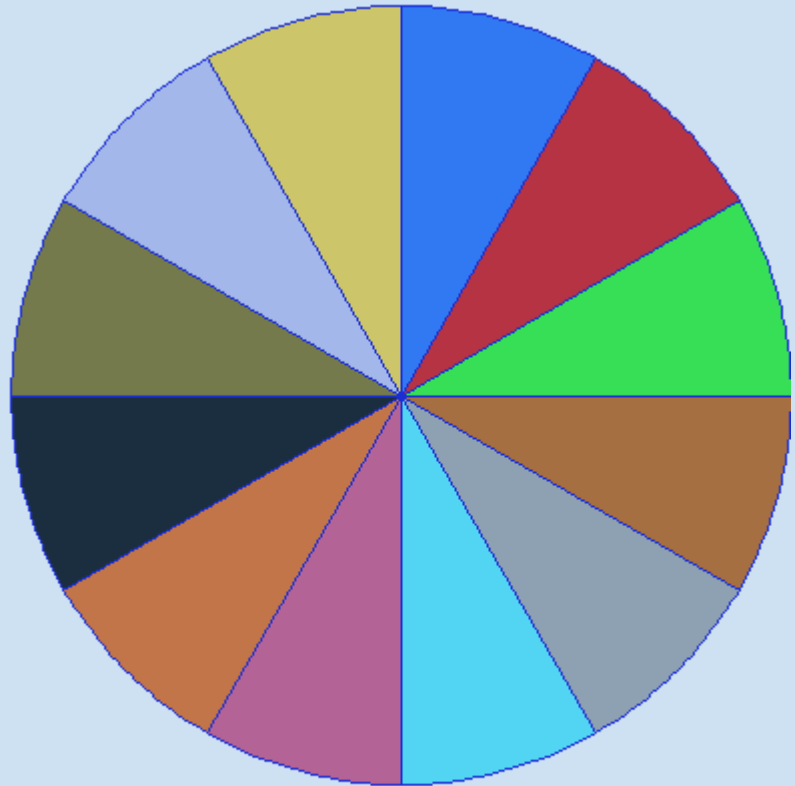


Schools

Provost & Deans



Departments



Individual Faculty Salaries

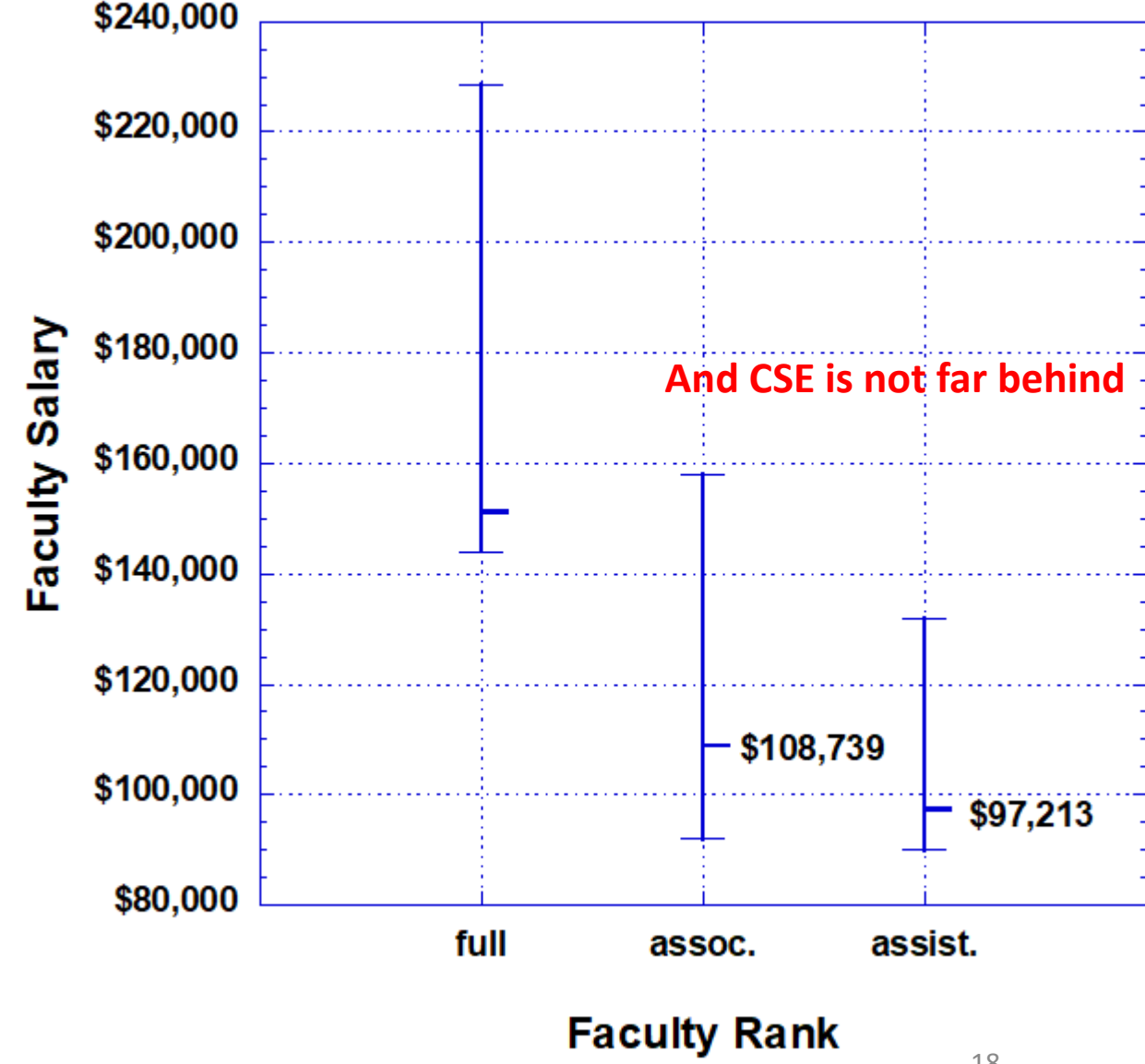
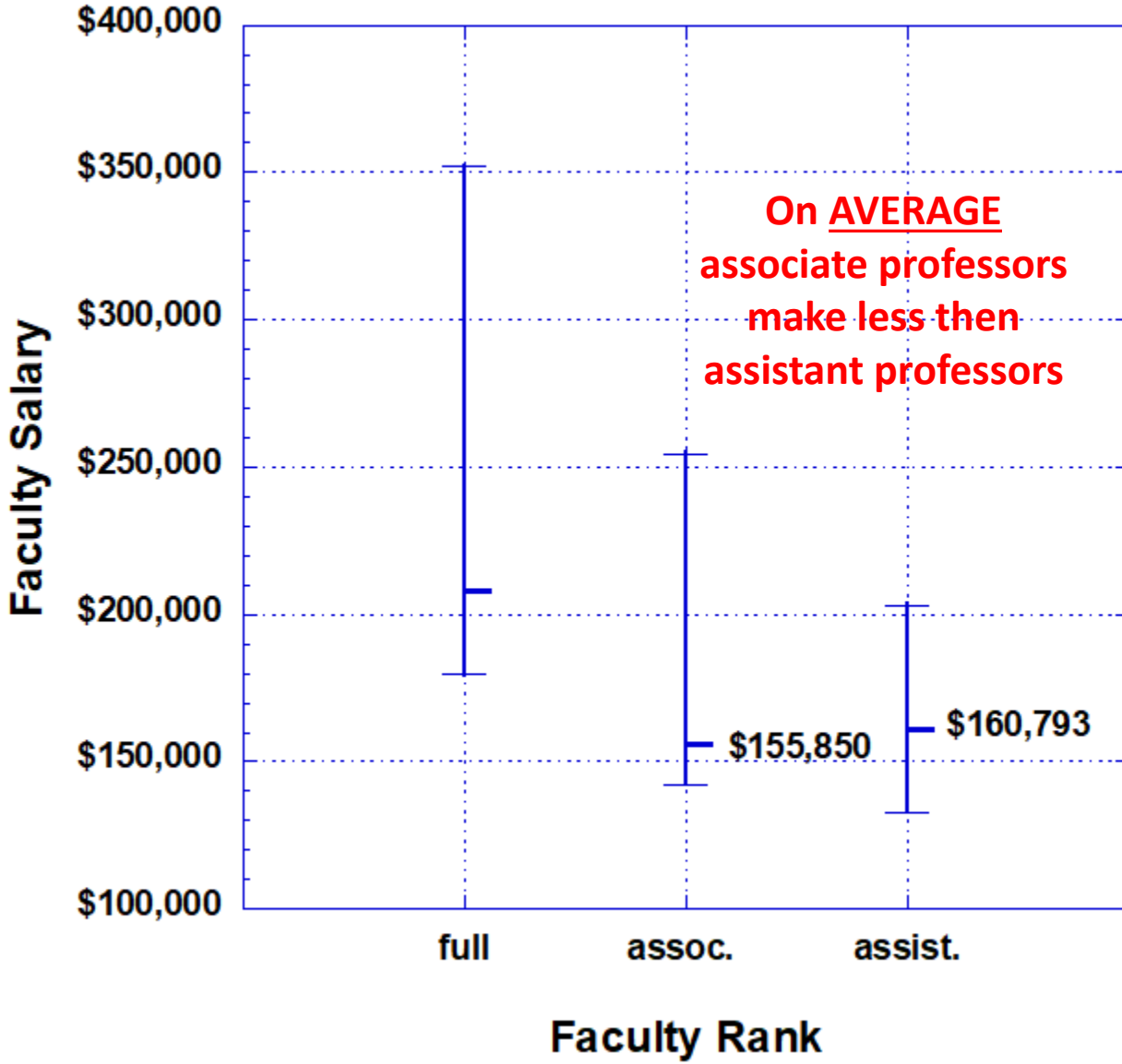
NOT TRANSPARENT

An OBVIOUS problem: The Curse of Salary INVERSION

(inversion means that CWRU assigns a negative value to Associate Professor's years of service)

WSOM

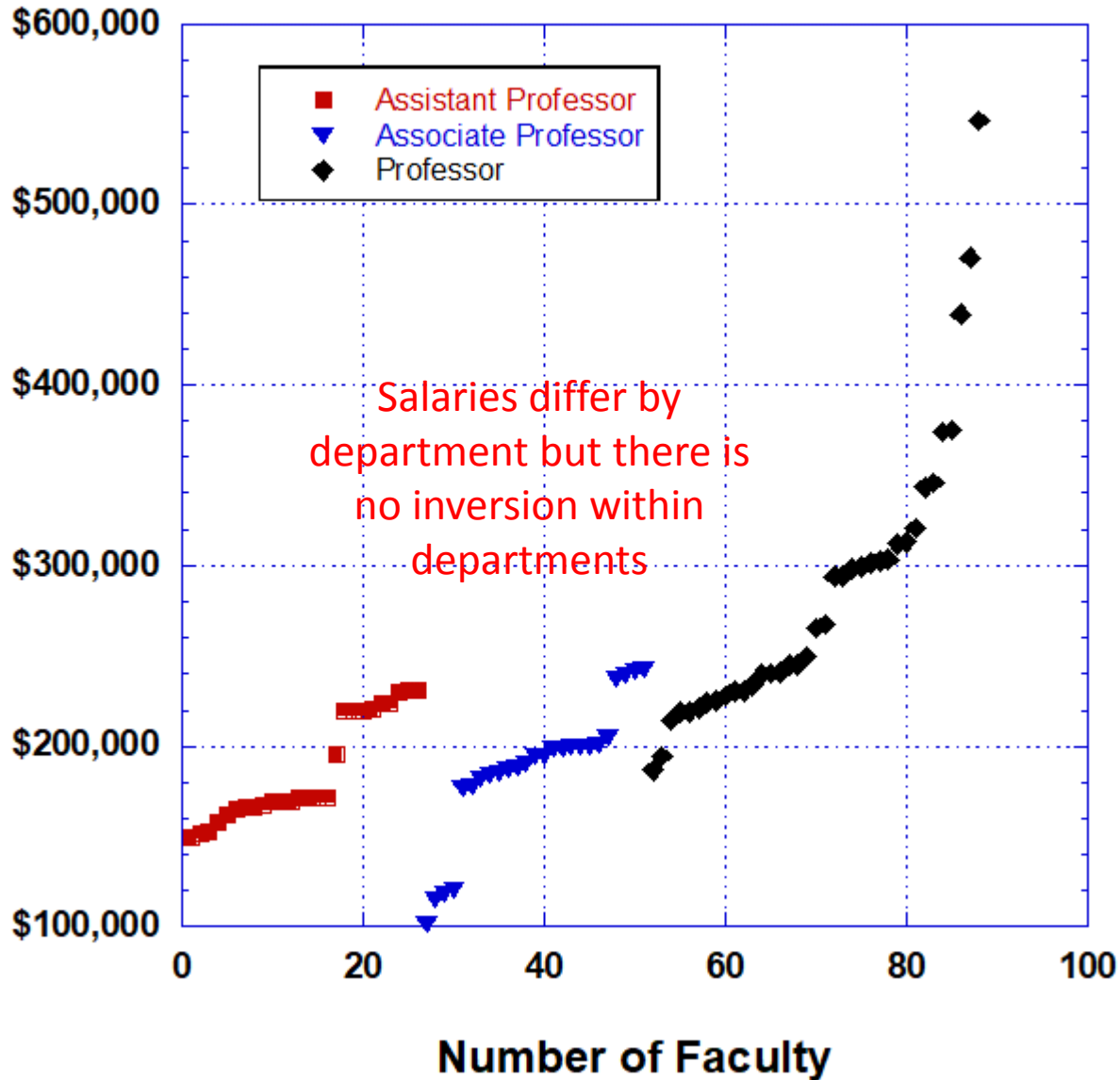
CSE



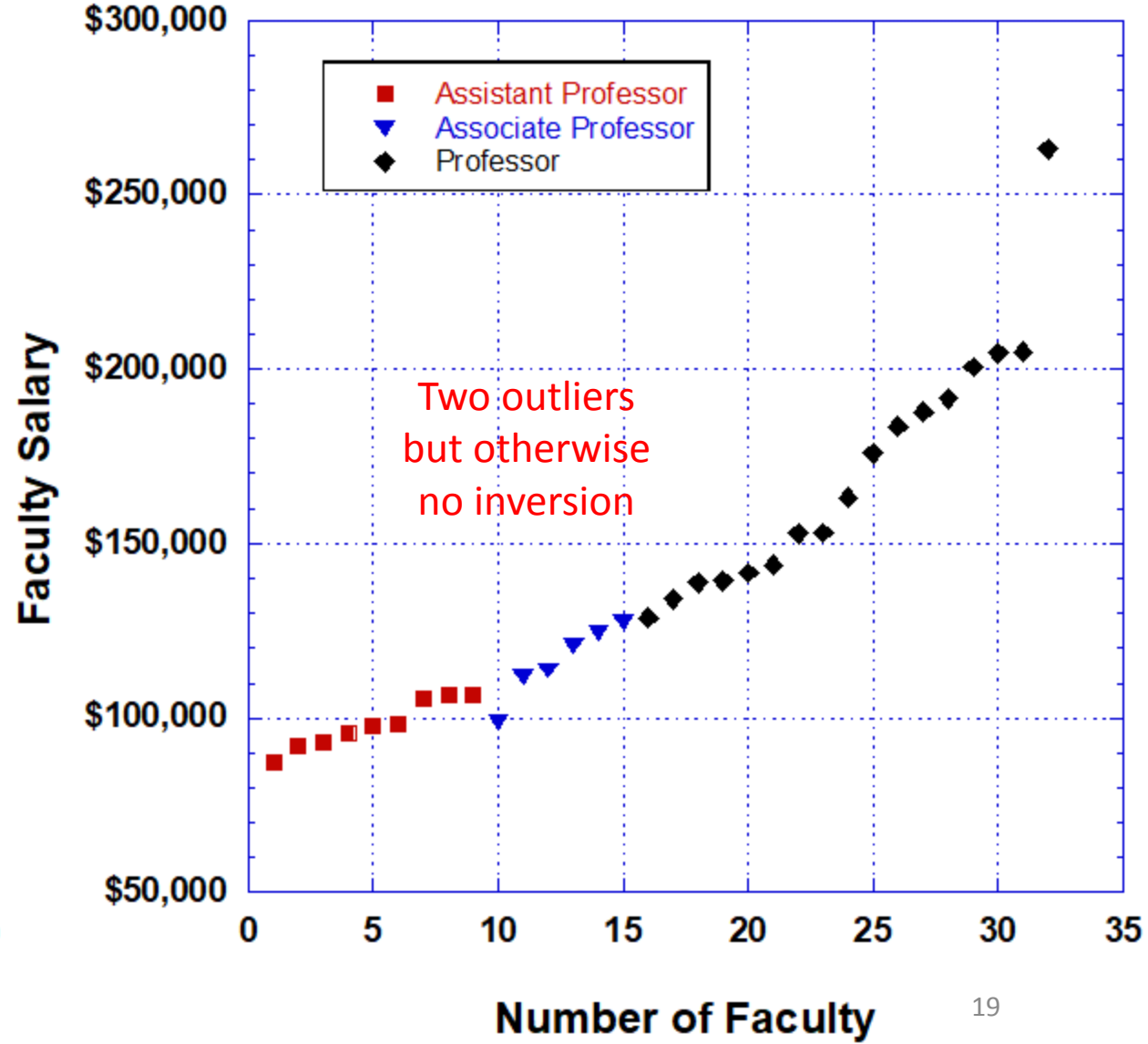
(range used is from AAU data since no CWRU data is available to the committee)

<https://apps.hr.osu.edu/salaries/>

Fisher College of Business @ The OSU 2019



EMSE Department @ The OSU 2019



CWRU does publically disclose **some** administrative & faculty salary information.

		2014	2015		2016	
		total compensation	total compensation	% increase	total compensation	% increase
Administration						
Barbara Snyder	President, Ex. Officio Trustee	\$ 1,333,368	\$ 1,419,481	6.5	\$ 1,849,821	30.3
Pamela Davis	VP, Professor & Dean SOM	\$ 783,579	\$ 791,624	1.0	\$ 884,009	11.7
Elizabeth Keefer	Sr. VP of Administration, General Council	\$ 535,934	\$ 673,703	25.7	\$ 766,329	13.7
Bruce Loessin	Sr. VP for University Relations	\$ 592,378	\$ 599,814	1.3	\$ 640,292	6.7
William Baeslack	Provost & Ex. VP	\$ 560,223	\$ 565,070	0.9	\$ 578,709	2.4
Sally Staley	Chief Investment Officer	\$ 452,021	\$ 545,680	20.7	\$ 562,544	3.1
John Sideras	Sr. VP for Finance & CFO	\$ 567,615	\$ 543,525	-4.2	\$ 542,479	-0.2
Cyrus Taylor	Professor & Dean CAS	\$ 436,348	\$ 440,156	0.9	\$ 425,317	-3.4
Robert Brown	Treasurer	\$ 273,745	\$ 274,833	0.4	\$ 271,699	-1.1
John Wheeler	Sr. VP for Administration	\$ 429,966	\$ -		\$ -	
Faculty						
Gerald Ferretti, SDM	Professor	\$ 489,919	\$ 498,535	1.8	\$ 628,693	26.1
Dale Baur, SDM	Associate Professor	\$ 587,738	\$ 612,827	4.3	\$ 623,299	1.7
Mark Chance, SOM	Professor	\$ -	\$ 483,250		\$ 518,856	7.4
Jonathan Haines, SOM	Professor	\$ 487,110	\$ 495,430	1.7	\$ 509,833	2.9
Stanton Gerson, SOM	Professor	\$ 488,429	\$ 499,789	2.3	\$ 502,495	0.5
Pierluigi Gambetti, SOM	Professor	\$ 470,109	\$ -		\$ -	

Data from: IRS Form 990: Return of Organization Exempt from Income Tax available at <https://www.guidestar.org/>

Faculty Climate Survey 2018: Key Takeaways

Quality of Faculty Life

Table 1. Quality of Faculty Life

	Mean score		% "4" or "5"		Sig.
	2014		2018		
Satisfaction: being a faculty member at CWRU	3.78	70%	3.60	66%	○ ◇
Satisfaction: resources to support research/scholarship	3.22	47%	3.11	45%	◇
Somewhat or very likely to leave CWRU in the next 3 years	2.66	28%	2.80	36%	○ ◇
<i>Scale: 1 = Very Unlikely to 5 = Very Likely</i>					
Would still want to be a faculty member if starting again	4.42	86%	4.36	85%	◇
<i>Scale: 1 = Definitely No to 5 = Definitely Yes</i>					
Would come to CWRU if given the choice again	2.53	60%	2.47	57%	◇
<i>Scale: 1 = I would not come to CWRU to 3 = I would come to CWRU</i>					

○ indicates difference is significant for full sample, ◇ difference is significant for matched sample. ($p < .01$)

Conclusion: Faculty like being professors, just not at CWRU and thus faculty are looking to leave.

Faculty Climate Survey 2018: Key Takeaways

Satisfaction with Resources, Services, and Responsibilities

Top four in satisfaction:

- Library resources
- Computing resources
- Computing support staff
- Office space

Bottom four in satisfaction:

- Salary
- Start-up funds
- Other resources to support research
- Time available for scholarly work

The data indicate 36% of faculty are likely to leave CWRU within the next three years. *This has increased significantly since 2014, for both the full and matched samples.* The top four reasons to leave have all increased since 2014 and include:

1. To enhance your career in other ways
2. To increase your salary \diamond
3. To find a more supportive work environment \circ
4. To increase your time to do research $\circ \diamond$

\circ difference is sig. for full sample; \diamond difference is sig. for matched sample.

Conclusion: Faculty are dissatisfied with their salaries and work environment.

Faculty Climate: Differences Over Time (2014-2018)

Table 2. Satisfaction with Resources, Services, and Responsibilities

<i>Response Scale:</i> 1 = Very Dissatisfied to 5 = Very Satisfied	Mean score		% responses of "4" or "5"		Sig.
	2014	2018	2014	2018	
The degree to which you are satisfied with each of the following:					
Salary	3.27	2.99	53%	46%	**

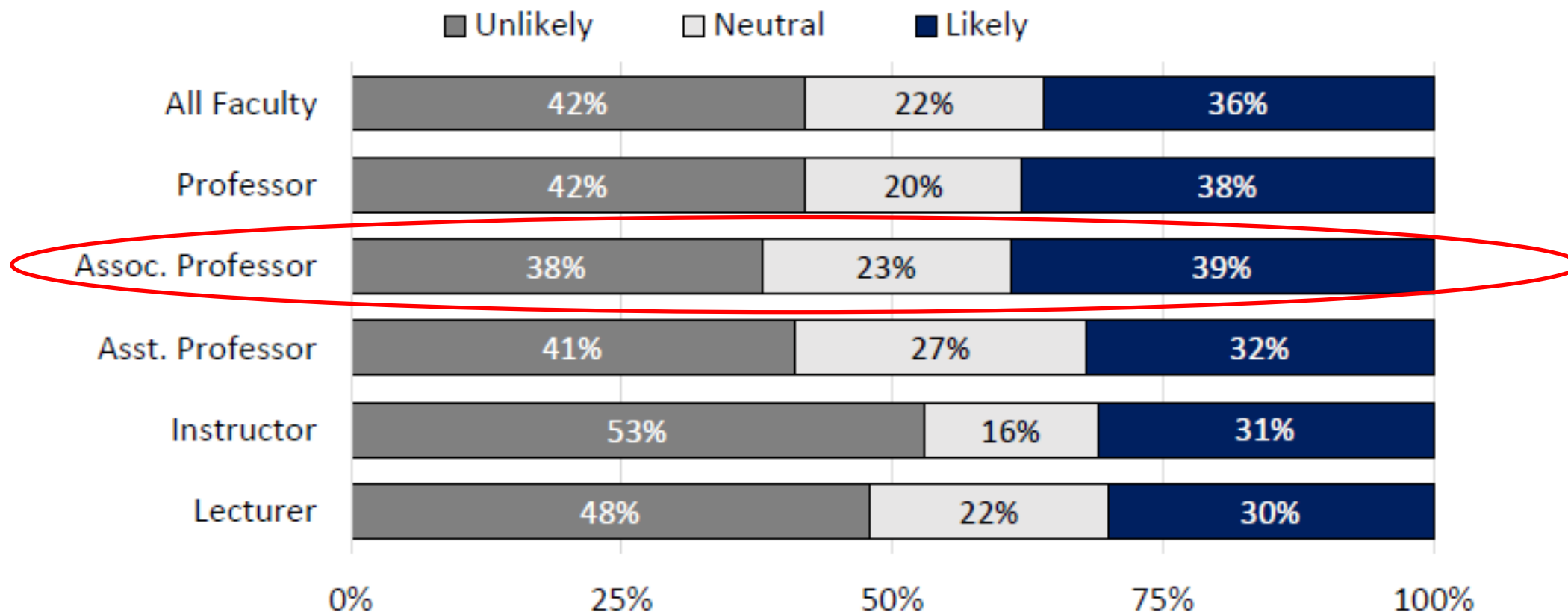
Table 15. Reasons to Leave

<i>Response Scale:</i> 1 = Not at all to 3 = To a great extent	Mean score		% of responses of "To a Great Extent"		Sig.
	2014	2018	2014	2018	
To what extent, if at all, have you considered the following as reasons to leave?					
To increase your salary	2.00	2.10	29%	35%	*

Conclusion: The dissatisfaction with salary has increased.

Faculty Climate Survey 2018: Summary Report

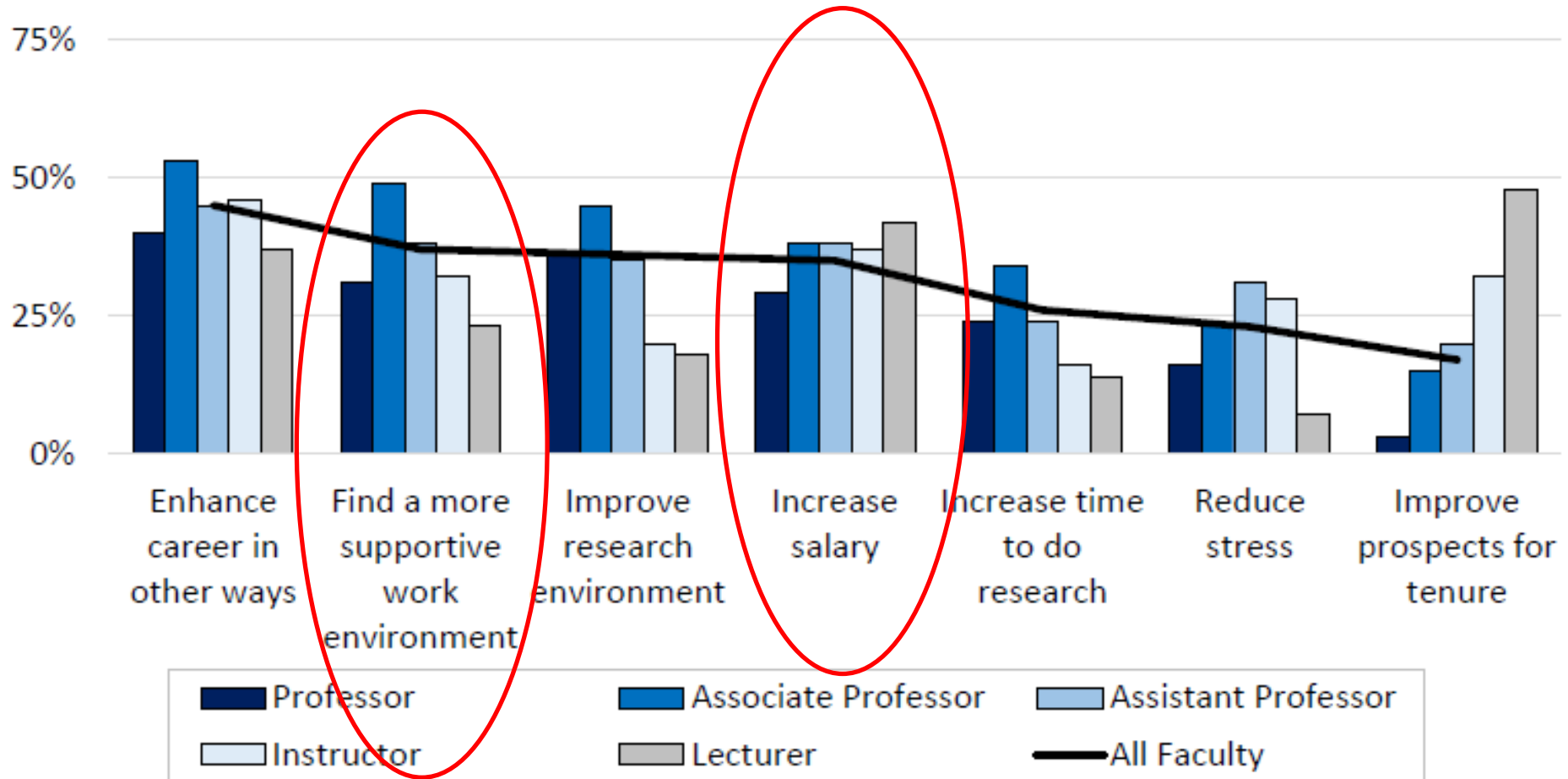
In the next three years, how likely are you to leave CWRU?



Conclusion: Associate Professors are the most dissatisfied.

Faculty Climate Survey 2018: Summary Report

Percent of faculty rating reasons to leave as "Extensive" by faculty rank



Conclusion: Salary and Work Environment (valued service) are critically important.

Part 2: Compensation Incentive Programs

“Life is a zero sum game” – George Carlin

How can a faculty member increase the size of their personal pie (i.e. take home pay)?

- 1. Summer Salary (for faculty on 9-month contracts)**
- 2. Consulting for Outside Interests**
- 3. Publishing a book**
- 4. Publishing a textbook**
- 5. Patents and other Intellectual Property**

- Who owns a faculty members ‘know-how’?**
- Who can monetize the faculty member’s ‘know-how’?**
- What disclosure reporting is required?**

Part 2: Compensation Incentive Programs

Activity	Who owns the faculty member's 'know-how'	Monetizing %	Required conflict of interest disclosure
Summer Salary [1]	Faculty member	100% or 50% [2]	No
Consulting	Faculty member	100%	Yes
Publishing a book	Faculty member	100%	No
Publishing a textbook	Faculty member	100%	No
Patents and other IP	Technology Transfer Office	Less than 50% [3]; [4]	No

[1] For faculty on 9-month contracts.

[2] 50% for Case School of Engineering.

[3] Faculty member(s) must pay back 50% of TTO expenses.

[4] 35% if net income to faculty is > \$100,000.

Recommendations from the Faculty Senate Committee on Faculty Compensation (2018-2019):

- 1. The Chair of the Faculty Senate should form an *ad hoc* committee to investigate and answer the question: Is there any law or federal regulation that prevents Case Western Reserve University from public disclosure of all non-student salaries as is the practice of the majority of AAU members. This *ad hoc* committee should report by the end of the Fall 2019 academic term.**
- 2. Central administration should negotiate with the Case School of Engineering to align their summer salary practice and policy with the other schools.**

Activities 2018/2019

Committee of Minority Affairs

Joachim Voss, PhD, RN, ACRN, FAAN
Professor and Director
Sarah Cole Hirsh Institute
Chair of the Minority Affairs Committee



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

Members: Marija Prica, Amy Przeworski, Leena Palomo, Danette Conklin, Adrienne Fletcher, Joel Fuentes, Chelsea Williams, Brooke Odle, Marilyn Mobley

Major Topics for 2018/2019

- ❖ Election of representative in chair's absence
- ❖ Analysis of the Faculty Satisfaction Survey Results
- ❖ Invitation to engage Minority Faculty, Staff, Post-Doc and Student Representatives in Minority Affairs Committee
- ❖ Update on Community Reporting Efforts
- ❖ Assessment of 360 training effectiveness
- ❖ Joint efforts with the Women's Faculty



Outcomes

- ❖ Maija Prica became co-chair
- ❖ Women and Minority faculty have the highest dissatisfaction rates and the highest rates of thinking about leaving the university
- ❖ Invited African American staff group, the Asian Faculty Group, the UG and GSC, and the post-doc council and based on their stories revised the charge of the committee to allow for broader representation
- ❖ Dean Patterson presented on the Community Reporting Site outcomes after it was in place for 6 month. Rates of reporting have gone up despite having to provide the name. System is used by students, staff and faculty to report issues.
- ❖ About 50% of faculty senators in the last 2 years and about 600 faculty members have participated in the 360 training and we are working on a new resolution to facilitate greater commitment among the faculty.
- ❖ Drafted letter with the Women's Faculty to relocate the director of the women's center to OIDEO
- ❖ Supported resolution to increase family leave time for post-doctoral fellows from 6 to 8 weeks.



School of Law Faculty

Regular Meeting, Thursday, April 4, 2019

Resolution of No Confidence in MedImpact and Direct Scripts

WHEREAS, in 2018 Case Western Reserve University (CWRU) entered into a new benefit program for Prescription Medications; and

WHEREAS, CWRU switched providers from CVS Caremark to MedImpact; and

WHEREAS, CWRU contracted for a service providing mail order maintenance pharmaceutical coverage through Direct Scripts; and

WHEREAS, MedImpact and Direct Scripts have serviced the CWRU community since August, 2018; and

WHEREAS, in the eight months of service by MedImpact and Direct Scripts, an inordinate amount of problems, failures, deficiencies and errors have occurred to the detriment of CWRU employees, their families and dependents; and

WHEREAS, MedImpact and Direct Scripts have demonstrated an inability to address, correct, or prevent these problems, failures, deficiencies and errors; and

WHEREAS, the plethora of problems, failures, deficiencies and errors along with the inability of MedImpact and Direct Scripts to adequately address same has placed the health, safety and welfare of the CWRU community at significant risk;

The Faculty of the School of Law RESOLVES:

- (1) To express its statement of No Confidence in MedImpact and Direct Scripts' ability to properly and adequately serve the interests of the School of Law's faculty, its staff and their families;
- (2) To refer this resolution to the CWRU Faculty Senate Executive Committee for adoption by the full CWRU Faculty Senate; and
- (3) To request the CWRU Faculty Senate to have CWRU Administration replace MedImpact and Direct Scripts as the pharmaceutical prescription drug providers for the CWRU community.



Faculty Senate Committee Nominations 2019-2020

April 29, 2019
Faculty Senate Nominating Committee

Thanks to the members of the 2019-2020 Nominating Committee:

Philip Cola, WSOM

Corbin Covault, CAS

Evelyn Duffy, SON

Patrick Kennedy, PHED

John Lewandowski, CSE

Maureen McEnery, SOM

Kathryn Mercer, LAW

Leena Palomo, SODM (Chair)

David B. Miller, *ex-officio*

Rebecca Weiss, *ex-officio*

Recruiting New Members for Faculty Senate Standing Committees

- The Opportunities for Faculty Governance Survey is emailed at the end of the fall semester and faculty may volunteer to serve on particular Senate standing committees. Again this academic year, the survey was also sent in spring to allow for a larger number of faculty to respond. 192 faculty members expressed an interest in serving on Senate committees. (143 in fall 2018 and 49 in spring 2019.)
- Each member of the Nominating Committee takes responsibility for filling vacancies on a particular standing committee. Each year there may be as few as one or two vacancies per committee.
- The Nominating Committee reviews names of faculty who have expressed an interest through the survey and members of the Committee also recommend faculty from his or her constituents. The Nominating Committee receives input from current committee Chairs also.
- The Faculty Senate approves new members to standing committees; the Senate Executive Committee approves appointment of all standing committee chairs.
- **New members and members who agree to serve a second term are highlighted in yellow throughout this presentation and require approval by the Senate.**

2019-2020 Faculty Senate Executive Committee

Term	Membership	Last Name	First Name	School	Title
2019-2020	chair	Miller	David	MSASS	Assoc. Professor
2019-2020	vice-chair	Voss	Joachim	SON	Professor
2019-2020	past-chair	Beall	Cynthia	CAS	Professor
2019-2020	Elected Senator 2018-2021	Crampton	David	MSASS	Assoc. Professor
2019-2020	Elected Senator 2018-2021	Hans	Mark	SODM	Professor
Fall 2019	Elected Senator 2017-2020	Khalil	Ahmad	SOM	Asst. Professor
2019-2020	Elected Senator 2018-2021	Peck	Simon	WSOM	Assoc. Professor
2019-2020	Elected Senator 2017-2020	Pollis	Andrew	LAW	Professor
2019-2020	Elected Senator 2017-2020	Saylor	Beverly	CAS	Professor
Spring 2020	Elected Senator 2019-2022	Swan Kubu	Cynthia	SOM	Professor
2019-2020	Elected Senator 2017-2020	Tyler	Dustin	CSE	Professor
2019-2020	Elected Senator 2017-2020	Winkelman	Chris	SON	Assoc. Professor
	<i>ex-officio</i>	Snyder	Barbara		President
	<i>ex-officio</i>	Vinson	Ben		Provost
	<i>ex-officio</i>	Weiss	Rebecca		Secretary of the University Faculty

Faculty Senate Committee on By-Laws

Term	Membership	Last Name	First Name	School	Title	Department
2019-2022; 2016-2019	Chair, 2016-2020	Ledford	Kenneth	CAS	Assoc. Professor	History
2019-2022; 2016-2019 (started fall 2018)		Harte	Peter	SOM	Professor	Genetics and Genome Science
2019-2022; 2016-2019; 2013-2016		Haywood	Valerie	CAS	Senior Instructor	Biology
2017-2020 (sabbatical replacement AY 2019- 2020)		Juscelino	Colares	LAW	Professor	
2018-2021; 2015-2018; 2012-2015		McEnery	Maureen	SOM	Assoc. Professor	Neurology UH
2018-2021; 2015-2018; 2012-2015; 2009-2012		Palomo	J. Martin	SODM	Professor	Orthodontics
	unofficial guest	Fulton	Arlishea	Representative from Office of General Counsel		
	unofficial guest	tbd		Office of the Provost		
	unofficial guest	Weiss	Rebecca	Secretary of the University Faculty		

Faculty Senate Committee on Faculty Compensation

Term	Membership	Last Name	First Name	School	Title	Department
2018-2021	chair- 2018-2020	Matthiesen	David	CSE	Assoc. Professor	Materials Science
2017-2020		Aminoshariae	Anita	SODM	Assoc. Professor	Endodontics
2017-2020 (started fall 2018)		Ciccia	Angela	CAS	Assoc. Professor	Psychological Sciences
2018-2021		Love	Thomas	SOM	Professor	Medicine (MHMC)
2019-2022		McGinness	Todd	PHED	Instructor	Physical Education
2018-2021; 2015-2018 (started fall 2017)		Susan	Case	WSOM	Assoc. Professor	Organizational Behavior
2018-2021; 2015-2018		Swain	James	SOM	Assoc. Professor	Nutrition
2019-2022; 2016-2019		Townsend	Aloen	MSASS	Professor	MSASS
2019-2022; 2016-2019 (started fall 2016)		Winkelman	Chris	SON	Assoc. Professor	Nursing
	CFO or designee	Gregory	Carolyn		Vice President of Human Resources	
	provost or designee	Rozek	Charles		Vice Provost and Dean of Graduate Studies	

Faculty Senate Committee on Faculty Personnel

Term	Membership	Last Name	First Name	School	Title	Department
2018-2021; 2015-2018	chair, 2017-2020 (started fall 2017)	Cano	Christine	CAS	Assoc. Professor	Modern Languages and Literature
2019-2022		Akolkar	Rohan	CSE	Professor	Chemical Engineering
2018-2021; 2015-2018 (started fall 2017)		Assaf	Hussein	SODM	Assoc. Professor	School of Dental Medicine
2017-2020 (started fall 2018)		Brady	Steven	WSOM	Asst. Professor	Operations
2017-2020 (started fall 2018)		Crampton	David	MSASS	Assoc. Professor	MSASS
2018-2021; 2015-2018 (started fall 2016)		Lou	Hua	SOM	Assoc. Professor	Genetics
2017-2020 (started fall 2018)		Matthews	Anne	SOM	Professor	Genetics
2017-2020; 2014-2017 (started spring 2017)		Pollis	Andrew	LAW	Professor	School of Law
2019-2022; 2016-2019 (started fall 2018)		Reimer	Andrew	SON	Asst. Professor	Nursing
	ex officio, president's designee	Feke	Don		Vice Provost for Undergraduate Education and Academic and Faculty Affairs	Office of the Provost
	ex officio, president's designee	Rozek	Charles		Vice Provost for Graduate Education and Academic and Faculty Affairs	Graduate Studies
	ex officio, Faculty Diversity Officer	TBD	TBD			
	ex officio, member of Faculty Compensation	TBD	TBD			

Faculty Senate Finance Committee (school representatives are appointed by the College/Schools for minimum of 2 years; may serve additional terms)

Term	Membership	Last Name	First Name	School	Title	Department
2019-2022	chair, 2019-2020; at-large member (Faculty Senator 2018-2021)	Peck	Simon	WSOM		
2017-2020; (started spring 2017)	at-large member	Korsmo	Charles	LAW	Assoc. Professor	School of Law
2018-2021; 2015-2018 (started in fall 2016)	at-large member (on Senate 2016-19), chair, 2016-2019	Starkman	Glenn	CAS	Professor	Physics
2018-	school representative (SODM)	Assaf	Hussein	SODM	Assoc. Professor	Comprehensive Care
2018-	school representative (MSASS)	Chupp	Mark	MSASS	Asst. Professor	MSASS
2016-	school representative (WSOM)	Fine	Scott	WSOM	Professor	Banking and Finance
2017-	school representative (CSE)	French	Roger	CSE	Professor	Material Sc and Eng
2018-	school representative (CAS)	Hoffer	Lee	CAS	Assoc. Professor	Anthropology
2019-	school representative (SON)	Savrin	Carol	SON	Assoc. Professor	Nursing
2016-	school representative (SOM)	Singer	Ethan Mendel	SOM	Assoc. Professor	Population & Quantitative Health Sciences
2019-	school representative (LAW)	TBD				
	ex officio, chair of University Budget Committee	Cullis	Christopher	CAS	Professor	Biology
	ex officio, chair of Faculty Compensation	Matthiesen	David	CSE	Assoc. Professor	Materials Science
	regular guest and participant	Sideras	John	UGEN	Senior Vice President of Finance and CFO	Finance and Administration
	President's Representative	Vinson	Ben	Provost	Provost	

Faculty Senate Committee on Graduate Studies

Term	Membership	Last Name	First Name	School	Title	Department
2019-2022	Chair 2019-2020	Covault	Corbin	CAS	Professor	
2019-2022; 2016-2019 (started spring 2019)		Groza	Victor	MSASS	Professor	
2017-2020, 2014-2017; 2011-2014 (started fall 2012)		Barkoukis	Hope	SOM	Assoc. Professor	Nutrition
2018-2021		Capadona	Jeffrey	CSE	Assoc. Professor	Biomedical Engineering
2018-2021; 2015-2018		Gurkan	Umut	CSE	Asst. Professor	Mechanical and Aerospace Engineering
2019-2022; 2016-2019 (started spring 2019)		Jonas	Gregory	WSOM	Assoc. Professor	Accountancy
2017-2020, 2014-2017	Chair 2015-2018	MacDonald	Paul	SOM	Assoc. Professor	Pharmacology
2018-2021; 2015-2018		Palomo	Leena	SODM	Assoc. Professor	Periodontics
2017-2020		Voss	Joachim	SON	Professor	Nursing
	ex-officio, Assoc. VP Research	Endy	Stephanie		Assoc. Vice President	Research
	ex-officio	Hamel	Lynmarie		Senior Assoc. Dean, Graduate Studies	Graduate Studies
	ex-officio	Rozek	Charles		Vice Provost and Dean, Graduate Studies	Graduate Studies
2019-2020	graduate or prof student					
2019-2020	graduate or prof student					
2019-2020	graduate or prof student					
2019-2020	graduate or prof student					
2019-2020	post-doc					

Faculty Grievance and Disciplinary Hearing Panel

First	Last	School	Department
Christine	Cano	CAS	Modern Languages and Literatures
Hillel	Chiel	CAS	Biology
Ken	Ledford	CAS	History
Jim	Overholser	CAS	Psychological Sciences
Deepak	Sarma	CAS	Religious Studies
Christos	Papachristou	CSE	Electrical Eng. & Computer Science
David	Carney	LAW	Law
Hatsuo	Isida	CSE	Macromolecular Science & Engineering
Cassandra	Robertson	LAW	Clinical Programs
Kathleen	Farkas	MSASS	MSASS
Sharon	Milligan	MSASS	MSASS
Hussein	Assaf	SODM	Comprehensive Care
Fady	Faddoul	SODM	Dentistry: General

First	Last	School	Department
Leena	Palomo	SODM	Periodontics
Matthias	Buck	SOM	Physiology/Biophysics
Cathy	Carlin	SOM	Physiology and Biophysics
Lynn	Kam	SOM	Nutrition
William	Merrick	SOM	Biochemistry
Janine	Galeski	SON	Nursing
Susan	Ludington	SON	Nursing
Patricia	McDonald	SON	Nursing
Amy	Zhang	SON	Nursing
Susan	Case	WSOM	Organizational Behavior
Simon	Peck	WSOM	Design & Innovation
TBD	TBD		D. Miller 2019-2020 FS Chair

Faculty Senate Committee on Information and Communication Technology

Term	Membership	Last Name	First Name	School	Title	Department
2019-2022; 2016-2019	chair, 2016-2020	Hauck	Steven	CAS	Professor	Earth, Environment, Planetary
2018-2021		Basch	Martin	SOM	Assist. Professor	Otolaryngology
2018-2021; 2015-2018		Dazard	Jean-Eudes	SOM	Assist. Professor	Nutrition
2017-2020		Fietkiewicz	Chris	CSE	Assist. Professor	Electrical Engr. & Computer Sci.
2019-2022		Moore	Scott	SON	Assist. Professor	
2018-2021		Plow	Matthew	SON	Assist. Professor	Nursing
2018-2021		Syed	Ali	SODM	Assist. Professor	Oral Diagnosis/Radiology
2018-2021; 2015-2018		Wojtkowski	Todd	PHED	Assist. Professor	PHED
2019-2022; 2016-2019		Wood	Zoe Breen	MSASS	Assoc. Professor	MSASS
	ex officio, chair FSCUL	Brittan	Francesca	CAS	Assoc. Professor	Music
	ex-officio, University Librarian	Hirshon	Arnold		University Librarian	University Libraries
	ex-officio, provost or designee	Vinson	Ben		Provost	Office of the Provost
	ex-officio, VP ITS	Workman	Sue		Vice President IT, CIO	Information Technology Services
2019-2020	student, graduate				Graduate Student	
2019-2020	student, post-doc				Post-Doc Scholar	
2019-2020	student, undergrad				Undergraduate Student	

Faculty Senate Committee on Minority Affairs

Term	Membership	Last Name	First Name	School	Title	Department
2018-2021	chair, 2019-2020	Przeworski	Amy	CAS	Assoc. Professor	Psychological Sciences
2018-2021 (started fall 2018)		Conklin	Danette	SOM	Assist. Professor	Psychiatry
2017-2020 (started fall 2018)		Fletcher	Adrienne	MSASS	Asst. Professor	
2019-2022		Madureira	Leonardo	WSOM	Assoc. Professor	Banking and Finance
2018-2021; 2015-2018 (started fall 2016)		Prica	Marija	CSE	Assist. Professor	EECS
2017-2020		TBD	TBD			
	ex-officio, provost designee, diversity	TBD	TBD		Faculty Diversity Officer	Inclusion, Diversity & EO
	ex-officio, provost designee, diversity	TBD	TBD		Vice President	Inclusion, Diversity & EO
2019-2020	student, undergraduate				student, undergraduate	
2019-2020	student, graduate				student, graduate	
2019-2020	student, postdoc				postdoctoral fellow	

Faculty Senate Nominating Committee (committee member terms are two years)

Term	Membership	Last Name	First Name	School	Title	Department
2018-2020; 2016-2018	Chair, 2018-2020	Palomo	Leena	SODM	Associate Professor	Periodontics
2018-2020		Cola	Philip	WSOM	Assoc. Professor	Design and Innovation
2018-2020; 2016-2018		Covault	Corbin	CAS	Professor	Physics
2019-2021		Custer	Joseph	LAW	Assoc. Professor	Law
2019-2021; 2017-2019 (started fall 2018)		Duffy	Evelyn	SON	Associate Professor	Nursing
2019-2021		Kelley	Thomas	SOM	Professor	Pediatrics
2018-2020; 2016-2018		Kennedy	Patrick	PHED	Assoc. Professor	Phys. Ed & Athletics
2018-2020; 2016-2018		Lewandowski	John	CSE	Professor	Material Science
2019-2021		TBD		MSASS		
	ex-officio, FS vice chair	Voss	Joachim	SON	Professor	Nursing
	ex-officio, non-voting	Weiss	Rebecca		Secretary of the University Faculty	Office of the Provost

Faculty Senate Committee on Research

Term	Membership	Last Name	First Name	School	Title	Department
2017-2020, 2014-2017	chair, 2017-2020	Baskaran	Harihara	CSE	Professor	Chemical Engineering
2018-2021		Hibbs	Anna Maria	SOM	Assoc. Professor	Pediatrics
2017-2020		Bucaro	Anthony	WSOM	Assistant Professor	Accountancy
2019-2022; 2016- 2019 (started spring 2018)		Darrah	Rebecca	SON	Assoc. Professor	Nursing
2017-2020		Davis	Jill	CAS	Assistant Professor	Theatre
2019-2022; 2016-2019		Pandiyan	Pushpa	SODM	Asst. Professor	Biological Sciences
2019-2022; 2016- 2019		Papachristou	Christos	CSE	Professor	Electrical Engineering and Computer Science
2017-2020, 2014-2017		Short	Betsy	CAS	Professor	Psychological Sciences
2018-2021		Taylor	Derek	SOM	Assoc. Professor	Pharmacology
	ex-officio, Assoc. VP Research	Endy	Stephanie		Assoc. VP	Research
2019-2020	student, graduate				Graduate Student	
2019-2020	student, graduate				Graduate Student	
2019-2020	student, postdoc				Postdoctoral Fellow	
2019-2020	undergraduate student				Undergraduate Student	

Faculty Senate Committee on Undergraduate Education

Term	Membership	Last Name	First Name	School	Title	Department
2018-2021	at-large member, chair	Shulman	Peter	CAS	Assoc. Professor	History
2019-2022	at-large member, vice chair	TBD	TBD	TBD		
2017-2020	at-large member, past chair	Epell	Steven	CSE	Assoc. Professor	Biomedical Engineering
2017-	school representative (BIOC/NUTR)	Cavallo	David	SOM	Assist. Professor	Nutrition
2017-	school representative (CSE)	Chankong	Vira	CSE	Assoc. Professor	EECS
2019-	school representative (SON)	Marek	Jane	SON	Assist. Professor	Nursing Physical Education and Athletics
2012-	school representative (PHED)	Schmuhl	Eric	PHED	Instructor	
2019-	school representative (CAS)	TBD	TBD	CAS		
2019-	school representative (WSOM)	TBD	TBD	WSOM		
2019-2020	student, undergraduate					
2019-2020	student, undergraduate					
	provost designee, ug administrator, non-voting	Bischoff	Richard		Vice President	Enrollment Management
	provost designee, ug administrator, non-voting	Feke	Don		Vice Provost	Undergraduate Education
	provost designee, ug administrator, non-voting	Stark	Lou		Vice President	Student Life
	ex-officio, provost	Vinson	Ben		Provost	Office of the Provost
	provost designee, ug administrator, non-voting	Wolcowitz	Jeff		Dean	Undergraduate Studies

Faculty Senate Committee on University Libraries

Term	Membership	Last Name	First Name	School	Title	Department
2019-2022	chair, 2019-2020	Brittan	Francesca	CAS	Assoc. Professor	Music
2018-2021; 2015-2018		Gerhart	Peter	LAW	Professor	Law
2018-2021; 2015-2018		Gibbons	Joseph	SOM	Asst. Professor	Hematology/Oncology
2017-2020; 2014-2017		Gratzl	Miklos	CSE	Assoc. Professor	Biomedical Engineering
2017-2020		Hagiwara	Takao	CAS	Assoc. Professor	Japanese
2019-2022		John	Keyser	WSOM	Asst. Professor	Accountancy
2017-2020; 2014-2017 (started spring 2017)		Kenneley	Irena	SON	Assoc. Professor	Nursing
2018-2021; 2015-2018 (started fall 2017)		Sternberg	Rachel	CAS	Assoc. Professor	Classics
2019-2022; 2016-2019; 2013-2016 (started fall 2014)		Strom	Gerald	MSASS	Sr. Instructor	MSASS
2018-2021 (started spring 2019)		Wang	Russell	SODM	Asst. Professor	Comprehensive Care
2019-2020	student, graduate					
2019-2020	student, undergraduate					
2019-2020	student, postdoc				Postdoctoral Scholar	
	ex-officio, Law Library	Custer	Joseph	LAW	Library Director	Law Library
	ex-officio, Interim Director, Health Sciences Library	DeCaro	Jessica	SOM	Interim Director	Health Sciences Library
	ex-officio, FSCICT, chair or designee	Hauck	Steven	CAS	Professor	Earth, Environment, Planetary Sciences
	ex-officio, University Librarian	Hirshon	Arnold		University Librarian	University Libraries
	ex-officio, MSASS Library	Skutnik	Samantha	MSASS	Director	MSASS Library
	ex-officio, VP ITS	Workman	Sue		VP and CIO	Information and Technology Services

Faculty Senate Committee on Women Faculty

Term	Membership	Last Name	First Name	School	Title	Department
2019-2022; 2016-2019	Chair, 2018-2020	Mercer	Kathryn	LAW	Professor	Law
2019-2022; 2016-2019		Prica	Marija	CSE	Asst. Professor	Electrical Eng. & Com Sci
2019-2022		Zhang	Amy	SON	Assoc. Professor	Nursing
2019-2022		Prince	Dana	MSASS	Asst. Professor	MSASS
2017-2020		Hardesty	Christina	SOM	Assistant Professor	Orthopaedics/Pediatrics
2017-2020 (started fall 11/17)		McMahon	Kirsten	PHED	Instructor	PHED
2017-2020		TBD	TBD			
2018-2021		Covault	Corbin	CAS	Professor	Physics
2018-2021; 2015-2018		Backus	Amy	PHED	Athletic Director; Professor	PHED
	ex-officio, Minority Affairs Chair	Przeworski	Amy	CAS	Assoc. Professor	Psychological Sciences
	ex-officio, PACoW chair or designee	TBD	TBD		OIDEO	
	ex-officio, provost or designee	Feke	Donald		Vice Provost for Undergrad. Education and Academic and Faculty Affairs	Office of the Provost
	ex-officio, Women Faculty SOM, chair or designee	Michael	Claire		Professor	Pathology
	ex-officio, Women's Center, chair or designee	Embrescia	Beth		Director of Development	FSM Center for Women
	ex-officio, Women's Center, chair or designee	TBD	TBD		Director	FSM Center for Women
	invited guest, non-voting member	McCausland	Marie	SOM	Postdoctoral Fellow	Molecular Biology & Microbiology

Faculty Senate Approval of Faculty Senate Executive Committee and Standing Committee Members

2019-2020 Faculty Senate Standing Committee Chairs (approved by Senate Executive Committee on 4/18/19)

Faculty Senate Committee on By-Laws	Ledford	Kenneth	chair, 2016-2020	CAS
Faculty Senate Committee on Faculty Compensation	Matthiesen	David	chair, 2018-2020	CSE
Faculty Senate Committee on Faculty Personnel	Cano	Christine	chair, 2017-2020	CAS
Faculty Senate Finance Committee	Peck	Simon	chair, 2019-2020	WSOM
Faculty Senate Committee on Graduate Studies	Covault	Corbin	chair, 2019-2020	CAS
Faculty Senate Committee on Information and Communication Technology	Hauck	Steven	chair, 2016-2020	CAS
Faculty Senate Committee on Minority Affairs	Przeworski	Amy	chair, 2019-2020	CAS
Faculty Senate Nominating Committee	Palomo	Leena	chair, 2018-2020	SODM
Faculty Senate Committee on Research	Baskaran	Harihara	chair, 2017-2020	CSE
Faculty Senate Committee on Undergraduate Education	Shulman	Peter	chair, 2019-2020	CAS
Faculty Senate Committee on Undergraduate Education	TBD		vice chair, 2019-2020	
Faculty Senate Committee on University Libraries	Brittan	Francesca	chair, 2019-2020	CAS
Faculty Senate Committee on Women Faculty	Mercer	Kathryn	chair, 2018-2020	LAW

New Faculty Senators

Last Name	First Name	School/College	Title	Term
Akkus	Ozan	CSE	Professor	2019-2022
Atit	Radhika	CAS	Professor	2019-2022
Case	Susan	WSOM	Assoc. Professor	2019-2022; 2016-2019 (started spring 2018)
De Guire	Mark	CSE	Assoc. Professor	2019-2022
Demaree	Heath	CAS	Professor	2019-2022
Dunn	Liam	LAW	Instructor	2019-2022
Hardin	Heather	SON	Asst. Professor	2019-2022
Harte	Peter	SOM	Professor	2019-2022
Jasinevicius	Teresa (Roma)	SODM	Assoc. Professor	2019-2022; 2016-2019 (started spring 2019)
Ledford	Kenneth	CAS	Assoc. Professor	2019-2022
Meckes	Elizabeth	CAS	Professor	2019-2022
Reimer	Andrew	SON	Asst. Professor	2019-2022
Schelling	Jeffrey	SOM	Professor	2019-2022
Sheremeta	Roman	WSOM	Professor	2019-2022; (started 2018)
Swan Kubu	Cynthia Marie	SOM	Professor	2019-2022
Voith	Laura	MSASS	Asst. Professor	2019-2022