

# CFAS Representative Update



December 2015

Dear Colleagues,

Welcome to the fourth and final edition of the CFAS Member Representative newsletter for the year. The newsletter, which debuted in November 2014, has proven popular enough that it will move from a quarterly schedule to bimonthly, with a total of six editions planned for 2016. As always, please submit story ideas, profile subject suggestions, or other feedback to Eric Weissman at [eweissman@aamc.org](mailto:eweissman@aamc.org).

The CFAS Communication Committee also welcomes any of your ideas for outreach and engagement within the CFAS community generally. Please feel free to contact me directly with your ideas or your interest in participating. Best wishes for a happy holiday season,

Amy Hildreth, MD  
Associate Professor, General Surgery  
Wake Forest School of Medicine  
Chair, CFAS Communication Committee

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## AAMC Annual Meeting Summaries Available

PowerPoint presentations from Learn Serve Lead: The 2015 AAMC Annual Meeting have been posted on the CFAS website. They include a general summary of sessions relevant to a CFAS audience; a presentation by CFAS Immediate Past Chair Rosemarie Fisher, MD, at the CFAS Business Meeting, and a presentation on advocacy issues and an update from Washington by AAMC Chief Public Policy Officer Atul Grover, MD, PhD. These slides also describe the recent regular leadership transitions within CFAS, with Rosemarie Fisher becoming immediate past chair, Vincent Pellegrini, MD, becoming CFAS chair, and Scott

Gitlin, MD, becoming CFAS chair-elect. Feel free to adapt these slides for presentations you may give to your faculty peers or society colleagues while filling them in on your CFAS activity.

You can find all the presentations in the "Resources" section of the [CFAS website](#).

## **CFAS Accomplishments in 2015**

As part of her presentation at the CFAS Business Meeting in Baltimore, Dr. Fisher discussed a number of CFAS accomplishments in 2015. Many of these accomplishments originated directly from your feedback as CFAS reps through comments at knowledge sharing sessions, via committee and working group discussions, or simply through conversation and emails among peers. Notable accomplishments for the year include:

- Significant, detailed engagement with the AAMC's Optimizing GME initiatives, including key contributions to a high-profile poll on elements of the optimal learning environment
- Launch of the CFAS Content Areas system, which enables reps to be more connected to faculty and academic society issues (final rollout will be presented at the CFAS Spring Meeting in March 2016)
- CFAS-member society participation in a few sign-on letters throughout the year, including, most recently, one in support of fetal tissue research which was called out as an important contribution in a *Nature* [editorial](#) this month
- Creation of a regular, downloadable PowerPoint summary of major meetings so reps have a ready-to-use resource to present to peers, societies, and home institutions
- The CFAS Member Representative Newsletter, which profiles reps and societies, reports news, and provides tips for navigating the AAMC
- The CFAS listserv for general use among reps
- Additional [content](#) and communication tools for CFAS reps, such as a new CFAS brochure, a guide to being a CFAS rep, and a listing of CFAS faculty resources on our [resources page](#)

## CFAS Leaders and Reps at Learn Serve Lead



All CFAS reps who attended Learn Serve Lead: the 2015 AAMC Annual Meeting were invited to attend the AAMC Awards Dinner, an annual black-tie event honoring some of the outstanding individuals and institutions in academic medicine. Shown here (from left) are Rosemarie Fisher, MD; Kathleen Nelson, MD; Mona Abaza, MD; Eric Weissman; Scott Gitlin, MD; Amy Hildreth, MD; Evan "Jake" Waxman, MD, PhD; and Vin Pellegrini, MD. For a list of selected highlights of major sessions, presentations, AAMC award winners, and photo galleries from the annual meeting, please [go here](#).

### CFAS Rep Profiles

Each edition of the CFAS Member Representative newsletter includes profiles of CFAS reps and a profile of a CFAS member society. If you would like to volunteer for a profile, or have a suggestion of a rep you believe would be interesting for all reps to learn about, please let us know.



**Lisa Bellini (University of Pennsylvania, representing Association of Program Directors in Internal Medicine):**

*CFAS: You are part of the defining faculty working group. What is important about this work?*

Dr. Bellini: Faculty are perceived differently depending on one's perspective. There is no uniform approach to defining faculty. Promotion and support of teaching are viewed differently depending on one's position in the continuum. The working group is developing a

uniform definition of faculty, which is important because faculty are only a subset of physicians. The recent trend of large-scale health system mergers makes these efforts more important as more physicians become associated with a health system. There are many groups at the AAMC that talk about faculty, and the defining faculty working group started with a broad focus, but is now narrowing to define faculty as educators.

*CFAS: What developments in your society would other CFAS reps be interested in hearing about?*

Dr. Bellini: The Alliance for Academic Internal Medicine is the house of internal medicine. It is important for CFAS reps to know, regardless of their position in the continuum, that AAIM is a one-stop-shop for all professional development needs and opportunities for those interested in internal medicine.

*CFAS: What are some important takeaways that you've learned from your time in CFAS that would be helpful for future CFAS reps to know?*

Dr. Bellini: CFAS is developing a value proposition for faculty. CFAS discusses why faculty are important and develops linkages for faculty both inside and outside of the AAMC. In the continuum of medical education, no other group connects academic societies and faculty members like CFAS.

*CFAS: What topics or issues would you like CFAS to address in the future?*

Dr. Bellini: CFAS has a full plate, but it is important to keep addressing the full suite of professional development services that are available to faculty. CFAS should continue to focus on developing faculty as educators and should also address how to manage different groups of faculty members in mergers and acquisitions, specifically asking, how do we begin to know who is a faculty member and who isn't?



**Bradford Fischer, PhD (Junior Faculty Rep, Assistant Professor of Biomedical Sciences, Cooper Medical School of Rowan University in Camden, NJ):**

*CFAS: What are the benefits of CFAS membership to faculty and are there opportunities for outreach to and inclusion of its junior reps?*

Dr. Fischer: The benefits of CFAS membership are huge. CFAS is able to provide us with a portal to bring faculty issues related to teaching, service, and scholarship to the AAMC. We're also able to serve as the main point of communication from the AAMC to faculty at our respective universities, keeping them updated with the latest information. As far as junior reps, CFAS has done a great job in getting junior reps more involved. It's a great opportunity for us to have both junior and senior reps at schools. Participation in CFAS gives junior reps the opportunity to serve at the national level. Personally, I've learned a lot about the AAMC and its procedures and policies through CFAS.

*CFAS: What are some of the advantages of working with a new medical school?*

Dr. Fischer: First and foremost, we are working with a blank slate: we can design the curriculum exactly how we want it shaped and we can organize courses and labs to maximize the students' experience. Because we are new and no one is saying "this is how we've always done it," we're constantly thinking about new ways of teaching. The school has learned a lot of ways of novel teaching from the AAMC. We incorporate a lot of small group and team based learning. Students have only 6 hours of lecture a week but they get content from different methods of delivery. We have a beautiful, brand new building here at CMSRU, and we were able to construct the building around the curriculum, specifically the small group learning curriculum. There are 27 active learning rooms here, each of which is ideal for sessions of 8-10 students. The faculty is writing their own policy and procedure documents and are able to shape the medical school the best way they see fit for medical students and future faculty. Again thinking of being a junior CFAS rep and junior faculty, I probably have a much larger voice here than I would at a more established institution.

CFAS: *What topics or issues would you like CFAS to address in the future?*

Dr. Fischer: An important topic to continue covering is how we can increase NIH funding. I also would be interested in hearing more about what's on the horizon with regard to new teaching methods – is it the flipped classroom? Active learning? Something else? How can we implement these new methods into our curriculum? Maybe CFAS could have more sessions specifically about medical education. That's especially important for someone like myself involved in basic science, but I think it would be valued by the clinical faculty as well.

### **CFAS Society Profile: Association of Academic Health Sciences Libraries (AAHSL)**



The Association of Academic Health Sciences Libraries represents academic health science libraries at AAMC member institutions. The organization supports these libraries and their directors in advancing patient care, research, and education, and enabling member success through programming, services, benchmarking, advocacy, partnerships with other organizations, and promoting community. Louise Miller, MS, CAE, AAHSL's executive director, said that AAHSL has grown steadily in recent years – from 136 members in 2006 to 171 members in 2015.



AAHSL addresses pressing topics in its community: managing physical space in libraries, technology, services, people, and print collections, and also navigating the increasing costs of electronic journals and new mandates from NIH for scientists to contribute data and make it shareable. To that end, Jane Blumenthal, MLS, AHIP, of the University of Michigan and one of AAHSL's reps to CFAS, says, "Many of us have been involved in thinking about the role that the library plays in sharing data."

Among the benefits offered to membership, AAHSL provides benchmarking via the annual AAHSL statistics survey and publications, and opportunities for network building, including a collaboration with the Medical Library Association through a joint legislative task force that meets with Congressional representatives to advocate for the needs of the academic health science library community. AAHSL also advocates for its members by signing joint letters with the AAMC, the Association of Academic Health Centers, the American Medical Informatics Association, and the Medical Library Association.

AAHSL is well connected within the AAMC given its role as cosponsors of the Nina Matheson lecture with the AAMC's Group on Information Resources, and a 16-year collaboration with the AAMC's Group on Educational Affairs.

## **CFAS Welcomes New Member Societies**

CFAS recently welcomed four new member societies to its ranks. In addition to these four, there are two other prospective new society members in the application review process now.

- [American Association of Genitourinary Surgeons](#)
- [American College of Cardiology](#)
- [American Society of Clinical Psychopharmacology](#)
- [Center for Medicine after the Holocaust](#)

## **New Online CFAS Resources**

CFAS has recently posted new information on AAMC's faculty-focused activities on the [CFAS Resources page](#) of aamc.org. The new content includes AAMC learning and leadership activities for faculty and major AAMC-wide initiatives integrating or targeting faculty. Also posted is a "CFAS Snapshot 2015," a one-pager that provides a high-level look at CFAS membership and impact over the past year.

## **Get Ready for Salt Lake City, March 3-5!**

The joint CFAS/GDI/ORR spring meeting plans are well underway. The meeting will feature shared programming between CFAS, the Group on Diversity and Inclusion, and the Organization of Resident Representatives from **March 3-5** at the [Grand America Hotel](#) in Salt Lake City. Committee and working group sessions will meet starting the morning of March 3, so if you wish to participate in those, you may need to arrive the night before. An orientation session designed for new CFAS reps (but open to all reps) will take place March 3 from 12:15-

1:15. The main program begins at 1:30 p.m. on March 3, and the CFAS programming will end Saturday, March 5 at 12:15 p.m.

The meeting will be arranged around four primary content areas:

- Essence of Faculty
- Education/GME in Transition
- Academic Medicine Environment & Organization
- Communication & Research

A call went out on Dec. 16 inviting all CFAS reps, as well as reps from GDI and ORR, to submit concurrent session ideas and breakfast table topics. Please consider submitting a session. If you have any questions about the process, please contact Eric Weissman at [eweissman@aamc.org](mailto:eweissman@aamc.org).

In addition to plenaries and concurrent sessions, there will be a number of formal and informal networking opportunities so you can interact directly with your peers as well as AAMC and CFAS leaders. The meeting also will present numerous opportunities for you to meet new colleagues affiliated with AAMC's Group on Diversity and Inclusion.

Expect many more details about the meeting in the coming weeks, including reduced-price "early bird" registration information in January.