

Faculty Council Meeting
Draft Meeting Minutes
Monday, December 16, 2019
4:00-5:30PM – BRB 105

4:00-4:10PM	Welcome and Chair Announcements	Gary Clark
4:10-4:12PM	Approval of Faculty Council Meeting Minutes from the October 21, 2019 Meeting	Gary Clark
4:12- 4:15PM	Faculty Council Steering Committee Activities Report	Jennifer McBride
4:15-4:25PM	Update on University Faculty Senate	Ahmad Khalil
4:25-4:40PM	Presentation of Diversity Strategic Action Plan	Sana Loue
4:40-4:55PM	Presentation and Request for Approval of Changes to the Faculty Activity Summary Form (FASF)	Cliff Harding
4:55-5:15PM	Committee on Biomedical Research Annual Report	Stan Gerson Jill Barnholtz-Sloan
5:15-5:25PM	Update Faculty Senate's Ad Hoc Committee HEC Transition	Maureen McEnery
5:25-5:30PM	New Business	
	Adjourn	

Members Present

Corinne Bazella
Robert Bonomo
Cathleen Carlin
Sudha Chakrapani
Shu Chen
Gary Clark
Travis Cleland
Darin Croft
Brian D'Anza
Pamela Davis
Piet de Boer
Philipp Dines
Todd Emch
Judith French

Monica Gerrek
Anna Maria Hibbs
Jeffrey Hopcian
Alex Huang
Beata Jaszttrzebska
David Katz
Allyson Kozak
Varun Kshetry
Vinod Labhasetwar
Maria Cecilia Lansang
Charles Malemud
Jennifer McBride
Maureen McEnery
Vincent Monnier

George Ochenjele
Nimitt Patel
Satya Sahoo
Hemalatha Senthilkumar
Daniel Sweeney
Patricia Taylor
Heather Vallier
Allison Vidimos
Satish Viswanath
Susan Wang
Nicole Ward
Jo Ann Wise
Richard Zigmond

Members Absent

Tracey Bonfield	Ankur Kalra	Krystal Tomei
Matthias Buck	Laura Kreiner	Carlos Trombetta
Jae-Sung Cho	Suet Kam Lam	Clifford Packer
Jennifer Dorth	Ameya Nayate	Barbara Snyder
William Dupps	Vicki Noble	Patricia Thomas
Thomas Gerken	Anand Ramamurthi	Jamie Wood
Robert Hughes	Ben Roitberg	
Darrell Hulisz	Ashleigh Schaffer	

Others Present

Alicia Aguilar	Joyce Helton	Raed Bou Matar
Mark Chance	Ahmad Khalil	Anna Miller
Nicole Deming	Matthew Lester	

Welcome and Chair Announcements

Gary Clark, Chair of Faculty Council, convened the meeting at 4:00PM. Dr. Clark reminded the members that Faculty Council follows Robert's Rules of Order in their proceedings. The bylaws amendments (revised over the last year and a half) have been disseminated to the SOM faculty for a vote. Votes can be cast for either the individual amendments or faculty can select the "accept all" option. Voting will be open for three weeks through January 14.

The November Faculty Council meeting was canceled due to a lack of urgent or timely agenda items. The cancellation process for Faculty Council and Faculty Council Steering Committee meetings was reviewed. A better-defined process is being considered by the SOM Bylaws Committee chaired by Darin Croft to articulate in a future bylaws revision. The current SOM Bylaws state that Faculty Council meetings must be held at least every other month. If in one month the meeting is canceled, the next month it must be conducted.

Matthias Buck was asked to summarize for Faculty Council the town hall presentation given by the Committee on Budget, Finance and Compensation on November 25, 2019. While Dr. Buck was not available for today's meeting, he has agreed to address this topic at the January Faculty Council meeting. Faculty Council has previously approved an ad hoc committee on Faculty Awards spearheaded by Sudha Iyengar. Dr. Iyengar is in the process of soliciting nominations for that committee; an e-mail will be forthcoming. The proposal for the code of conduct has been added to the Faculty Council agenda for January. In conclusion, Dr. Clark wished everyone a safe and happy holiday.

Approval of Faculty Council Meeting Minutes from the October 21, 2019 Meeting

Several modifications and more extensive revisions were suggested to the October Faculty Council meeting minutes. These corrections had not been submitted for review prior to the meeting. In order to allow time for review and comments, it was suggested to postpone the approval of the October meeting minutes until the January Faculty Council meeting.

A motion was made and seconded to discuss and vote individually on the two proposed amendments to the minutes. After some discussion, it was suggested to postpone approval of the October meeting minutes to the January Faculty Council meeting, allowing time for review of the changes. The second to the motion was withdrawn.

A motion was then made and seconded to postpone approval of the October Faculty Council meeting minutes until the January Faculty Council meeting. There being no further discussion, a vote was taken. 31 were in favor, 2 opposed and 1 abstained. The motion passes.

Faculty Council Steering Committee Activities Report (Jennifer McBride)

Jennifer McBride, Chair-Elect of Faculty Council, summarized the agenda items addressed at the December 2, 2019 Faculty Council Steering Committee meeting.

The minutes from the October 7, 2019 meeting were reviewed and approved. An equity review was performed on the CAPT recommendations. Advice was given to Dean Davis regarding chair appointments. Changes were submitted to Dr. Clifford Harding's proposal on the FASF summary form in order to improve organization and clarity. Dr. Sana Loue's Diversity Strategic Action Plan was reviewed and discussed and added to the Faculty Council agenda for December 16 to invite dialogue among multiple stakeholders.

While the topic of the location of the Faculty Council meetings was previously discussed, it can still be submitted as an agenda item to the Faculty Council Steering Committee and to this forum for consideration. The code of conduct that the Dean mentioned in her presentation in May will be brought forward for discussion in the January Faculty Council meeting. Dr. Clark reminded the members that proposed agenda items must be submitted to the Faculty Council Steering Committee a week prior to their meeting in order to be approved for the Faculty Council agenda. Items must be submitted this week in order to be included in the Faculty Council Steering Committee meeting agenda for January.

Committee on Biomedical Research Annual Report (Stan Gerson, Jill Barnholtz-Sloan)

Since the CBR was reformulated only nine months ago, Dean Davis extended the committee terms for Stan Gerson, Cliff Harding, and Jonathan Haines until 2020. One member was not able to participate and in a formal review and approval from the executive committee, Diane Perez joined the committee. Gene Wang, from MHMC, was elected from that constituency to finish out Isabelle Deschenes' term. At the end of that term there will be a new election.

The committee has presented several sessions on big data informatics (informatics technology across the organization and institutions, big data and artificial intelligence). In order to continue the discussion on Big Data, Jing Li, from Computer and Data Sciences, was invited to speak to the CBR so they could better pursue and engage those activities across our campuses, taking more advantage of technology, and increasing awareness. There are some very creative opportunities in the Department of Engineering and the Data Sciences Committee.

The Committee on Biomedical Research sees itself as a committee that can help to advocate new research initiatives in the school. They are constantly hearing about big data and quantitative

sciences, and are ensuring to educate themselves so that they can appropriately advocate for faculty.

Faculty can learn about what is available in these new areas by accessing the meeting minutes of the Committee on Biomedical Research posted on their website under CBR, and in terms of shared resources and core facilities, through various websites throughout the school and Cancer Center.

The CBR is also very open to any specific topics suggested by the general faculty that should be taken on by their committee. Input from a survey indicated that topics of most interest to the faculty of the School of Medicine included aging research (wellness, disease, clinical), big data and bioinformatics, and artificial intelligence. Interesting topics and guests help to advocate the research at the school.

Presentation of Diversity Strategic Action Plan (Sana Loue)

The strategic action plan is a set of recommendations achieved through a planning process. It is meant to be advisory and does not supersede any existing mechanisms for approval. It identifies broad, long-term aims, and specific quantifiable realistic targets, then identifies steps to be taken and by whom.

It provides additional data to supplement existing data. It requires ongoing continuous evaluation to ensure that goals identified are consistent with the organizational vision, mission and objectives and then to accept, reject, or modify and/or prioritize the recommended goals. Consideration is given as to how to allocate resources in order to accomplish the prioritized goals. It is important to note that the strategic action plan does not supersede any established procedures for approval and implementation of an identified goal.

A call for volunteers went out in January 2019, with the first meeting of the full committee being held in March and the second in July. That same month the first draft of the DSAP 2.0 was disseminated to all committee members. This document was presented for endorsement (not approval) to the Faculty Council Steering Committee and the Dean's Leadership Committee. The draft was revised several times in October and presented at four town hall meetings (SAC and individual meetings when requested) which were held from November-December, 2019. In December, the third revised draft was distributed to all SOM faculty, staff, medical school students, graduate students and PA students. The plan is intended to be in effect from January 2, 2020 through December 31, 2024.

This plan builds on the process and accomplishments from the original DSAP (2015-2019) while considering the process utilized for the SOM strategic plan. It considers data drawn from the university climate survey, the SOM diversity needs assessment survey (2017), and feedback from constituent groups collected during the process.

The committee membership was comprised of approximately 50 volunteers consisting of students (medical school -- years 1 & 2), PA program, MA/MS/MPH, PhD, faculty (clinical and basic science) from SOM, UH, MHMC, CCF, VA, and staff (all levels).

The committee was tasked with reviewing what has and has not been accomplished under the original DSAP and discuss the strengths and weaknesses of the plan. Subcommittees were broken out and focused on development, diversity training, education/curriculum, faculty recruitment and retention, overall climate, and student recruitment.

Fifteen medical students were involved in this process. The charge to the committee as a whole was to consider current strengths and weaknesses, develop a vision, develop overarching goals, and to review, refine, and integrate the work of the subcommittees and feedback from constituent groups. The subcommittees were to develop strategies with their expected outcome, identify interim steps necessary to achieve the desired outcome, identify metrics/targets to assess the success or accomplishment of the outcome, identify party(ies) responsible for effectuating the outcome, and consult with the constituent group for feedback and ideas.

The vision is to increase knowledge, understanding, presence, and celebration of diversity at all levels of the School of Medicine. The definition of diversity is expansive, including but not limited to race, ethnicity, sex, sexual identity, sexual orientation, gender, gender identity, gender orientation, religion, spirituality, veteran status, disability, political opinion, thought, socioeconomic status, first generation college, primary language, nationality/citizenship, and country of origin.

The first goal of the DSAP is to enhance the overall climate to reflect, promote and welcome diversity. We have already created a speakers series, student affinity groups, and one diversity assessment needs survey. This is how we can build additional resources and improve the climate of the medical school. The second goal is to enhance the curriculum and associated training opportunities to increase inclusiveness and decrease adverse experiences. We want to re-emphasize that we are not saying that people are not doing their jobs, but that there is a need for the process to be expanded and refined making it effective and accessible.

The third goal is to improve and expand the content and format of diversity training for faculty, staff and students, within the context of professionalism. Goal four focuses on enhancing SOM diversity and diversity-related functions through the development of adequate financial resources. This can be done by increasing scholarships for SOM medical and graduate students, creating opportunities and programs to develop a more diverse pipeline, and raising sufficient funding to create/sustain the SOM Center for Diversity and Inclusion.

Specific offices within the SOM will be partially or wholly responsible for some of these functions as well as some at the CWRU university level. It is up to the offices whether they choose to reject, accept, or modify any of these recommendations.

The quality of mental wellness support for all students that we want and need is not available at this time. Graduate education students now have available office hours with a counselor to supplement what the university offers. We are very concerned about this issue and really want to stay on top of it. We understand that as many as 30% of our medical students have active mental health issues. They feel assistance is not available when they need it. Models at other medical schools show that they have hired full time people to assist, greatly increasing mental health resources with students.

Milestones are used to indicate the immediate goals, and what needs to be achieved most urgently. That is the responsibility of the offices identified as having responsibility for these particular domains. They can choose whether to accept the recommendation, reject it, modify it, or prioritize it. The task of the office is to prioritize by what can be done more quickly, most efficiently, cost the least resources, or addresses the greatest demand. This is a living piece. These are recommendations that are made today based on data that we have gathered. The larger dynamic is going to change over the next five years requiring the recommendations to be constantly evaluated. We are gratified for the last DSAP that met almost all of the goals.

The comment was made that the definition of diversity in the DSAP was incredibly all encompassing and across the board. Dr. Loue explained that each school is held accountable to be sure that they are meeting their diversity goals and, in some cases, the diversity definition is not measurable. What we put in our definition is what we can count in the end or we will not get accredited. This is not the definition we use for LCME purposes. This definition is for a larger goal.

An amicus curiae brief and attendant appendices was submitted to Faculty Council by the leadership of Curricular Affairs in response to the DSAP. It was not sent to everyone. The concern was that the DSAP was arrived at from a committee of almost 50 people which did not include Curricular Affairs representation and therefore their perspective or data was not included. The Curricular Affairs leadership felt that before Faculty Council votes or endorses the DSAP, they should be heard.

It was stated that while students from the class of 2022 had concerns about the Diversity and Inclusion issues in the curriculum, they did not feel comfortable bringing these issues forward to Curricular Affairs and felt “unsafe” in discussing these issues. Curricular Affairs explained that students have ample opportunity to provide anonymous feedback and they would welcome an explanation as to why they feel “unsafe”.

It was also felt that the concerns regarding the enhancement of the curriculum and training opportunities to increase inclusiveness and decrease adverse experiences were not discussed with Curricular Affairs prior to the recommendations being made to change or remove parts of the curriculum. The established process for making curricular changes to the university program includes central collation of student feedback

These IQ cases are the same ones used in Tuesday seminars. The poverty simulation is a nationally recognized model for teaching about living in poverty and the efforts/challenges involved in increasing financial and life stability. Some of the changes instituted were because students were feeling “othered.” If they felt triggered or emotionally unsafe, they did not have to participate. Simulation is not a game. More time periods were also allowed at the end of the simulation for debriefing and to provide a supportive environment for difficult emotions.

In an effort to bring a face to the crisis of poverty, students shared their stories of living in poverty and the inherent efforts and challenges. Feedback has been overwhelmingly positive. It has additionally changed the format of PA and nursing students, making faculty available to

provide additional support. Curricular Affairs has been and remains very interested in diversity, inclusion and equity. They actively seek student feedback and are constantly seeking to improve the curriculum. Dr. Anastasia Rowland-Seymour read a prepared statement to Faculty Council.

Sana Loue responded to some of the issues that were raised by Curricular Affairs. She noted that there are block leaders on the DSAP committee (e.g. Joseph Williams) and these issues were not raised by any of them. It is entirely up to the department if they wish to reject these recommendations and not utilize the data. These are the data that stand. They are garnered through a valid project used for other strategic action plan processes. No one from Curriculum Affairs specifically volunteered to participate on this committee. CCLCM approached Sana Loue directly. The opportunity was open to anyone. They waited several months before convening the larger committee.

When asked to elaborate on the data that seemed to be largely driven by anecdotal reports, Dr. Loue explained that the data came from a 2017 needs assessment survey distributed to over 5,000 people with a 17% response rate comprised of over 700 people (faculty, staff and students) that spoke to experiences on the medical school campus not including the campuses of the clinical affiliates. With the prior DSAP, recommendations were provided to us through external consultants for LCME purposes. As to what are other medical schools doing -- we did get feedback from constituent groups.

It was suggested that there should be qualitative data to supplement the quantitative data.

Poverty simulation in the most current version of the DSAP does not recommend elimination but recommends revision or replacement with another activity designed to fulfill those goals, not challenging to fill those goals, but revision of how to do that.

When asked for a definition of othering the following was given. If someone approaches who is identified as not being from the same ethnic or racial group and then that is interacted upon based upon the stereotype of that ethnic or racial group, that is othering. For example, Asian faculty feel that the interaction that they are having with others is based on a stereotype of being passive and not vocal. This was what first and second year medical students communicated to Dr. Loue following the poverty simulation exercise. Facilitators were either not aware of this or did not know how to respond to it.

We are approaching the DSAP as a forum to disseminate if additional recommendations are to be incorporated. However, the recommendation to remove entire segments is not possible.

The question was asked if Faculty Council is supposed to endorse the Diversity Strategic Action Plan, and if so, what impact does that have given these are just recommendations that can be accepted or rejected by specific departments. Dr. Loue explained that she is not asking for an endorsement. What would be important, and up to Faculty Council, would be to state that Faculty Council recognizes minimally the vision that was established by the DSAP Committee and approves of movement for furthering diversity in the SOM. It is important for LCME to have that kind of resolution from Faculty Council. Specific recommendations have to go back to those specific units and then they determine how or if to utilize them. Simulation is a very well

accepted respected instructional method. People do feel uncomfortable when they are forced to be in a space outside of their comfort zone. It requires further consideration. Every comment students make about simulation is considered.

What these data suggest is the need for a deeper dive. The vast majority of students who are concerned about it are minority students. When talking about poverty simulation and helping people to understand, people are not finding it helpful in this particular subgroup.

A request was made that the previously submitted Amicus Curiae brief and appendices be included as part of the meeting minutes.

Dr. Loue explained that when the Diversity Strategic Action Plan is finalized on December 31, the DSAP Committee will be disbanded; it is not a continuing committee. The committee fulfilled its charge when it developed the DSAP.

Dr. Clark stated that both the current draft of the DSAP and the Amicus Curiae brief and appendices would be uploaded to BOX so that Faculty Council has a chance to reference it. All feedback should be directed to Dr. Loue for consideration.

It was suggested that Faculty Council should have a once-a-year report on diversity issues. There is now a committee of Faculty Council that focuses on women and minority affairs. That committee, and the Vice Dean for Faculty Development and Diversity, should be able to get together and prepare a report if that is desired. It was then reported that the charge of the newly formed committee on women and minority faculty states they are required to submit an annual report to Faculty Council. The first meeting of this committee is scheduled for this week. The timing of that report, and how the data will be gathered, will be discussed in that committee. It is mandated in its charge to present the diversity data to Faculty Council in its report.

The women and minority faculty committee is a committee of the faculty of the whole, not of Faculty Council. As such, it will report to Faculty Council, usually at the end of the year.

Presentation and Request for Approval of Changes to the Faculty Activity Summary Form (FASF) (Cliff Harding)

Dr. Harding is proposing that the Faculty Activity Summary Form 2019 undergo a revision to improve document organization, clarity and reduce redundancy. Faculty Council must approve any changes to the FASF form at this meeting in order to implement these revisions to the 2019 cycle.

Dr. Harding explained that these are relatively minor changes to the FASF mostly in order to improve clarity; several new areas have been added. A more substantial revision of the FASF will take more time and can be set as a goal for next year. We are trying to do something now, a smaller incremental step, which will make things better in the coming years.

When Dr. Harding gave this presentation to the Faculty Council Steering Committee, they provided input and suggested some changes. Input was also received from the Council of Basic Science Chairs and through the clinical chairs group at UH.

Part I – The title has been changed to Teaching and Mentoring. B -- combines teaching, advising and mentoring activities to reduce redundancy and asks for list of trainees. C -- separates out mentoring of faculty and staff from teaching, advising and mentoring of trainees. Part II – C & D -- The Faculty Council Steering Committee suggested, for promotion purposes, that scholarship should be organized based on dissemination of scholarship (international, national, regional, local) in order to assist faculty in organizing activities and recognizes the importance of collaboration (whether international or otherwise).

Part V – Service – was moved in location to follow the research section. Service is changed. Previously it asked for service to the university and hospital and then later in a separate section on clinical activity, which is redundant. This breaks out the service to the university, affiliate, and other service provided to outside entities. The hours of clinical service are unnecessary for this document. There has been a slight reordering in goals, objective and assessment.

Part VIII – Mentoring Committee has been created as a new section and was previously listed in the Part I Teaching section. The sentence “Note that all faculty are expected to have a mentoring committee.” was added to clarify this requirement to all faculty. Under Division Chief Comments it was noted that the supervisors who would review faculty before the Department Chair should be identified. For basic science departments in the SOM, the Dean is committed to having department chairs get faculty mentoring. The problem has been in getting the faculty to fill out the form, even when they have a faculty mentoring committee. If they do not have a faculty mentoring committee, the chair needs to know.

The chair can be part of the faculty member’s mentoring committee, but cannot be the entire thing. There should be mentors outside of the institutions; everyone is working on something. This then ties into the goals for the next year and the next five years. A conversation with the chair could indicate who needs to be on the mentoring committee.

A motion was made and seconded to approve the revised FASF changes as proposed. There being no further discussion, a vote was taken. 27 were in favor, 5 were opposed, 0 abstained. The motion passes.

There being no further agenda items to be addressed, the meeting was adjourned at 5:29PM.

Respectfully submitted,

Joyce Helton

Meeting of the School of Medicine Faculty Council

December 16, 2019
BRB 105 4:00 p.m.

Gary Clark, MD, (MetroHealth), Chair

Jennifer McBride, PhD, (CCLCM), Chair-Elect

Sudha Chakrapani, PhD, (Physiology and Biophysics), Past-Chair

Nicole Deming, JD, MA, Assistant Dean For Faculty Affairs and Human Resources
Secretary of Faculty of Medicine



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Chair Announcements

- Welcome
- Robert's Rules of Order
- Bylaws Amendment – Open – Please vote before January 7, 2020!
- Faculty Council November meeting canceled
- Submitting topics for future agendas
- Town hall Committee on Budget, Finance and Compensation Update – January Faculty Council meeting
- Look for email soliciting nominations for Ah hoc Committee on Faculty Awards
- Happy Holidays!



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Steering Committee Activities Report

Meeting Date: December 2, 2019

Members: Gary Clark, Sudha Chakrapani, Jennifer McBride, Monica Gerrek, Robert Bonomo, Allyson Kozak, Maureen McEnery, Jo Ann Wise

- Approval of Minutes
- Equity Review for CAPT recommendations
- Advice to Dean Davis regarding Chair Appointments
- Proposed FASF Revisions
- Diversity Strategic Action Plan
- Location of meetings for Faculty Council (New Business or submitted proposal to Steering Committee)
- Code of Conduct bring forward for discussion in January



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

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4:10-4:12PM	Approval of Faculty Council Meeting Minutes from the September 23, 2019 Meeting	Gary Clark
4:12- 4:15PM	Faculty Council Steering Committee Activities Report	Jennifer McBride
4:15-4:30PM	Bylaws Amendment, Addition of VA Representatives	Robert Bonomo & Darin Croft
4:30-4:55PM	NEC Report	David Buchner
4:55-5:10PM	CAPT Report	Dana Crawford
5:10-5:15PM	Election of Faculty Council Representatives on NEC	
5:15PM	Faculty Senate Executive Committee Report	Ahmad Khalil
	New Business	
	Adjourn	

Members Present

Corinne Bazella
Robert Bonomo
Matthias Buck
Cathleen Carlin
Sudha Chakrapani
Jae-Sung Cho
Gary Clark
Brian D'Anza
Piet de Boer
Philipp Dines
Todd Emch
Judith French
Thomas Gerken

Monica Gerrek
Anna Maria Hibbs
Beata Jasztrzebska
David Katz
Allyson Kozak
Laura Kreiner
Vinod Labhasetwar
Suet Kam Lam
Jennifer McBride
Maureen McEnery
Vincent Monnier
Vicki Noble
George Ochenjele

Nimitt Patel
Satya Sahoo
Ashleigh Schaffer
Hemalatha Senthilkumar
Daniel Sweeney
Patricia Taylor
Krystal Tomei
Carlos Trombetta
Allison Vidimos
Susan Wang
Jo Ann Wise
Jamie Wood

Members Absent

Tracey Bonfield	Robert Hughes	Clifford Packer
Shu Chen	Ankur Kalra	Anand Ramamurthi
Travis Cleland	Ahmad Khalil	Ben Roitberg
Pamela Davis	Varun Kshetry	Barbara Snyder
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Alex Huang	Charles Malemud	Satish Viswanath
Hannah Hill	Anna Miller	Nicole Ward
Darrell Hulisz	Ameya Nayate	Richard Zigmond

Others Present

Alicia Aguilar	Darin Croft	Gilles Pinault
Jesse Jean-Claude	Nicole Deming	Usha Stiefel
Dana Crawford	Joyce Helton	

Welcome and Chair Announcements

Gary Clark, Chair of Faculty Council, convened the meeting at 4:00PM. He reminded the council that for purposes of decorum and orderly discussion Faculty Council follows Robert's Rules of Order for a call out of issues that need to be resolved by parliamentary rule. A supplemental solicitation for standing committee members has gone out. A slate of those people, who have come forward, will go out tomorrow. The voting will be open for two weeks to fill these committee vacancies and then will close.

The proposed bylaws amendments, which were approved by Faculty Council through last spring, will be sent to SOM faculty for a vote and then forwarded to Faculty Senate. The annual reports from the NEC and the CAPT (held over from last June when we ran out of time) will be presented today. The report from the Committee on Biomedical Research is scheduled for the December Faculty Council meeting.

Steering Committee Activities

The minutes from the October 7 Faculty Council Steering Committee meeting were reviewed and approved. The committee reviewed several emeritus appointments and made their recommendations to the Dean. The committee reviewed the SOM CAPT recommendations for equity (these included faculty packets for promotion to associate professor and professor and the award of tenure). The Faculty Council recommendation from last spring to increase VA representation was discussed. Modifications to the Faculty Activity Summary Form were reviewed. It was decided to hold these recommendations for further clarification and determine what other amendments might be made to the form before bringing it forward.

Approval of Faculty Council Meeting Minutes from the September 23, 2019 Meeting

When the council was polled for edits or corrections to the minutes, it was noted that Thomas Gherkin attended the September 23 meeting, but was listed as absent in the minutes. The minutes will be corrected to reflect his attendance.

Several edits were suggested: Line 12 on page 4, should read “met with the Provost and the various deans”, and Line 35 on page 4, the webpage address should be corrected to “hec@case.edu”.

A motion was made and seconded to approve the minutes of last month’s meeting as amended. There being no further discussion, a vote was taken. 31 were in favor, 0 were opposed, and 1 abstained. The motion passes.

Bylaws Amendment, Addition of VA Representatives (Robert Bonomo, Darin Croft)

Last spring significant debate was held over several meetings regarding the increase of VA representation on Faculty Council. Currently, there is one institutional representative that represents faculty at the VA. A motion was put forward to propose modifications to the bylaws adding six additional representatives to Faculty Council from the VA.

Dr. Bonomo started his presentation with a photo of the VA noting that they have come a long way since their early time. The VA is a vibrant and integrated facility in the community, proud of where they practice and the contributions they make to the university.

On April 15, Faculty Council approved to increase the VA’s representation on Faculty Council by adding six representatives to represent the SOM faculty primarily based at the VA. They are part of the academic community, and as an entity would like to be represented and share in the progress that this body is making. The Bylaws Committee presented its recommendations to the Steering Committee on October 7, and today it is being presented to Faculty Council for a vote.

The VA will group its faculty by services: Medicine, Primary Care (to include COPS), Surgery/Anesthesia, Research, Neuropsychiatry (Neurology, Psychiatry, Psychology), and Diagnostic Services (Pathology and Laboratory Medicine, Radiology). The VA will elect one person to represent each of the six service areas.

Darin Croft, Chair of the Bylaws Committee, noted that this is a significant change and elaborated further on what recommendations were made by the Bylaws Committee. On the Dean’s advice, Dr. Clark, Chair of Faculty Council, reached out to University Hospital’s clinical chairs (Mitchell Machtay and Robert Salata), soliciting their specific opinions or points of statement concerning this proposal. Dr. Clark had not received their input.

For the benefit of the new representatives to Faculty Council, Dr. Croft explained that the Bylaws Committee is a standing committee of the Faculty of Medicine, consisting of six elected members and one ex officio member. He explained how the bylaws can be amended and the processes that we follow.

The original proposal, 3.2 Membership of the Faculty Council, was amended with the addition “and six representatives from the Louis Stokes Cleveland VA Medical Center”. These representatives “, including VA representatives,” was added. The rationale was “to provide representation for VA on Faculty Council” (additional justification included in original proposal attached).

To 3.2a Voting Members, the Bylaws Committee recommended with a vote of 4-1, to add, “In the absence of departments, full-time faculty members based at the Louis Stokes Cleveland VA Medical Center shall democratically elect six representatives as voting members of Faculty

Council.” It was noted that it might cause confusion to refer to VAMC representatives as department representatives, as they are not, strictly speaking, departmental representatives. A comment was made that the six “service areas” are not currently defined as organizational units and the number is arbitrary. Since there are 14 services at VAMC, six representatives could actually be too few. If instead they created academic departments, it would remove the subjectivity, should, down the road, six prove to be too few and eight are warranted. Another member commented that for the number of faculty at the VA, six representatives would be an overreach and perhaps two would be more appropriate. The argument was also made that creating VAMC representatives provides an additional avenue of Faculty Council service not available to full time faculty at other affiliates.

A motion was made and seconded to adopt the bylaws with the changes as proposed by the Bylaws Committee. Originally, Faculty Council voted on this concept in the spring. It was then forwarded to the Bylaws Committee for appropriate wording to allow the concept to go forward. That is the motion on the floor today and it is now open for discussion.

The VA is asking for six additional members to be part of this body right now. The six representatives would be in addition to the current institutional representative. The VA does not have departments. Instead, all faculty appointments and promotions are routed through the academic departments at UH. The issue being discussed today is not the creation of departments at the VA. While VA-based faculty are technically eligible to be department representatives, historically this has never happened. The comment was made that there is a group of faculty based at the VA that do not have representation. It was noted that from the standpoint of the bylaws, there is nothing right now that links representation to the number of faculty members that is represented.

Last year we voted on the preliminary version of this proposal, which already included the number six and already had a discussion on the rationale behind that proposal. The parliamentarian confirms that the number of (six) representatives has already been voted upon and approved. By going through this process and placing it on the agenda for this meeting, it provides the faculty representatives with time to reach out to their departments. The motion that stands already includes the number of representatives. If people feel that the number is not appropriate, then it is their option to oppose the amendment. Conversely, it is also an option to vote to amend the bylaws and therefore amend the amendment.

A guest from the VA explained that as a point of clarification regarding full time VA faculty members and UH, the VA faculty members use the UH hospital as a vehicle to obtain the faculty appointment. They have no other relationship with UH. Most of the faculty at the VA do not have a clinical appointment at UH. The VA supports a lot of the teaching and shares in the research mission. It was noted that the VA cannot submit academic appointment materials directly and must go through UH for processing/

hey want to be at the table and able to voice their opinions. It was noted that since the concept of VA representation has already been voted upon, the issue now is how to increase representation.

A motion was made to change the text to “full time faculty members based at the VA Cleveland Medical Center, which does not have departments, shall democratically elect six...”. It was noted that while this accommodates the present it would not accommodate the future according to the bylaws. This motion was not seconded.

1
2 A motion was then made and seconded to approve the following text: “In the absence of
3 academic departments at the Louis Stokes Cleveland VA Medical Center, full-time faculty
4 members based there shall democratically select six representatives as voting members of
5 Faculty Council”. Approval was given from the originator and the seconder. There being no
6 further discussion, a vote was taken. Do you approve the revised language to the motion? 24
7 were in favor, 7 were opposed, and 4 abstained. The motion passes.
8

9 The question was posed that if Faculty Council adopts this could other affiliate institutions or
10 groups use this as a precedent and make similar requests. Dr. Croft stated that this point was
11 discussed at the Bylaws Committee meeting and they felt that they didn’t know of any such
12 situations, and that this was a one-off. The language makes it unique to the VA. There are only
13 four affiliate hospitals. If changes are required in the future, this could be revisited at that time.
14

15 The question was posed as to why can’t the VA (the people who work at the VA, teach, do
16 research, and contribute to the academic mission) get to decide how the six representatives for
17 the VA are chosen? Why should this be decided upon by people who do not work at the VA. We
18 are simply asking to be an engaged body. It was noted that the bylaws do specify how Faculty
19 Council representatives are chosen.
20

21 A proposal for an amendment to the motion has been made. It was suggested to list the six
22 services represented into the motion. The motion was seconded and opened to the floor for
23 further discussion. There being no further discussion, a vote was taken to approve the motion as
24 amended to include services. 19 were in favor, 14 were opposed, and 4 abstained. The motion
25 passes.
26

27 This motion has now been amended twice. The Chair asked if there was any further discussion
28 on the twice-amended motion. There being no further discussion, a motion was made and
29 seconded to approve the amended motion to add VA members to Faculty Council. A vote was
30 taken. 26 were in favor, 8 were opposed, and 1 abstained. The motion passes.
31

32 As a point of order going forward, this will next go to the full faculty for a vote. It is feasible to
33 include it in the vote coming up in two weeks, which will include the bylaws amendments voted
34 upon last spring.
35

36 **NEC Report**

37 David Buchanan had to leave the meeting; the report is deferred.
38

39 **CAPT Report (Dana Crawford)**

40 Dana Crawford co-chaired the CAPT SOM with Neal Peachey last year. It was a very busy year
41 for the committee as they reviewed 120 applications for promotion and/or tenure. The approval
42 rate was at 93%, similar to the last four years. There did not appear to have any outliers.
43

44 No folders have been flagged by the Steering Committee to date. The Steering Committee felt
45 that the report was appropriate. The review of the standards of promotion occurs every five
46 years, and have not been done within that timetable. When asked if the standards will be
47 reviewed soon, it was noted that in the past it has actually been the Dean who has formed a
48 committee to review standards for appointment and promotions with the results presented to
49 Faculty Council. Based on those recommendations, changes are made to the bylaws. Nothing

has been amended since 2006, and there is no current committee reviewing the standards. The past academic year, compared with the last four years seems to be within a range. When asked whether data was available for gender and underrepresented minorities, it was noted that while there is data for gender, data for underrepresented minorities is not collected for CAPT purposes. The current CAPT committee can take that up on the 2019-2020 CAPT calendar.

A motion was made and seconded to accept the CAPT report. There being no further discussion, a vote was taken. 28 were in favor, 0 opposed, and 2 abstained. The motion passes.

Election of Faculty Council Representatives on NEC

Currently, there are openings for three Faculty Council representatives on the NEC with their terms running concurrently with their Faculty Council representation. There are two basic science and one clinical opening on the NEC. Two individuals have agreed to stand for election, Anand Ramamurthi and Jo Ann Wise. .

A motion was made and seconded to determine if the Faculty Council is in favor of electing Dr. Wise and Dr. Ramamurthi as the two Faculty Council representatives who will serve on the NEC. There being no further discussion, a vote was taken. 29 were in favor, 0 were opposed, and 1 abstained. The motion passes.

There is still one opening for a clinical Faculty Council representative to serve on the NEC and there is a candidate who may be willing to serve. To that end, this discussion will be postponed until the next Faculty Council meeting.

Faculty Senate Executive Committee Report

The standing agenda report from the SOM Faculty Senate will be postponed until November; Dr. Ahmad Khalil is not available to present today.

New Business

When Dr. Clark was asked if there had been any further discussion as to whether it was appropriate to move the Faculty Council and Faculty Council Steering Committee meetings to the new HEC campus, he noted that the rationale for moving these meetings was, in part, to increase participation, awareness and involvement with the HEC campus. If the bylaws amendments are approved by the faculty and Faculty Senate, we would then have the capacity of having remote voting, which might prove to be a better venue for remote participation. Not all faculty have moved to the HEC; a number of faculty remain on main campus. Part of the issue was that, in a sense, this is a feeling out year. There have been a lot of bumps or hiccups on the road with regard to IT. Perhaps it would be better to give it a go through during the first academic year and then consider the possibility to move it the next academic year. There is nothing active on the table right now.

While it was suggested that many of the clinical faculty travelling to this meeting might be more central here in the BRB, there are many who would prefer the HEC for these meetings. It was suggested that holding the Faculty Council meetings at the HEC showed a commitment to the new direction, while others felt that the location was not necessarily critical to showing support for the HEC. Parking in the JJ garage was found to be challenging for Dr. Clark and others as well coming from off campus.

1 Members were encouraged to attend the state of the school address schedule for November 1.
2 The Dean's search committee has narrowed the group of finalists to five candidates for
3 consideration by President Snyder. While it was asked if further details could be provided, no
4 more information is available at this time. It is President Snyder's prerogative whether or not
5 further information is shared.

6
7 A motion was made and seconded to adjourn the Faculty Council meeting early. There being no
8 further discussion, a vote was taken. All were in favor, no one opposed, and no one abstained.
9 The motion passes.

10
11 The meeting was adjourned at 5:12PM

12
13 Respectfully submitted,

14
15 Joyce Helton

The background features abstract, overlapping green geometric shapes. On the left, a solid green trapezoid points towards the center. On the right, a complex arrangement of various shades of green (from light lime to dark forest green) forms a large, angular shape that also points towards the center. A thin, light gray line extends from the bottom right towards the center, passing behind the green shapes.

Diversity Strategic Action Plan 2.0

A strategic action plan is . . .

- ▶ A *process* that produces
- ▶ A set of *recommendations*
- ▶ To provide *guidance*, and serve as a roadmap
- ▶ With identified *broad, long-term aims*
- ▶ And *specific*, quantifiable, realistic *targets*
- ▶ That identify the *steps to be taken and by whom*



A strategic action plan . . .

- ▶ *Provides additional data* to various units as they seek to develop and improve current operations and resources
- ▶ Requires *ongoing, continuous evaluation*
 - ▶ To ensure that the goals identified are consistent with the organizational vision, mission, and objectives
 - ▶ To accept, reject, modify, and/or prioritize the recommended goals
 - ▶ To allocate resources to accomplish the prioritized goals
- ▶ *Does not supersede* any established procedures for approval and implementation of an identified goal

Process

- ▶ January 2019: Call for volunteers
- ▶ March 1, 2019: First meeting of full committee
- ▶ July, 2019: Second meeting of full committee
- ▶ July 2019: First draft of DSAP 2.0 disseminated to all committee members
- ▶ October 4, 2019: First revised draft of DSAP 2.0 disseminated to all committee members
- ▶ October 2019: Endorsement (not approval) of revised draft by Faculty Council Steering Committee
- ▶ October 2019: Endorsement (not approval) of revised draft by dean's leadership committee
- ▶ October 8, 2019: Third meeting of full committee
- ▶ October 22, 2019: Second revised draft of DSAP 2.0 disseminated to all committee members
- ▶ October 25, 2019: Second revised draft of DSAP 2.0 and listing of Town Hall dates disseminated to all committee members
- ▶ October 25, 2019: Second revised draft of DSAP 2.0 and listing of Town Hall dates distributed to all SOM faculty, staff, medical school students, graduate students, and PA students
- ▶ November, December 2019: 4 Town Hall meetings, meeting with SAC, individual meetings
- ▶ December 2019: distribution of third revised draft to all SOM faculty, staff, medical school students, graduate students, and PA students
- ▶ December 16, 2019: Faculty Council meeting
- ▶ Effective date: January 1, 2020-December 31, 2024

Foundation

- ▶ Builds on process and accomplishments from original DSAP (2015-19)
- ▶ Considers process utilized for SOM strategic plan
- ▶ Considers data drawn from
 - ▶ University climate survey
 - ▶ SOM diversity needs assessment survey 2017
 - ▶ Feedback from constituent groups during process
 - ▶ Feedback from external consultant on diversity in preparation for LCME report and site visit
 - ▶ Feedback from town hall meetings
 - ▶ Feedback from individuals not participating on committee

Committee membership

- ▶ Approximately 50 volunteers
- ▶ Students: medical school (years 1 & 2), PA program, MA/MS/MPH, PhD
- ▶ Faculty: Clinical and basic science; SOM, UH, MHMC, CCF, VA
- ▶ Staff: all levels



The work

- ▶ Review of what has and has not been accomplished under original DSAP
- ▶ Discussion of strengths, weaknesses
- ▶ Breakout into subcommittees
 - ▶ Development: faculty, staff, PA students, medical school students
 - ▶ Diversity training: faculty, staff, medical school students
 - ▶ Education/curriculum: faculty, medical school students, PA students
 - ▶ Faculty recruitment and retention: faculty, staff, medical school students, graduate students
 - ▶ Overall climate: faculty, staff, PA students, graduate students
 - ▶ Student recruitment: faculty, staff, medical school students, PA students

Charge

- ▶ To committee as a whole
 - ▶ Consider current strengths and weaknesses
 - ▶ Develop vision
 - ▶ Develop overarching goals
 - ▶ Review, refine, integrate, work of subcommittees, feedback from constituent groups
- ▶ To subcommittees
 - ▶ Develop strategies, expected outcome
 - ▶ Identify interim steps necessary to achieve desired outcome
 - ▶ Identify metrics/targets to assess success or accomplishment of outcome
 - ▶ Identify party(ies) responsible for effectuating outcome
 - ▶ Consult with constituent groups for feedback, ideas

DSAP 2.0

Vision

- ▶ To increase knowledge, understanding, presence, and celebration of diversity at all levels of the School of Medicine



Diversity is defined as . . .

- ▶ including, but not limited to,
 - ▶ race,
 - ▶ ethnicity,
 - ▶ sex,
 - ▶ sexual identity,
 - ▶ sexual orientation,
 - ▶ gender,
 - ▶ gender identity,
 - ▶ gender orientation,
 - ▶ religion,
 - ▶ spirituality
 - ▶ veteran status,
 - ▶ disability,
 - ▶ political opinion,
 - ▶ thought,
 - ▶ socioeconomic status,
 - ▶ first generation college,
 - ▶ primary language,
 - ▶ nationality/citizenship, and
 - ▶ country of origin.



DSAP 2.0

Goal 1

- ▶ To enhance the overall climate to reflect, promote, and welcome diversity
 - ▶ Develop multiple speaker series with diversity focus
 - ▶ Support student affinity groups
 - ▶ Biannual diversity needs assessment survey
 - ▶ Increase diversity-related events at SOM
 - ▶ *Conduct a systematic evaluation of policies/procedures to identify unintentional bias*
 - ▶ Improve faculty, staff, student awareness re: reporting requirements
 - ▶ Produce annual diversity report
 - ▶ Increase faculty and staff diversity
 - ▶ Maintain and expand pipeline programs

DSAP 2.0

Goal 2

- ▶ Enhance the curriculum and associated training opportunities to increase inclusiveness and decrease adverse experiences
 - ▶ Revise medical school curriculum to be more representative, less othering
 - ▶ Improve IQ facilitator training
 - ▶ Improve oversight of medical school training sites
 - ▶ Encourage clinical affiliates to sponsor student networking events
 - ▶ Integrate diversity-related issues into graduate programs
 - ▶ Develop formal mentor-mentee match program for URM, *first generation college, and low SES* students and *postdocs*
 - ▶ Restructure diversity-related SOM offices
 - ▶ Continue to provide established programs
 - ▶ *Provide mental health resources/supports for SOM professional/graduate students*

DSAP 2.0

Goal 3

- ▶ Improve and expand content and format of diversity training for faculty, staff, and students in context of professionalism
 - ▶ Foster diversity of thought
 - ▶ Create longitudinal core curriculum
 - ▶ Develop trained, SOM-based core facilitator group to lead diversity sessions
 - ▶ Create, disseminate, and utilize mechanisms to foster narrative and discussion
 - ▶ Integrate faculty participation in leading diversity training into salary, promotion, tenure metrics
 - ▶ Train faculty and staff to better manage conflict situations



DSAP 2.0

Goal 4

- ▶ Enhance SOM diversity and diversity-related functions through the development of adequate financial resources
 - ▶ Increase scholarships for SOM medical and graduate students
 - ▶ Create opportunities and programs to develop more diverse pipeline
 - ▶ Raise sufficient funding to create/sustain SOM Center for Diversity and Inclusion

DSAP 2.0

Responsible offices

- ▶ Medical school
 - ▶ Office of the Dean
 - ▶ Office for Faculty Development and Diversity
 - ▶ Office for Faculty Affairs and Human Resources
 - ▶ Office of Graduate Education
 - ▶ Office of Diversity Initiatives & Community Engagement
 - ▶ Admissions
 - ▶ Medical education
 - ▶ Society deans
 - ▶ Development office
 - ▶ Department chairs
 - ▶ Student affinity groups
- ▶ CWRU
 - ▶ Office for Inclusion, Diversity, and Equal Opportunity
 - ▶ Title IX functions
 - ▶ Office of General Legal Counsel





Below are suggested modification to the Faculty Activity Summary Form (FASF) presented for the Faculty Council's approval at its December meeting. This proposal for revisions to improve the FASF for 2019 must be approved at the December meeting to be implemented this year. These changes are meant to be in initial incremental step to provide simple improvements that improve document organization, improve clarity and reduce redundancy. A more substantial revision of the FASF can be a goal for next year, but that is beyond the scope that can be accomplished for implementation for the 2019 FASF. This proposal has been organized by Cliff Harding with input from a broad set of individuals, including but not limited to the Council of Basic Science Chairs and the Steering Committee of Faculty Council (the proposal has already been modified with input from those groups).

Faculty Activity Summary Form 2019

FACULTY NAME

Email:

Tenure Status:

Department:

Location:

Rank/Status:

Part I. Teaching and Mentoring Activities, January 1, 2019- December 31, 2019

- A. Courses: List course numbers, titles, approximate number of students, nature of students (undergraduate, graduate, medical, local physicians, etc.) number of contact hours and lecture topics.
- B. Students, Research and Clinical Trainees: (TRAINEES ONLY, do NOT list research staff such as research assistants or research associates. Do include undergraduate students, graduate students, medical students, postdoctoral fellows, residents, clinical fellows, etc.). List trainees and indicate your role (primary research mentor, research co-mentor, clinical mentor, committee member, advisor, etc.) and the training period for each.
- C. Faculty and staff mentoring: List the names of any faculty or staff you have mentored during the year. Describe the mentoring services you provided.

Commented [A1]: Rationale: Section Heading Title should include both teaching and mentoring per input from Faculty Council Steering Committee

Commented [A2]: Combines teaching, advising and mentoring activities to reduce redundancy and asks for list of trainees.

Commented [A3]: Separates out mentoring of Faculty and Staff from teaching, advising and mentoring of trainees.

Part II. Scholarly Activities January 1, 2019- December 31, 2019

- A. List the peer-reviewed papers published between January 1, 2019 and December 31, 2019. Include manuscripts in press that will be published during 2020.
- B. List reviews and chapters published between January 1, 2019 and December 31, 2019. Include manuscripts in press that will be published during 2019.
- C. List invited seminars and lectures, rounds, presentations, etc. between January 1, 2019 and December 31, 2019. Indicate date, place, audience, and title within any of the applicable following categories: International, National, Regional, Local.
- D. List your currently active collaborations in the sections below. For each project, indicate your role, name(s) of collaborating faculty and the proper name of their institution(s) with city and country specified. Indicate whether publications have resulted in a prior year (yes/no, references not needed) and whether any of the publications indicated above are associated with these collaborations. Please list within the following categories: International, National, Regional, Local.

Commented [A4]: Organizes scholarship based on dissemination of scholarship and assist faculty in organizing activities for promotion purposes

Commented [A5]: Recognizes importance of collaboration and assists faculty in organizing activities for promotion purposes

Part III. Funding January 1, 2019- December 31, 2019

- A. List currently funded research, training, or clinical grants on which you are PI. Include agency, grant number, title, start and end dates, direct cost, indirect cost, and percentage effort.
- B. List currently funded research, training, or clinical grants on which you are co-investigator. Include same information as above and indicate the name of the PI.
- C. List other sources of research or salary support, if any.

D. List pending research proposals. Include the same information as above.

IV. Intellectual Property Activity

- A. Please list any invention disclosures made, patents filed or issued, and licensing agreements entered into.
- B. Please list any industry partnerships aimed at collaborative research or product development, including industrially-sponsored research agreements, grant application or activity under the SBIR or STTR programs.

Part V. Service January 1, 2019- December 31, 2019

- A. **Service for the University** (identify the activity and the amount of time required; include leadership roles):
- B. **Service for CWRU hospital affiliate**: Indicate your major areas of clinical activity and other institutional service and leadership roles.
- C. **Other service provided outside entities** (any activities not performed directly for the benefit of CWRU or its affiliated hospitals). Disclose all outside activities undertaken between 1/1/19 and 12/31/19 in any of the following sections: International, National, Regional, Local.

Part VI. Awards and Honors (Please specify)

- A. University/School of Medicine
- B. Local/State
- C. International/National

Part VII. Goals, Objectives, and Assessment

- A. **Copy/paste or retype your goals for 2019 from last year's form and comment on the extent to which you have met them.**
- B. Please describe your professional vision and trajectory for the upcoming 5-year period, 2020-2024. Your plan might include a succinct statement of overall goals, a list of intermediate objectives to be reached along the way, suggestions of additional educational or training experiences to assist you, an enumeration of the products (publications, presentations, grants; courses taught, skills gained, etc.) of your work, and a timeline for achieving or completing each step along the way.
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Part VIII. Mentoring Committee

- A. **Mentoring Committee**: List the members of your mentoring committee (as appointed by, or in conjunction, with your chair). Please suggest any modifications that might improve the effectiveness of your mentoring committee or mentoring plan. **NOTE THAT ALL FACULTY ARE EXPECTED TO HAVE A MENTORING COMMITTEE.**

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Chair Comments:

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December 2, 2019

The Committee for Biomedical Research (CBR) held their first meeting of 2019 on February 13. They discussed and accepted the proposed term extensions. The list of members is as follows:

Name	Title/Role	Elected/Appointed	Original Term End	Updated Term End
Stanton Gerson	Chair of CBR and Chair of Research Portfolio	Appointed by Dean	2019	2020
Jill Barnholtz-Sloan	Vice-Chair of Research Portfolio	Elected	2019	2020
Robert F. Kirsch	Chair of Enabling Technologies	Appointed by Dean	2019	2020
Cliff Harding	Chair of Research Infrastructure	Appointed by Dean	2019	2020
Jonathan Haines	Chair of Biomedical Workforce	Appointed by Dean	2019	2020
Nicole Ward	Member	Appointed by Dean	2019	2020
Fabio Cominelli	Member	Appointed by Dean	2019	2020
Arne Rietsch	Vice-Chair of Enabling Technologies	Elected	2019	2020
Derek Taylor	Vice-Chair of Biomedical Workforce	Elected	2019	2020
Eckhard Jankowsky	Representative from SOM	Elected	2020	2021
Agata Exner	Representative from UH	Elected	2019	2020
Laura E. Nagy*	Representative from CCLCM	Elected	2020	2021
Bingcheng Wang	Representative from MHMC	Elected	2020	2021
Ronald J. Triolo	Representative from VA	Elected	2020	2021

*No longer able to keep commitment to committee and replacement is being discussed

The Committee reviewed the Faculty Council's reorganization terms and updated charter.

In order to discover what topics were of most interest to the faculty of the School of Medicine, a survey was designed and distributed. The most common responses included the following topics: aging research (wellness, disease, clinical), big data and bioinformatics (great need for advanced bioinformaticians and imaging experts), and artificial intelligence (machine based learning, integration of -omics data, controversial).

Jonathan Haines presented on the different institutes and cores that exist in regards to informatics (Cleveland Institute of Computational Biology, Computational Biology Core, Data Management Core, Translational Informatics Core) and the academic programs that are available (MS, PhD, clubs).

To further discuss AI and Big Data, the Committee invited Anant Madabhushi presented on the BME approach to training and research in regards to machine learning and AI. He discussed the work being done at the Center for Computational Imaging and Personalized Diagnostics (CCIPD) and how they work on different modalities (ex. radiomics, pathomics, digital pathology, and radiogenomics) to study different disease areas (cancers such as breast, prostate, lung, brain, colorectal, head & neck, kidney and eye disease, and cardiovascular and neurodegenerative disease). His team uses AI to extract information that is more specific unlike what comes from other machines like what is owned by Google. Madabhushi has goals for creating an AI institute in order to expand the footprint of AI in not only Cleveland, but also making Northeast Ohio an economic engine for AI. The Committee discussed ways that the School of Medicine could be

involved. Some ideas were creating didactic courses for students and increasing visibility through local organizations such as the Cleveland Foundation.

Additionally, the Core Facilities were discussed at length and the committee agreed that more investment is needed in these cores to increase the usability and applicability to the research actually occurring at the SOM. In order to learn more about the Core Facilities at the School of Medicine, the CBR invited Chris Flask to present on the current state. He presented the changes that have occurred since the implantation of iLab and how additions like the Fast Track Service Contract have allowed the Core Facilities to work with external and industry customers in a more expedient way. There is an Annual Core RFI to encourage collaborations between Cores and the SOM community.

In September, the CBR invited Alan Diehl, the new Biochemistry Chair, to the meeting in order to introduce him to the council and discuss what his plans were for the future of the department. Diehl explained that he hoped foster the development of ideas that crossed different areas of research such as metabolism, RNA regulation, and signal transduction. He hopes to recruit junior and midlevel faculty in these areas. Diehl hopes to work with the members of the CBR to create stronger interdepartmental connections.

To continue the discussion on Big Data, Jing Li was invited to speak to the Committee. As the interim chair for the Computer and Data Sciences Department, he hopes to create stronger synergistic efforts between his department and the SOM. One of the challenges they are facing as a department is increasing their faculty size. He hopes to accomplish this via joint appointments. The research topics at the forefront of his interest are data science, AI and machine learning, and cybersecurity and data privacy. The CBR was happy to show Li that the SOM is very interested in these topics as well and hope to work together in the future.

The CBR has had 1 seat change since the first meeting of 2019. Isabelle Deschenes was replace with Bingcheng Wang as the representative from MHMC. Dean Davis has extended the terms for Stanton Gerson, Cliff Harding, and Jonathan Haines until 2020.

Date: 11 October 2019

To: Faculty Senate Executive Committee

From: Faculty Senate *ad hoc* HEC Transition Committee; Mark Hans DDS MSD(chair), Andrew Reimer PhD, Allison Webel PhD, Chris Winkleman PhD, Evelyn Duffy PhD, Darin Croft PhD, Laura Voith PhD, Maureen McEnery PhD, Mendel Singer PhD, Renato Roperto DDS PhD, Theresa Jasinevicus DDS, Thomas Kelley PhD

Re: Six-Month Committee Report

We thank the Faculty Senate for the opportunity to advocate for university faculty as we transition major components of the educational mission to the Health Education Campus (HEC).

The members of this committee have been bringing action to our charge with the goal of maximizing the work experience of every faculty member at the CWRU HEC.

The **charge of** the Health Education Campus (HEC) Ad Committee of the Faculty Senate is: "To gather information from faculty, share this information with faculty and the Faculty Senate, and make recommendations on behalf of faculty". To realize this charge we have had nine (9) meetings to date: one initial organizational meeting, three (3) to discuss faculty feedback (summarized below), three (3) with other groups involved in the HEC transition (i.e. IPE committee chair, Ellen Luebbbers, Kathy Cole-Kelly, and HEC building manager- Kevin Malinowski, from CBRE) and two (2) meetings with Deans of the HEC schools at the Provost's request.

There was a concern raised at the Faculty Senate Executive Committee in April 2019 that the ad hoc committee would be duplicative with ongoing CWRU faculty committees. In the course of our work, we determined there is no overlap with our charge and the IPE committees' goals and activities after meeting with E. Luebbbers [IPE] and K. Cole Kelly [IPE transition]. The IPE committees are concerned with IPE education curriculum and faculty team building--not the communication between administration and faculty regarding the HEC transition.

As a conduit for the CWRU faculty, we have spent significant time actively soliciting feedback from the faculty on their experiences with the Health Education Campus. This started with initial feedback in response to our committee's formation announcement in May 2019, ongoing email/in-person conversations, presentations to our respective faculty meetings, and most recently with our successful "Coffee and Conversations" inaugural event held in the Samson Pavilion on 10/6/19.

Through the collaboration afforded by this committee, we gained an increased appreciation of our shared goals to maximize the potential of the HEC experience and we identified areas of concern that fit into the following themes: Campus/Building Management, Logistics, Process, and Philosophical concerns. In Table 1, below, we summarize the substantiated concerns and suggest potential solutions based on our conversations with faculty. While we have received feedback that some of these

concerns (e.g., a lack of bike racks and elevators signs) are being addressed, we hope this summary helps to contextualize the details of these shared concerns for the Faculty Senate.

We appreciate the continued opportunity to voice faculty concerns with the ongoing transition and look forward to working with CWRU leadership to improve this exciting new educational experience. The full realization of the potential of the HEC is predicated on synergy, but the *ad hoc* committee wants to underscore our belief that the way forward must honor our respective academic identities and histories. As the process of transitioning to the HEC moves along, the FS *ad hoc* committee will continue to make itself available as a sounding board and conduit for suggestions. Throughout the upcoming months the *ad hoc* committee looks forward to engaging the CWRU community (the faculty, the deans of the schools of dental medicine, medicine, and nursing, the associate provost for IPE, and the Provost) in robust and open discussion of concerns, clarification of facts, and the identification of mutually agreeable solutions.

Table 1: Summary of Faculty Concerns about the Transition to the CWRU Health Education Campus

Campus/Building Management	Logistics	Process	Philosophical
<p>Observation: Mail is inconsistent and delayed.</p> <p>Suggestion: A mail room should be created.</p>	<p>Observation: Many faculty only come to the HEC for guest lectures and the building lacks consistent labelling, signage, and wayfinding landmarks.*</p> <p>Suggestions: Include maps, greeters/welcome desk or area to help faculty locate their classroom, bathroom and elevator signs, identifying strategies across the three schools to orient and welcome all faculty.</p>	<p>Observation: Financial decisions reside within each school limiting opportunities for interprofessional and social interaction.</p> <p>Suggestions: Create an interprofessional faculty lounge at the HEC with ongoing invitations to relevant events across schools (during normal work hours).</p>	<p>Observation: The stated obligations for faculty members are teaching, research and scholarship, and service to the university (Article 1). The HEC, for the first time, establishes a physical separation of research from education that is inconsistent with national trends and the mission of the University.</p> <p>Suggestions: Immediately reaffirm the core value of scholarship across the CWRU programs. This should also be manifested in the support of early career tenure track faculty hires and consistent, high-level administrative affirmation of this value for both funded and unfunded scholarship.</p>
<p>Observation: There are no shelters for shuttle bus stops at the CWRU campus or near the shuttle stops at the HEC.</p> <p>Suggestion: Shuttle stops should be designed and erected before inclement, snowy weather commences.</p>	<p>Observation: Faculty are concerned disability access to their offices and teaching spaces in Samson Pavilion.</p> <p>Suggestions: Scooters, golf carts for door-to-door delivery, sensors on the large front doors to prevent accidental injury. Clearly communicate how to drop off equipment (loading dock) so faculty do not have to walk with their equipment into the ground floor entrances.</p>	<p>Observation: Announcements are all made digitally leaving many unaware of what is happening in the building and potentially missing opportunities for interprofessional collaboration.</p> <p>Suggestion: Create visible, centrally placed digital announcement boards in the atrium and near each elevator on floors 2 and 4.</p>	<p>Observation: Research space plans are opaque and constantly changing which further undermines the importance of scholarship at all levels, across the schools.</p> <p>Suggestion: The plan for a state of the art research building for the SODM & FPBSON need to be finalized, financed and commenced in the 2019-2020 academic year.</p>
<p>Observation: Bike parking is nonexistent.*</p> <p>Suggestion: Create covered bike parking at the dental clinic and Samson pavilion to support a culture of wellness.</p>	<p>Observation: Food options within the building are limited and expensive.</p> <p>Suggestions: Provide a larger range of options for food at the building with lower prices.</p>	<p>Observation: The HEC lacks a central reporting system for safety incidents and concerns. Of note here, many faculty have expressed concern about the low walls surrounding the atrium potentially posing a suicide risk.</p> <p>Suggestion: Create an accessible reporting system for incidents perhaps adopting Institute for Healthcare Improvement models.</p>	<p>Observation: The history, identity and significance of the CWRU schools has been compromised for “clean lines and design” which leads many faculty to question the value of the history they love and many have participated in building.</p> <p>Suggestions: Follow up on the unanimous motion from the SOM Faculty Council proposed this: central wall space should incorporate important historical milestones celebrating each school’s history and reaffirming the importance of that history in building and indeed underpinning the new world-class HEC.</p>

<p>Observation: Crosswalk time to get across Chester Ave is unrealistically short. A stop at 93rd street for Dental Clinic is needed.</p> <p>Suggestion: Immediately work with the city to lengthen the crosswalk time. Work with the parking & transportation team to create a shuttle stop near/on the same side of the Dental Clinic.</p>	<p>Observation: There have been numerous primary reports of people walking into glass doors. In addition, there are significant concerns about privacy with the all glass doors.</p> <p>Suggestion: All doors need clear marking (push/pull/slide) and transparent film to ensure privacy</p>	<p>Observation: Printing is inconsistent and confusing. One faculty member reported that they had such a terrible time printing, that they now print all class materials, including midterms, at the hospital where the individual works. This was also pervasive and is unacceptable.</p> <p>Suggestion: Faculty should be given the opportunity to mindfully print on printers in their office.</p>	<p>Observation: There is an impact on faculty morale due to a pervasive concern that the Cleveland Clinic has bought CWRU SOM, SODM, and FPBSON, in addition to owning the Samson Pavilion. Inconsistent communication has further perpetuated concerns about the continued independence of the CWRU SOM, SODM, and FPBSON from the Cleveland Clinic.</p> <p>Suggestion: This committee referred to the FS Budget committee to review and clarify the ownership of the HEC both Samson Pavilion and the Dental Clinic. This information should be clearly communicated to the campus community along with implications for continued independence of the affected CWRU schools. Additionally, all school leaders need to work hard to dispel myths and facilitate a CWRU-centric culture and their continued independence.</p>
<p>Observation: Re-formatting the rooms is hard and not conducive to dynamic classroom needs. Schools are also being charged if the format needs to be modified before or after CBRE business hours or on weekends.</p> <p>Suggestion: Someone needs to be available to re-format rooms during all classroom time and schools should not have to bear an additional cost for providing high quality education. Perhaps train several people in each school to re-format the rooms themselves to avoid these costs.</p>	<p>Observation: Individuals often walk through open cubicle spaces which disturbs those working in those spaces and may make them feel disrespected.</p> <p>Suggestion: Formalizing building-wide etiquette for addressing staff/faculty flow through open cubicle space. And/or redesign the space with fewer open cubicles.</p>		<p>Observation: While many faculty we spoke with appreciate the building aesthetics, and feel it supports enhanced pride in the students and in their own work; design should not be the primary focus of a working academic building. Function should.</p> <p>Suggestion: Design review should not trump reasonable function enhancement. If a slightly less fashionable type of glass film, bathroom sign, trash and recycling receptacles, mailbox, signage in general, etc is more affordable and allows for significantly enhanced function, it should quickly be adopted. This should be guided by the faculty, staff, and students (key stakeholders in the building's success). Additionally, the approval process for such enhancements should be sped up.</p>
<p>*These items have been acknowledged by the CWRU Director of Academic Administration who indicted to the committee that it is currently being addressed; CBRE is the commercial building management company hired by the CWRU and CCF to manage the Samson Pavilion and Dental Clinic</p>			

Appendix: 3-month report to David Miller

Summary of Activity To Date 07202019

The **purpose** of the HEC Ad Committee of the Faculty Senate is: "To gather information from faculty, share this information with faculty and the Faculty Senate, and make recommendations on behalf of faculty."

Meetings- We have had a total of six meetings. One organizational, the second to discuss faculty response to the announcement of the creation of our committee, and three with other groups involved in the HEC transition IPE committee chairs, Ellen Luebbers and Kathy Cole-Kelly, and HEC building manager- Kevin Malinowski, from CBRE.

- We determined there is no overlap with our charge and the IPE committees' goals and activities after meeting with E. Lubers [IPE] and K. Cole Kelly [IPE transition]. The IPE committees are concerned with IPE education curriculum and faculty team building--not the communication between administration and faculty regarding the HEC transition.
- We met with the Deans of the HEC schools at the Provost's request (our sixth meeting).
- Recurrent issues identified by faculty include:
 - Signage is a hot button issue with faculty who feel that the value of our academic affiliation with CWRU is being diminished.
 - Persistent confusion and concern over the ownership of the land and buildings exists.
 - A feeling of being undervalued during the transition process.
 - Although attention was paid to the "hardware" upgrades that would occur with the new buildings at the HEC, little effort was expended to insure "software" compatibility.
 - The physical separation of clinical and teaching activities from research activities.
 - Does this signal a decline in the importance of scholarship as part of the classic academic triad of research, teaching and service?
- Note: we recommend that staff also have a committee or other avenue to voice concerns, find solutions, and strategize processes of work in the HEC.

Action Items suggested by the HEC Transition Committee:

- Establish a temporary "landing area support kiosk " for faculty traveling from the CWRU campus to the HEC campus; we see this as an urgent strategy to meet the HEC goals of being both welcoming and committed to interprofessional education.
 - This is an urgent item as temporary/transient and new faculty will be arriving to this campus in the upcoming days and weeks.
- Identify strategies to welcome and orient faculty--particularly part-timers, guest lecturers, and intermittent speakers who provide essential content and value to our programs at the HEC.
 - Make this unified across schools and inclusive across categories of faculty.
- Publicize hec.case.edu (which already exists) as the main information portal for anything related to the HEC; should be used to:
 - Disseminate up-to-date information about topics noted above
 - Provide information/FAQ for faculty anticipating a visit to the HEC
 - Provide a mechanism for easy feedback about HEC issues that arise (e.g., web form that is appropriately routed for follow-up reply and response)
- Clarify the importance of scholarship as a primary faculty activity.
- Clarify the status of signage; discuss the anticipated/future changes to signage.
- Clarify the ownership of the Samson Pavilion and the Dental Clinic.

December 16, 2019

Amicus Curiae Brief
Diversity Strategic Action Plan

Dear Faculty Council:

The Diversity Strategic Action Plan (DSAP) has set forth an extensive set of goals. Several of the proposals included specific recommendations about the Medical School Curriculum, including Foundations of Medicine (FCM) Tuesday Seminars, Case Inquiry (IQ) - our small group Problem Based Learning course, and the Poverty Simulation. The DSAP was arrived at by a committee composed of almost 50 people from the SOM and across our affiliates. Unfortunately, it appears that no-one from Curricular Affairs was represented on this committee; as such we were not privy to this discussion and were not able to offer our perspectives and/or data regarding any of these recommendations. We believe that before the Faculty Council can vote on the DSAP, it would be important to have the voice of curriculum leadership and faculty heard.

We are given to understand that several students from the class of 2022 brought forth concerns about Diversity and Inclusion issues in the curriculum, and it is reported that these students did not feel comfortable bringing these issues forward to members of Curricular Affairs. Further, we are to understand that these students reported feeling “unsafe” in discussing these issues. It appears it is for this reason that the DSAP committee sought to address these curricular issues. We in Curriculum are aggrieved to hear that some students do not feel comfortable and further feel “unsafe” in providing feedback. It must be noted that students have ample opportunity to provide anonymous feedback through course evaluations and through their student government representatives. We would very much welcome the opportunity to better understand the details of these students feeling “unsafe”.

The DSAP has set forth the following goal (Goal 2):

Enhance the curriculum and associated training opportunities to increase inclusiveness and decrease adverse experiences.

The following action steps have been proposed by the DSAP:

1. Revision of IQ & FCM cases
2. Inclusion of diverse students on development of all Blocks
3. Eliminate or revise poverty simulation to reduce students’ discomfort and othering
4. Establish process for ongoing facilitator training
5. Institute requirement of diversity training for all IQ facilitators

What is surprising is that these concerns were not discussed with Curricular Affairs prior to the recommendations being made to change or remove parts of the curriculum. There is an established process for making curricular change in the University Program that includes central collation of student feedback by the Office of Assessment and Continuous Quality Improvement (CQI). This information is then shared with the Program and Block leaders. After consultation with the Office of Assessment and CQI, other Block Leaders and the Associate Dean for Curriculum, any curricular changes deemed necessary are then presented by the Block Leader to the WR2 Curriculum Committee. Once the curricular changes have been accepted by the WR2 Curriculum Committee, they are then presented to the Committee on Medical Education (CME) and subsequently voted upon. This ensures a comprehensive review of curricular programs with changes being driven by data, preventing a reactionary approach to curricular change.

The IQ cases, FCM Tuesday Seminars, and Poverty Simulation have all been subject to the same data driven evaluation and improvement process. The cohort of people involved in Curriculum are all firm believers in continuous quality improvement and use it daily in making our curricular offerings better. To this end, we have made numerous changes to the IQ cases (these can be reviewed in Appendix 1). A working group comprised of Dr. Amy Wilson-Delfosse, Dr. Colleen Croniger, Dr. Anastasia Rowland-Seymour, Joseph Williams [Director, Office of Diversity Initiatives & Community Engagement (ODICE)], as well as M2 students are adding diversity to the patient and health professionals' population in the IQ cases. To address inter-professional health education (IPE), Dr. Ellen Luebbers is working with IQ case writers to add diversity to the health professions in the IQ cases. These same IQ cases are also the cases used in FCM Tuesday Seminars; there are not stand alone FCM cases.

The Poverty Simulation <https://www.povertysimulation.net> is a nationally recognized model for teaching about living in poverty and has been used by numerous institutions (Appendix 2). We have used the same CQI model with our presentation of the Poverty Simulation. This year Block 1, Block 8, Health Systems Science, PA program, SOM Interprofessional Education and School of Nursing Master's Program curriculum leadership all collaborated to produce the Poverty Simulation. There have been quite a number of additions and adjustments over the last 3 years all grounded in the extensive feedback that we have received from each class through the yearly evaluations (these can be reviewed in Appendix 3 and 4). Some of the changes instituted this year were specifically incorporated because of the reports that some students felt "othered."

In particular, none of the students were asked to "out" themselves in their experiences of poverty, and in fact the students were explicitly told in every poverty simulation since it was introduced to the curriculum that if they felt triggered or emotionally unsafe that they did not have to participate in the Poverty Simulation. In an effort to address the concern of "othering", at several time points during the Simulation the facilitator reminded students that the Simulation was not a game. There was also more time allotted to debrief at the end of the simulation, facilitated in small groups by faculty, in an attempt to provide a supportive environment for difficult emotions, followed by large group reflections from the whole room. In an effort to bring a face to this crisis, Bridges Out of Poverty Getting Ahead graduates from one of the facilitators' clinical practice at Neighborhood Family Practice participated as facilitators and shared their stories of living in poverty and their efforts/challenges to increase their financial and life stability. Feedback from these community members living in poverty has been overwhelmingly positive and they have asked to continue participating in future exercises (Appendix 5). Additionally, we changed the format to interprofessional this year involving Physician Assistant (PA), MD and Master's Nursing (MN) students in the Simulation. Faculty from each program were also available throughout the Simulation to provide additional support. Finally, the poverty simulation was open for observation, including to faculty and staff aware of prior student concerns. The facilitator and faculty received uniformly positive feedback regarding the powerful nature of the exercise and commendation for providing an important simulation experience.

We in curriculum have been, and remain very much interested in, making the curriculum better- with respect to Diversity, Inclusion and Health Equity as well as many other issues important for training young clinicians who will care for our community and our vulnerable neighbors. We actively seek student feedback and incorporate student suggestions in a pedagogically appropriate manner. We are constantly seeking to improve the curriculum, and while we do not think that the IQ cases, nor the Poverty Simulation are perfect, we do not think it is appropriate to call for revision and/or elimination of parts of the curriculum without activation of the approved process for curricular change.

Sincerely,

Anastasia Rowland-Seymour, MD – Block 8 Leader

Associate Professor of Medicine, Center for Medical Education

Director of Block 8, Foundations of Clinical Medicine, SOM WR2 Curriculum, Foundations of Medicine and Health

Director, Preventive Medicine and Community Health Engagement, Physician Assistant Program

AMA Health Systems Science Scholar

Mimi Singh, MD, MS, FACP- Systems and Scholarship Leader

Professor of Medicine

Jerome Kowal, MD Designated Professor in Geriatric Health Education

Assistant Dean, Health Systems Science, Case Western Reserve University

Associate Director, VA Quality Scholars- Cleveland

Heidi Gullet, MD, MPH- Block 1 Leader Emeritus

Associate Professor

Charles Kent Smith, MD and Patricia Hughes Moore, MD Professorship in Medical Student Education in Family Medicine

Associate Director, Center for Community Health Integration

Nationally Recognized Facilitator for Bridges Out of Poverty, Getting Ahead, Getting Ahead in the Workplace, and Workplace Stability

Medical Director, Cuyahoga County Board of Health

Staff Physician, Neighborhood Family Practice

Karen Mulloy, DO, MSCH- Block 1 Leader

Associate Professor, Department of Family Medicine and Community Health

Department of Population and Quantitative Health Sciences

Mary Ann Swetland Center for Environmental Health

Lisa Navracruz, MD- Faculty Lead, Urban Health Pathway

Director, Early Patient Based Programs- Physical Diagnosis (PD) and Community Patient Care Preceptorship (CPCP)

Faculty Lead- CWRU Area Health Education Center (AHEC)

Assistant Professor, Center for Medical Education and Center for Community Health Integration

Assistant Professor, Department of Family Medicine and Community Health

Ellen Luebbbers, MD- SOM Director Interprofessional Education

Assistant Professor

Interim Medical Director, Clinical Skills & Simulation Center

Colleen Croniger, PhD- Systems and Scholarship Leader

Associate Professor

Assistant Dean for Basic Science Education

Assistant Dean for Medical Student Research

Amy Wilson Delfosse, PhD- Associate Dean for Curriculum

Professor of Pharmacology

Associate Dean for Curriculum

Klara Papp, PhD- Associate Dean for Assessment and CQI

Graber Term Professor of Health Learning

Associate Dean for Assessment and CQI, Center for the Advancement of Medical Learning (CAML)

Patricia Thomas, MD, FACP- Vice Dean for Medical Education

Vice Dean for Medical Education

Amasa B. Ford Professor of Geriatrics

APPENDIX 1:

Memo to WR2 Curriculum Committee Presented August 1, 2019

Report on Diversity in IQ

The Medical Education Curriculum Office has done extensive analysis of the diversity in the patients and medical professionals in all of the IQ cases for Blocks 1-6. The data collected included:

1. Patient-age, gender, military service, environmental/occupational exposure, diagnosis/clinical condition.
2. Health Professional that the patient has their first encounter with-doctor/PA/nurse, gender, race
3. Health Professionals that are the second or third encounter in the IQ case-doctor/PA/nurse, gender, sexual orientation, race

Of the 95 IQ cases, the data indicated that in general there were varied ages for the patients (neonate to 75 years old). The IQ patient genders were ~60% female and ~40% male, sexual orientation and race were infrequently identified. Environmental/occupational exposures have been added to various cases due to concerted efforts by Dr. Karen Mulloy. There were no cases where patients had had military service. The primary encounter with a health professional was largely with that of physicians and their genders were ~25% female, ~25% male and ~50% not indicated. The race of health professionals were not identified in the IQ cases.

A working group comprised of:

Dr. Amy Wilson-Delfosse, Associate Dean for Curriculum
Dr. Colleen Croniger, Assistant Dean for Basic Science Education
Dr. Anastasia Rowland-Seymour, Director of Block 8, Foundations of Clinical Medicine
Joseph Williams, Director, Office of Diversity Initiatives & Community Engagement

and M2 students are adding diversity to the patient and health professionals' population in the IQ cases. To address inter-professional health education (IPE), Dr. Ellen Luebbers is working with IQ case writers to add diversity to the health professions in the IQ cases.

Training of IQ faculty in diversity

Prior to the commencement of each Block as part of the orientation, the facilitators are trained in diversity by Joseph Williams. The facilitators are required to have a 3-hour training to learn the process of IQ and the expectations of the facilitators. At the start of each block, the facilitators receive and discuss the teacher-learner relationship policy for WR2 curriculum.

Student diversity on Block design teams

Each IQ design team has student representatives that are members of the Student Committee on Medical Education (SCME). The student members are representative of our diverse student

population. Knowing that all diversity is not just defined visually, these are the current elected representatives for SCME.



SCME Chair



SCME Board



SCME Board



SCME Board



SCME Board



SCME Board

APPENDIX 2:

Partial list of Universities and Hospitals who use the Community Action Poverty Simulation kit and their audience:

Belmont University College of Health Sciences & Nursing - *Faculty and Staff
BS Nursing students and Clinical Nurse Leader program*

Case Western Reserve University- School of Law, Medicine- *Students and faculty*

Central Michigan University College of Education and Human Services - *Students and
Professionals*

Cleveland Clinic – *Staff, faculty and administrators from multiple departments across the
enterprise*

Cuyahoga Community College – *Staff, faculty, students, administrators, community members*

Geisinger Commonwealth School of Medicine, Scranton PA- *First year medical students*

Georgetown University School of Nursing and Health Sciences-

Harbor-University of California Los Angeles Medical Center- *Interns in: Emergency Medicine,
Family Medicine, Internal Medicine, Obstetrics and Gynecology*

John Carroll University Center for Community Services- *Open to students and the public*

Loyola University Chicago - *All faculty, staff, and students
Medicine, Pharmacy, Dentistry, Nursing and Health Studies Students*

Mercy College School of Health and Natural Sciences, NY- *Students and faculty*

MetroHealth Medical Center – *Staff, faculty, administrators and trainees*

Michigan State University College of Nursing and School of Social Work- *Healthcare
Professionals*

Neighborhood Family Practice – *all staff*

Oregon Health and Science University- *Nursing and Radiology Students*

Rutgers New Jersey Medical School- *Second Year Medical Students*

Temple University College of Public Health- *Open to all students and faculty*

The Ohio State University Office of Student Life- *Students, staff and faculty*

UNC Healthcare and UNC School of Medicine- *Open to all students*

University at Buffalo Jacobs School of Medicine and Biomedical Sciences- *Resident physicians
and Medical Students*

University Hospitals Cleveland Medical Center- *Residents and Faculty*

University of Cincinnati Center for Community Engagement- *Open to the public*

University of Colorado School of Dental Medicine- *Dental Students*

University of Maryland Baltimore - *Open to all students*

University of Memphis, School of Public Health- *Masters of Public Health Students*

University of Missouri-Kansas City School of Medicine-

University of Texas at Austin College of Pharmacy- *Students, faculty, community members*

USF Health, University of South Florida Morsani College of Medicine- *Medical students*

UTHealth, The University of Texas McGovern Medical School- *Medical students*

Wayne State University School of Medicine- *First year medical students*

Western Kentucky University College of Health and Human Services- *Health and Human
Services Students*

Regional Community Agencies who use the Community Action Poverty Simulation kit:

Alliance City Schools; Alliance OH
Ashtabula County Community Action Agency; Ashtabula, OH
Columbus Academy; Columbus, OH
Community Action Agency of Columbiana County- Head Start; Columbiana, OH
Community Action Commission of Fayette County- Fayette Early Learning Center; Fayette, OH
Cincinnati Public Schools; Cincinnati, OH
Cleveland Metroparks; Cleveland, OH
Fairless Local Schools; Stark County, OH
Family & Community Services; Ravenna, OH
Freestore Foodbank; Cincinnati, OH
Greater Cleveland Food Bank; Cleveland, OH
Humana;
Interact for Health; Cincinnati, OH
Leadership Lorain Council; Lorain, OH
Leadership Medina Council; Medina, OH
Leadership Ohio; Columbus, OH
Leadership Stark County, OH
Mad River Schools; Dayton, OH
Mid-Ohio Foodbank; Columbus, OH
Northwestern Ohio Community Action Commission; Toledo, OH
Ohio Association Foodbanks; Columbus, OH
Ohio Association of Community Action Agencies; Columbus, OH
Ohio Rehab Service Commission; Columbus, OH
Partners in Hope; Dayton, OH
Pickaway County Community Action; Circleville, OH
Seneca County Family & Children's First Council; Seneca County, OH
Serving our Neighbors Ministries; Columbus, OH
Summit County Juvenile Court; Akron, OH
Think Tank, Inc; Dayton, OH
United Way of Central Ohio; Columbus, OH
United Way of Knox County; Mount Vernon, OH
Upthegrove Family Enrichment Center; Lima, OH
West Clermont Local School District; Cincinnati, OH

APPENDIX 3:

2019 Poverty Simulations Medical Student Evaluations

Average responses across the four sessions suggested a moderately high level of agreement with the following questions:

As a result of participating in the simulation:

- Q1. I have a greater sense of respect for those who live with a low income. (71.1% A & SA)
- Q2. I have a greater understanding of the challenges of life with low income. (70.1% A & SA)
- Q3. I have a greater understanding of my own biases with respect to people who live with low income. (55.52% A & SA)
- Q4. I learned new information from this simulation. (60.07% A & SA)
- Q5. My professional work will improve as a result of participating in this simulation. (54.6% S & SA)
- Q6. I would recommend this simulation to a colleague. (53.75% A & SA)
- Q7. This simulation achieved its stated learning goal. (67.5% A & SA)

While it is not surprising that as a single intervention, we did not hit a 70% benchmark of students responding affirmatively that we addressed the more lofty goals of understanding our own biases and changing practice (Q3 and Q5), it is reassuring that students attributed this simulation with improvements in knowledge and attitude (Q1 and Q2).

It is also reassuring that on average less than 20% of the respondents disagreed or strongly disagreed with the above statements.

We are in the process of coding the qualitative responses. However, it is noteworthy that students had rich responses to the question, "What specific change will you make in your practice or day to day work based upon this experience?" Additionally, students had numerous constructive suggestions in response to the questions "What would you have like to learn more about/experience as part of this simulation?" and "What suggestions do you have to improve this simulation so that is would be more beneficial to your professional development?"

Students provided the following comments:

"As someone from a low-income background, this simulation did not expose me to issues I was not already aware of. My "child" in the simulation asked me for money for a school field trip when I did not have any -- I once was a child doing the same (and was not able to go on the field trip), so the realness of that detail was startling. Several other details in the simulation were very effective--such as the fiasco of getting transit tickets and getting ripped off by the pawn shop/landlord/utilities".

"To me, one of the strengths of this simulation is that it exposes the logistical nightmare of living in poverty--having to do everything "the long and hard way" because you don't have the money for convenience. I think that this point is an essential one for providers to understand e.g. to avoid simply labeling a patient as "noncompliant" or "apathetic" when s/he does not follow treatment recommendations or misses an appointment".

“I really enjoyed having the small-group discussion at the end of the simulation and hearing my group members' thoughts regarding the simulation. I think having some additional time + questions for the discussion would have been nice because it felt a little bit rushed.”

“It was challenging to get an idea of all the resources that many of the community organizations (e.g. homeless shelter, faith-based center). If we could find a way to incorporate that in better then I think it will enhance our understanding of community resources available to patients.”

**Poverty Simulation Evaluation 09/18/19
Block 8 (2019)**

**Case Western Reserve University
School of Medicine**

Course: B8 - Poverty Simulation

Department: FMH

Responsible Faculty: Anastasia Rowland-Seymour

Responses / Expected: 17 / 47 (36.17%) ?

Survey Period/ Site: Block 8 (BLK-Block 8) / Case Western Reserve University (Case)

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8: BLK-Block-8/ Case					
Poverty Simulation Evaluation 2019		Responses (%)					Section
		SD	D	N	A	SA	N Mean
Using a 5-point Likert scale, please mark your response to the following items as a							
Q1	result of participating in the simulation: I have a greater sense of respect for those who live with a low income.	5.9%	11.8%	17.6%	47.1%	17.6%	17 3.6
Q2	I have a greater understanding of the challenges of life with low income.	5.9%	11.8%	29.4%	29.4%	23.5%	17 3.5
Q3	I have a greater understanding of my own biases with respect to people who live with low income.	17.6%	5.9%	29.4%	35.3%	11.8%	17 3.2
Q4	I learned new information from this simulation.	11.8%	29.4%	5.9%	41.2%	11.8%	17 3.1
Q5	My professional work will improve as a result of participating in this simulation.	11.8%	17.6%	23.5%	41.2%	5.9%	17 3.1
Q6	I would recommend this simulation to a colleague.	11.8%	0	41.2%	29.4%	17.6%	17 3.4
Q7	This simulation achieved its stated learning goal (see above).	11.8%	11.8%	5.9%	52.9%	17.6%	17 3.5
Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5							

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8: BLK-Block-8/ Case				
Poverty Simulation Evaluation 2019		Responses (%)				Section
		A7	S4	S1	S1	N Mean
Q8	What date did you complete the simulation?	0	5.9%	0	94.1%	17 3.9
Responses: [A7] Aug 7=1 [S4] Sept 4=2 [S1] Sept 11=3 [S1] Sept 18=4						

Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

Question: What was your role? Family member, please specify age and circumstance OR Community member, please specify job you performed

Response Rate: 100.00% (17 of 17)

**Poverty Simulation Evaluation 09/11/19
Block 8 (2019)**

**Case Western Reserve University
School of Medicine**

Course: B8 - Poverty Simulation

Department: FMH

Responsible Faculty: Anastasia Rowland-Seymour

Responses / Expected: 30 / 47 (63.83%)

Survey Period/ Site: Block 8 (BLK-Block 8) / Case Western Reserve University (Case)

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8 : BLK-Block-8/Case					
Poverty Simulation Evaluation 2019		Responses (%)					Section
		SD	D	N	A	SA	N Mean
Using a 5-point Likert scale, please mark your response to the following items as a							
Q1	result of participating in the simulation: I have a greater sense of respect for those who live with a low income.	3.3%	0	23.3%	43.3%	30%	30 4.0
Q2	I have a greater understanding of the challenges of life with low income.	3.3%	3.3%	16.7%	50%	26.7%	30 3.9
Q3	I have a greater understanding of my own biases with respect to people who live with low income.	3.3%	3.3%	23.3%	53.3%	16.7%	30 3.8
Q4	I learned new information from this simulation.	6.7%	3.3%	30%	40%	20%	30 3.6
Q5	My professional work will improve as a result of participating in this simulation.	0	6.7%	36.7%	33.3%	23.3%	30 3.7
Q6	I would recommend this simulation to a colleague.	10%	6.7%	20%	40%	23.3%	30 3.6
Q7	This simulation achieved its stated learning goal (see above).	3.3%	3.3%	20%	50%	23.3%	30 3.9
Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5							

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8 : BLK-Block-8/Case				
Poverty Simulation Evaluation 2019		Responses (%)				Section
		A7	S4	S1	S1	N Mean
Q8	What date did you complete the simulation?	0	3.3%	96.7%	0	30 3.0
Responses: [A7] Aug 7=1 [S4] Sept 4=2 [S1] Sept 11=3 [S1] Sept 18=4						

Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

Question: What was your role? Family member, please specify age and circumstance OR Community member, please specify job you performed

Response Rate: 100.00% (30 of 30)

**Poverty Simulation Evaluation 09/04/19
Block 8 (2019)**

**Case Western Reserve University
School of Medicine**

Course: B8 - Poverty Simulation

Department: FMH

Responsible Faculty: Anastasia Rowland-Seymour

Responses / Expected: 36 / 47 (76.60%) ?

Survey Period/ Site: Block 8 (BLK-Block 8) / Case Western Reserve University (Case)

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8: BLK-Block-8/ Case					
Poverty Simulation Evaluation 2019		Responses (%)					Section
		SD	D	N	A	SA	N Mean
Using a 5-point Likert scale, please mark your response to the following items as a							
Q1	result of participating in the simulation: I have a greater sense of respect for those who live with a low income.	2.8%	2.8%	19.4%	44.4%	30.6%	36 4.0
Q2	I have a greater understanding of the challenges of life with low income.	2.8%	8.3%	16.7%	38.9%	33.3%	36 3.9
Q3	I have a greater understanding of my own biases with respect to people who live with low income.	8.3%	2.8%	30.6%	30.6%	27.8%	36 3.7
Q4	I learned new information from this simulation.	8.3%	8.3%	16.7%	44.4%	22.2%	36 3.6
Q5	My professional work will improve as a result of participating in this simulation.	5.6%	8.3%	25%	33.3%	27.8%	36 3.7
Q6	I would recommend this simulation to a colleague.	11.1%	2.8%	27.8%	33.3%	25%	36 3.6
Q7	This simulation achieved its stated learning goal (see above).	2.8%	8.3%	19.4%	44.4%	25%	36 3.8
Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5							

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8: BLK-Block-8/Case				
Poverty Simulation Evaluation 2019		Responses (%)				Section
		A7	S4	S1	S1	N Mean
Q8	What date did you complete the simulation?	0	100%	0	0	36 2.0
Responses: [A7] Aug 7=1 [S4] Sept 4=2 [S1] Sept 11=3 [S1] Sept 18=4						

Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

Question: What was your role? Family member, please specify age and circumstance OR Community member, please specify job you performed

Response Rate: 100.00% (36 of 36)

**Poverty Simulation Evaluation 2019
Block 8 (2019)**

**Case Western Reserve University
School of Medicine**

Course: B8 - Poverty Simulation

Department: FMH

Responsible Faculty: Anastasia Rowland-Seymour

Responses / Expected: 28 / 45 (62.22%) ?

Survey Period/ Site: Block 8 (BLK-Block 8) / Case Western Reserve University (Case)

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8: BLK-Block-8/ Case						
Poverty Simulation Evaluation 2019		Responses (%)					Section	
		SD	D	N	A	SA	N	Mean
Using a 5-point Likert scale, please mark your response to the following items as a								
Q1	result of participating in the simulation: I have a greater sense of respect for those who live with a low income.	0	0	28.6%	32.1%	39.3%	28	4.1
Q2	I have a greater understanding of the challenges of life with low income.	0	0	21.4%	50%	28.6%	28	4.1
Q3	I have a greater understanding of my own biases with respect to people who live with low income.	3.6%	14.3%	35.7%	25%	21.4%	28	3.5
Q4	I learned new information from this simulation.	3.6%	3.6%	32.1%	39.3%	21.4%	28	3.7
Q5	My professional work will improve as a result of participating in this simulation.	3.6%	3.6%	39.3%	39.3%	14.3%	28	3.6
Q6	I would recommend this simulation to a colleague.	3.6%	21.4%	28.6%	32.1%	14.3%	28	3.3
Q7	This simulation achieved its stated learning goal (see above).	3.6%	7.1%	32.1%	35.7%	21.4%	28	3.6
Responses: [SD] Strongly Disagree=1 [D] Disagree=2 [N] Neutral=3 [A] Agree=4 [SA] Strongly Agree=5								

Category Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

		B8: BLK-Block-8/ Case					
Poverty Simulation Evaluation 2019		Responses (%)				Section	
		A7	S4	S1	S1	N	Mean
Q8	What date did you complete the simulation?	100%	0	0	0	28	1.0
		Responses: [A7] Aug 7=1 [S4] Sept 4=2 [S1] Sept 11=3 [S1] Sept 18=4					

Instructions: Please assist us in improving the Poverty Simulation by sharing your thoughts with us. The goal of this simulation is to sensitize participants to the realities of life with low income and to consider the impacts of poverty on health.

Question: What was your role? Family member, please specify age and circumstance OR Community member, please specify job you performed

Response Rate: 100.00% (28 of 28)

APPENDIX 4:

The following data tables represent evaluation data from three years of poverty simulations conducted with First Year Medical Students at the CWRU School of Medicine. The years are 2016, 2017, and 2018. The first three tables are cumulative for each individual year. Tables 4 through 6, are each date from 2018, analyzed individually. Lastly, table 7 is all the cumulative data for all three years.

Table 1: 2016

2016 Total Data from 2 Simulations**N=117						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response
Q1. I have a greater sense of respect for those who life with a low income	66(56.4)	46(39.3)	4(3.4)	1(0.9)	0(0.0)	Strongly Agree
Q2. I have a greater understanding of the challenges of life with low income	62(53.0)	47(40.2)	6(5.1)	2(1.7)	0(0.0)	Agree
Q3. My professional work will improve as a result of participating in this simulation	38(32.5)	56(47.9)	21(17.9)	1(0.9)	1(0.9)	Agree
Q4. I would recommend this simulation to a colleague	44(37.6)	57(48.7)	13(11.1)	1(0.9)	2(1.7)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	48(41.0)	58(49.6)	6(5.1)	4(3.4)	0(0.0)	Agree

**One of the 2016 simulations was conducted by a community partner who collected and retained that day's evaluations. That data is not part of this analysis.

Table 2: 2017

2017 Total Data from 3 Simulations N=182						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response
Q1. I have a greater sense of respect for those who life with a low income	108(59.3)	63(34.6)	9(4.9)	0(0.0)	2(1.1)	Strongly Agree
Q2. I have a greater understanding of the	95(52.2)	73(40.1)	9(4.9)	2(1.1)	3(1.6)	Agree

challenges of life with low income						
Q3. My professional work will improve as a result of participating in this simulation	73(40.1)	88(48.4)	16(8.8)	4(2.2)	1(0.5)	Agree
Q4. I would recommend this simulation to a colleague	95(52.2)	75(41.2)	8(4.4)	3(1.6)	1(0.5)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	96(52.7)	74(40.7)	10(5.5)	1(0.5)	1(0.5)	Agree

Table 3: 2018

2018 Total Data from 3 Simulations N=213						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response
Q1. I have a greater sense of respect for those who life with a low income	122(57.3)	83(39.0)	8(3.8)	0(0.0)	0(0.0)	Strongly Agree
Q2. I have a greater understanding of the challenges of life with low income	104(48.8)	97(45.5)	11(5.2)	1(0.5)	0(0.0)	Agree
Q3. My professional work will improve as a result of participating in this simulation	96(45.1)	96(45.1)	17(8.0)	4(1.9)	0(0.0)	Agree
Q4. I would recommend this simulation to a colleague	103(48.4)	82(38.5)	20(9.4)	6(2.8)	2(0.9)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	117(54.9)	77(36.2)	12(5.6)	5(2.3)	2(0.9)	Agree

Table 4: July 25, 2018

July 25, 2018 Single Simulation Data N=98						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response
Q1. I have a greater sense of respect for those who life with a low income	58(59.2)	38(38.8)	2(2.0)	0(0.0)	0(0.0)	Strongly Agree

Q2. I have a greater understanding of the challenges of life with low income	50(51.0)	45(45.9)	3(3.1)	0(0.0)	0(0.0)	Agree
Q3. My professional work will improve as a result of participating in this simulation	51(52.0)	40(40.8)	6(6.1)	1(1.0)	0(0.0)	Agree
Q4. I would recommend this simulation to a colleague	49(50.0)	40(40.8)	5(5.1)	3(3.1)	1(1.0)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	53(54.1)	34(34.7)	7(7.1)	3(3.1)	1(1.0)	Agree

Table 5: August 1, 2018

August 1, 2018 Single Simulation Data N=57						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response
Q1. I have a greater sense of respect for those who life with a low income	39(68.4)	16(28.1)	2(3.5)	0(0.0)	0(0.0)	Strongly Agree
Q2. I have a greater understanding of the challenges of life with low income	35(61.4)	20(35.1)	2(3.5)	0(0.0)	0(0.0)	Strongly Agree
Q3. My professional work will improve as a result of participating in this simulation	24(42.1)	29(50.9)	2(3.5)	2(3.5)	0(0.0)	Agree
Q4. I would recommend this simulation to a colleague	32(56.1)	20(35.1)	3(5.3)	2(3.5)	0(0.0)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	37(64.9)	18(31.6)	0(0.0)	2(3.5)	0(0.0)	Strongly Agree

Table 6: August 8, 2018

August 8, 2018 Single Simulation Data N=58						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response

Q1. I have a greater sense of respect for those who life with a low income	25(43.1)	29(50.0)	4(6.9)	0(0.0)	0(0.0)	Agree
Q2. I have a greater understanding of the challenges of life with low income	19(32.8)	32(55.2)	6(10.3)	1(1.7)	0(0.0)	Agree
Q3. My professional work will improve as a result of participating in this simulation	21(36.2)	27(46.6)	9(15.5)	1(1.7)	0(0.0)	Agree
Q4. I would recommend this simulation to a colleague	22(37.9)	22(37.9)	12(20.7)	1(1.7)	1(1.7)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	27(46.6)	25(43.1)	5(8.6)	0(0.0)	1(1.7)	Agree

Table 7: Cumulative of all years

All Simulation Data 2016, 2017, 2018 (8 Simulations**) N=512						
	Strongly Agree n(%)	Agree n(%)	Undecided n(%)	Disagree n(%)	Strongly Disagree n(%)	Mean Response
Q1. I have a greater sense of respect for those who life with a low income	296(57.8)	192(37.5)	21(4.1)	1(0.2)	2(0.4)	Strongly Agree
Q2. I have a greater understanding of the challenges of life with low income	261(51.0)	217(42.4)	26(5.1)	5(1.0)	3(0.6)	Agree
Q3. My professional work will improve as a result of participating in this simulation	207(40.4)	240(46.9)	54(10.5)	9(1.8)	2(0.4)	Agree
Q4. I would recommend this simulation to a colleague	242(47.3)	214(41.8)	41(8.0)	10(2.0)	5(1.0)	Agree
Q5. This simulation achieved its stated learning goal, to sensitize participants to the realities of life with low income	261(51.0)	209(40.8)	28(5.5)	10(2.0)	3(0.6)	Agree

**One of the 2016 simulations was conducted by a community partner who collected and retained that day's evaluations. That data is not part of this analysis.

Qualitative data summary report for years 2016, 2017, 2018.

On the evaluation forms, students were asked 3 open-ended questions; 1. What specific change will you make in your practice or day to day work based upon this experience? 2. What would you have liked to learn more about/experience as part of this simulation? And 3. What suggestions do you have to improve this simulation so it would be more beneficial to your professional development?

Responses to question 1, asking for a specific change that will be made in practice or in day to day work, could be broken down into three main themes; description of a specific action that will improve patient care, increased awareness of how poverty is a determinant of health, and increased humanism in practice, which is defined as a greater sensitivity to the background of others and having an appreciation for the human experience.

Some examples of specific actions provided by the students are "Asking patients if I can connect them with community resources and educating myself on what is available in the community," "Look for evidence-based ways to work with patients who face poverty. Not use "non-compliance" when referring patients," and "To try to make my recommendations as easy and streamlined as possible in order to accommodate my patients' unique and sometimes limited resources."

Students demonstrated an increased awareness of poverty being a determinant of health with the following statements, "Recognize significance of when an individual in low income circumstances does seek a physician," "Better understand the nuances, barriers, complexity of poverty that is unique to each patient and his/her story," and "I will be more aware of how my patient's life situation may affect their health adherence." With respect to the theme of humanism, some example responses from students are; "Just try to always stay cognizant and try to avoid judgment about those in poverty forced to make sacrifices," "I think that this experience will change my mindfulness and mentality about what people experience in their lives, the biggest take away for me was that everyone had his or her own story and we should never judge," and "Recalibrate to think in perspective of patients."

In response to question 2, when asked what they would have liked to learn more about, students' responses were mainly about the societal systems and structures that are in place and how they affect those in poverty. Some specific topics students inquired about were, homelessness and the transition in and out, crime and its relation to poverty, housing instability including eviction processes, truancy, the impact of poor education, and banking practices that hurt those in low-income.

Many responses also specifically pointed to students' lack of knowledge of available resources for those living in low-income. Students expressed wanting to know more about resources and programs such as understanding EBT and TANF, resources for affordable housing, how social services programs work including who qualifies and how to sign up, and what happens if you do not have health insurance or are evicted. Also, students expressed wanting to hear from people who are or have actually lived in low-income to hear real life perspectives.

With respect question 3, asking for suggestions to improve the simulation, most responses fell under three themes; 1. make the simulation longer, 2. have the ability to switch and experience different roles, and 3. make changes to the simulation rules. Students wanted the simulation to be longer to "really see the end consequences," "experience a more variety in scenarios," and "allow us to learn more about available resources." Switching roles was also a common critique of the simulation. This mainly came from students who participated as children and felt they did not get the full experience of the simulation because they were not able to face "adult" stressors such as budgeting money, paying bills, and providing for a family. Some specific comments are "as a child, it is difficult to

capture the magnitude of the stress that the adults faced,” and “some of the roles didn’t get to experience the stress as much, trying to figure out how to get everyone to experience same stress as I did would be more accurate to experience.”

Lastly, many of the suggestions were aimed at official rules and content of the simulation. Per the directions of the simulation, participants (families), are intentionally not given many details of how the simulation works, while the students were able to ask some questions in the beginning, part of the learning experience is for the families to figure it out on their own. It is unclear if the majority of the students understood the purpose of this vagueness because many expressed wanting more details and a list of set rules. Some of the things they mentioned wanting to know beforehand were what each resource table was and how much the services cost and what the children should do when not in school. Changes to the rules included being able to start off with cash instead of starting from scratch, not needing transportation passes when the family has car, and less crime.

The students also wanted to make the rules more realistic including making the simulation more difficult. They mentioned wanting more luck of the draw cards, more consequences for crime/stealing, more health consequences, and implementing penalties for not buying food or paying utilities. Some students also suggested placing more emphasis on the seriousness of the subject matter, specific comments include, “I think that the structure of the program makes it such that people don’t take it seriously. As a result, it trivializes the experience of poverty and dilutes the stated goal of the program. Perhaps doing this as smaller group would inspire more seriousness,” “I felt that myself and my fellow students were disrespectful of the exercise, because of the role-playing aspect. It felt uncomfortable to laugh and make jokes, yet we were all doing it,” and “have people be a little more serious about their roles.” Some positive comments were “This was a very difficult detailed scenario, it was hard to digest but I feel like I learned a lot,” and “one thing that I think was good, that would not change, is going into the simulation without knowing the rules and having to learn along the way.”

APPENDIX 5:

Getting Ahead Poverty Simulation Facilitator Quotes 2019 Sessions

This unsolicited feedback came from Getting Ahead graduate conversations as well as social media posts about their experience facilitating various poverty simulations at CWRU.

“When I was at that poverty simulation, there is a disconnect from the people studying to go into the system and becoming doctors and us. When you come across a patient, it's a group of emotions. I try to teach them that I'm a human being and you need to know my situation. Patients are people. Don't disconnect from the rest of what that person is. Lots of these professionals had no idea what we experience. That gave them a chance to see what they need to understand rather than just treat whatever condition they have in the office that day.”

“That is why that poverty simulation is great to see how many of them have no idea what it is like in poverty. These people studying to be doctors have to go through what a normal person in poverty experiences.”

“The beautiful thing you are trying to do with that simulation is humanize these future doctors to see what a normal person has to deal with in life. This person has to deal with all these things. It's just an amazing thing.”

“We want to keep doing these poverty simulations and teaching these new doctors and nurses about what's it's really like for us. It's very important when I'm with a doctor, how I'm being spoken to.”

“Words cannot express how grateful and blessed I am to be a part of the Case Western Reserve Poverty simulation. This was an utterly profound and beautiful experience. Thank you Case, thank you team, and thank you students (our future)!”

-GA grad who told his story of living chronically homeless during the debrief