The Ohio State University
College of Medicine
Faculty Council
Minutes
January 27, 2010

ATTENDANCE

<table>
<thead>
<tr>
<th>Robert Small, President</th>
<th>W. W. “Chip” Souba</th>
<th>Christopher Litts</th>
<th>Jillian Schwaab</th>
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<tbody>
<tr>
<td>Andrej Rotter, Vice President</td>
<td>Robert Bornstein</td>
<td>Michael Miller</td>
<td>Robert Snapka</td>
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<td>Kamran Barin</td>
<td>Doug Gould</td>
<td>Fred Miser</td>
<td>Dale Vandre</td>
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<td>Chuck Bell</td>
<td>Alan Harzman, Secretary</td>
<td>Grant Morrow</td>
<td>Kay Wolf</td>
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<td>Kun Huang</td>
<td>Amy Lovett-Racke</td>
<td>Todd Pesavento</td>
<td>Baker, Phyllis Director of Communications, Guest</td>
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<td>Georgia Bishop</td>
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<td>Jerry E. Friedman Assistant Vice President for Health Policy and Government Relations, Guest</td>
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 Colbert of Medicine Patterns of Administration

Discussion

- The attached, revised COMPOA was approved by the Council of Chairs the week before. Dean Souba and Dean Bornstein both expressed their support for it and asked us to consider it. Dean Souba said that his goal is to enhance faculty input and create a mechanism to provide it with moving a mountain.
- The updated College Assembly would include department chairs (currently 25-26), Center directors (~5) and 10 representatives from the Faculty Council.
- It was recommended that the Assembly agenda be shared with all of the Faculty Council.
- Votes of all of the faculty within the departments would be coordinated by the departments.
- Dr. Wolf shared that Allied Medicine was against the changes at their last discussion.
- Dr. Pesavento expressed concern that departments that have divided into multiple departments (e.g., surgery into surgery, urology, neurosurgery, possibly plastic surgery) will have greater “power” in the departmental voting phase than departments (e.g., medicine) that have remained intact and will only have one vote.
- Dr. Bornstein replied to a question that it is unclear how creation of new departments will be voted on in this new system.
- A perceived loss of power was expressed, although it was pointed out that several things described in the existing POA as Faculty Council roles (e.g., space, budget planning) have not been actually within the FC’s purview for years.
- The standing committees will have a more defined connection and reporting to the FC under the new system.
Dr. Rotter expressed that the new design gives the faculty more of a veto power, as their vote comes in the final step. Dr. Bornstein expressed that that is not the way the COM attempts to operate and cited examples of reforms with extensive faculty input.

The described goal of the new system is one that is integrated and features real discussion of issues. The question arose of who decides what issues go to the departments for a vote (after passing the Assembly). By unanimous vote, the FC approved an addendum stating (roughly) that:

- **A 2/3 vote of the 10 Faculty Council representatives to the College Assembly could require any given issue to be sent to the departments for a vote.** The exact language will be “word-smithed” per Dr. Bornstein and added to the POA, to be approved by the Council of Chairs.

- Dr. Pesavento expressed that the 10 representatives to the Assembly would need to be from diverse backgrounds, which brought up the fact that **the Faculty Council will need to adopt new by-laws to include the method of choosing those representatives.**

- A secret ballot vote was then taken, with the new POA (as amended) adopted by a 14-3 majority.

- Constructing new by-laws will be the topic of the next meeting.

**Promotion and Tenure Committee**

- Dr. Bornstein asked that the FC approve changes to the P&T committee to increase the number of clinical faculty on it from 6 to 12, making it 18 tenured faculty and 12 clinical track. The number of clinical track faculty to be reviewed was overwhelming the current committee. This was passed by unanimous voice vote.

These minutes are highly paraphrased and condensed. Any misrepresentation or omission of an individual’s comments is unintentional and will gladly be corrected.

Respectfully submitted,

Alan E. Harzman, MD