

CFAS Representative Update

September 2016



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Well-being in Academic Medicine Resource

A resource on the AAMC website, www.aamc.org/wellbeing, is devoted entirely to wellness and well-being in academic medicine. The framework of the page was the result of the work of the CFAS Faculty Resilience Working Group, and the page features a wide-ranging collection of resources for academic medicine faculty, including articles, books, conferences, resources from the AAMC Leadership Forum, and video interviews from Christine Moutier, MD, Colin West, MD, PhD, and Adi Haramati, PhD. Please send any resources you would like to be considered as additions to the page to Eric Weissman at eweissman@aamc.org or Alex Bolt at abolt@aamc.org.

CFAS Engagement at the University of Kentucky College of Medicine



Among the institutions that have actively engaged with CFAS, the University of Kentucky College of Medicine has a particularly exciting and productive story. CFAS representation began 18 months ago at the UK College of Medicine with the appointment of Kevin Pearce, MD, MPH, as the senior CFAS school rep and Lumy Sawaki-Adams, MD, PhD, as the junior CFAS school rep. Dr. Pearce is a clinician with an education background and Dr. Sawaki is a clinical researcher.

As a result of conversations that CFAS initiated at the spring meeting in San Diego, the

UK College of Medicine's Faculty Council and dean requested that three subcommittees be formed to address specific issues: the Shared Governance Subcommittee, the Clinical Title Series Faculty Subcommittee, and the Enhanced Communication Subcommittee co-chaired by Dr. Sawaki. These subcommittees were voluntarily filled by 60-70 faculty members who created white papers and presentations for general faculty meetings.

The subcommittees are now fleshing out their issue areas and thinking about where they can take action. For example, the Clinical Title Series Faculty Subcommittee (non-tenure track clinical faculty) is addressing questions such as, how is rank assigned fairly? How is promotion done fairly? How is compensation handled?

Bidirectional communication additionally has created an awareness that the national issues CFAS addresses also apply to the College of Medicine, such as protected time for the clinical faculty. "Now we have the Academic Clinical Track (ACT), which is a new initiative from our dean." said Michael Rowland, PhD, associate dean for faculty affairs. "This initiative is focused on the professional development of our clinical faculty and will involve new career development components, workshops, promotion criteria changes, and mentoring."

Dr. Sawaki affirmed that one of the most valued benefits that CFAS offers faculty is this broad exposure to issues in academic medicine, especially from CFAS conferences and the AAMC annual meeting. "Hearing presentations from policymakers and advocacy groups is valuable to me and I like listening to journalists and speakers from outside academia talk about how academic medicine is perceived. I also find the direct communication with the leadership of GDI, GWIMS, and the AAMC in general, very productive," she said.

Dr. Pearce, the senior CFAS rep, believes that CFAS membership allows faculty to expand their horizons, saying that membership in CFAS creates a flow of information among faculty which stimulates attention on important issues: "CFAS membership offers both validation of what faculty members are experiencing in their position, and it expands our horizons and educates us on ways that other faculty members across the country are approaching shared challenges."

To build on this engagement of faculty at the College of Medicine, as well as at other academic health centers, Dr. Sawaki recommended that CFAS provide consistent updates to the community on policy issues, including any progress on the physician shortage issue in regard to what the AAMC is doing to connect with policy makers and politicians.

Dr. Rowland noted that the College of Medicine's faculty are so overwhelmed by their clinical responsibilities that they don't feel as engaged with the College of Medicine or with the AAMC. "Anything that can be done to engage them and make them aware of their role as academic faculty members would be helpful."

CFAS Member Rep Profiles



Evelyn Granieri, MD, MPH, Chief of the Division of Geriatric Medicine and Aging at Columbia University College of Physicians and Surgeons; CFAS Society Rep for the American Geriatrics Society:

CFAS: What are the important issues facing academic faculty involved in geriatric medicine?

Dr. Granieri: The biggest issue in geriatrics is the lack of resources and the lack of personnel to care for the growing number of frail older adults. There are fewer geriatricians now than there were in 1992, and we are working on less than a zero sum game because we are losing geriatricians to retirement without replacing them. Geriatrics is a primary and consultative care specialty that is very labor and emotionally intensive. It is a challenge for us to acquiring new geriatricians and keep them in the field.

The second biggest challenge in geriatrics is our ability to sustain ourselves financially. Geriatricians focus on frail patients who are all very needy and that is costly to an institution because of the increased cost and time associated with caring for the elderly. It takes two or three times longer than an average visit to see a frail older adult. The appointments are longer because they are more detailed, require more people including staff and caregivers, and there is a lot of work to do once the appointment is over. We make less than just about every other physician because we don't get reimbursed according to time spent. This reality makes geriatrics a hard sell to young physicians who are in debt, and not conditioned to embrace the complexity of geriatrics. We need to teach the seminal aspects of geriatrics in medical training for all.

CFAS: What are the important policy issues for the American Geriatrics Society and what are the opportunities the society has in working with CFAS?

Dr. Granieri: Making sure that Congress is informed about the contributions of geriatrics to society, communities, and institutions. We must be identified as the primary advocates for older adults receiving care and for policy changes that will need to come. It's also important to educate lay people to understand the importance of geriatrics so they can also encourage government and health care systems to be supportive. Geriatrics needs are intertwined in almost every specialty, and if we are going to train the next generations to take care of the needs of our society, physicians need to complete their training with the basic knowledge of how to take care of older adults within their specialty. This set of skills must also be included in interdisciplinary discussions and conferences. I believe that AAMC leadership must acknowledge that geriatric care and research throughout its member institutions is vital now and for the future.

CFAS: What do you consider to be some recent accomplishments by the Columbia University College of Physicians and Surgeons that would be of interest to your fellow CFAS reps?

Dr. Granieri: We are beginning to develop a geriatrics emergency room. This will be a very specialized ER that will assess and help older adults transition to and from the ER. We will pull together resources to enable us to train emergency medicine faculty and staff in the seminal issues of assessing older adults. It provides a great opportunity to have

interdisciplinary training in a large, urban ER located in an incredibly busy and diverse area.

We also have a relatively novel program, "*Med Into Grad*" in which basic science PhD students spend time in the academic clinical and educational settings so that their perspectives are broadened and their research questions are optimally informed.

CFAS: From the perspective of someone involved in teaching geriatrics, what are your thoughts on the opioid crisis?

Dr. Granieri: It's less of an issue for frailer older adults because the quality of their remaining life is the prime consideration. We've been trained on how to use opioids, so we are much more thoughtful in prescribing for them. The general internist who takes care of younger people probably has more exposure to this crisis.

CFAS: What do you like to do in your free time?

Dr. Granieri: Most of my evenings are spent in e-correspondence with colleagues or trainees, or finishing up work from the day and planning for the next. I am, however, an unapologetic TV watcher and though I don't watch game shows, I am a five-time winner of Family Feud. After midnight, I tune in to classic TV shows like Columbo, Perry Mason and Twilight Zone, and to old movies. I try to incorporate a little work by cognitively challenging myself to remember the names and bios of the actors.



Joedrecka Brown, MD, Associate Professor and Associate Chair, Department of Family Medicine and Rural Health at Florida State University College of Medicine

Dr. Brown: What's most important is really thinking about person-centric care and being compassionate, empathetic, culturally responsive, and understanding the social determinants of health and equity that impact people's ability to be healthy and follow through with a plan of care. The plan of care must be a mutually decided and agreed upon plan.

CFAS: What have you learned from caring for medically and socially high-risk populations that would be helpful for your fellow CFAS reps to know?

CFAS: What are the research trends and general thinking in underserved medicine?

Dr. Brown: There is a lot of interest in health equity related areas of research and in creating a path for health equity. We want to move away from the doom and gloom of talking about the issue in terms of health disparities, and instead look at the examples and opportunities of integrated models of care for better outcomes. We want to learn what person-centric care really means and understand the intersection of all the different disciplines that go into making someone healthy. Currently, there's research to identify the evidence-based methods for improving health equity for all but we have room to improve when it comes to examining the structural systems of inequity. We have

knowledge about what we need to do in the sense of increasing awareness of these structural issues, but as far as actually moving the needle, there is still much work to be done.

I've been influenced by Dr. Camara Jones' work in health equity, and issues such as black infant mortality, and I've learned how important it is to value all individuals and populations. We need to address the structures that contribute to health disparities, because, if health disparities aren't inevitable, we can eliminate them. To overcome the barriers to health equity, physician biases that would impact a patient negatively must be recognized and overcome. Regarding underserved medicine, a hot topic is the physician workforce, particularly who's in the physician workforce and their wellness. We have to look at the diversity of academic medicine and how we can enable people of color to thrive in academia and in practice. The identity of faculty changes because our curriculums change, and that identity feeds into our vitality and wellness.

CFAS: What are some recent accomplishments at Florida State University College of Medicine that would be of interest to CFAS reps?

Dr. Brown: The Florida State University College of Medicine was on the forefront of the regional campus model and we have a mission for the underserved population, the elderly population, and the rural population. We have received recognition for the diversity of our school. We have a Master's program called the [Bridge to Clinical Medicine program](#), which is a 12-month program that provides education in medical knowledge and experiences in clinical practice to disadvantaged students in medically underserved, rural, and inner-city communities. This program helps us broaden our scope because being a physician is also about being dedicated to community service dedicated and delivering culturally responsive care. The mission of the College of Medicine, the people of the College of Medicine, and this bridge program are ultimately what brought me to the school.

CFAS: How have the changes in the health care landscape affected family medicine?

Dr. Brown: Overall, the changes in health care reform have increased our ability to care for more people than in the past, but there are areas for growth. For example, patient-centered medical homes encouraged people to document their care and move toward better quality of care, but there are a lot of technical issues that go into it, like billing and EHR issues, that can slow down patient care. Especially with EHRs, you have to think about how their use is impacting patient centeredness. This is not necessarily new, but the introduction of PCORI in the ACA caused a big move toward doing outcomes-oriented research that translates to actually practice, focusing on the question, "How do we make people better?"

CFAS: What do you like to do in your free time?

I love spending time with my husband and family. We are big family people and we like to travel a lot. We like to explore while we travel, and recently went to Cabos, Mexico, and the Rocky Mountains. Our family especially loves the water. I also love music, food, and anything that's active and outdoors.

Society Profile: The American Society of Biochemistry and Molecular Biology



CFAS: *Describe the constituency of ASBMB and its work.*

ASBMB: The [American Society of Biochemistry and Molecular Biology's](#) membership includes approximately 12,000 biochemists and molecular biologists who are engaged in fundamental and applied discovery research. One in five members work at medical schools and half of all members hold faculty or principal investigator level positions. The most common areas of research include the molecular basis of diseases, cell biology, enzymology, gene regulation, protein structure and folding, and signal transduction. Our organization also sponsors scientific journals that cover a range of fundamental and applied science studies, the most famous being the "Journal of Biological Chemistry." Key issues that we address include assuring that the NIH, NSF, and other federal research funding agencies provide enough support to universities and biomedical research centers.

CFAS: *How can ASBMB and CFAS work together?*

ASBMB: We greatly appreciate the value of membership in CFAS, and the ability to communicate and share ideas with a diverse community with invaluable insights from colleagues cross the country. Research advocacy is a major area of opportunity for collaboration between ASBMB and the AAMC/CFAS. Both organizations have an important and central interest in assuring that fundamental, translational, and clinical research is funded. A second important shared concern is maintaining the vibrancy and vitality of universities and biomedical research centers. These are areas where there should be active and vigorous interaction between ASBMB and AAMC/CFAS.

CFAS: *What national trends or policy issues is ASBMB addressing?*

ASBMB: Currently, the most pressing concern in science is maintaining science funding. We have observed a precipitous decline in funding and this is now undermining our science infrastructure, the ability to train the next generation of scientists, and our position as international science leaders. We are also concerned with educating PhD scientists, the essential need to use animals in research, and educating the public on the tenants of sound science. Our advocacy group, the [Public Affairs Advisory Committee](#) (PAAC), visits Capitol Hill regularly to educate the nation's political leaders on the importance of maintaining a strong scientific community.

CFAS: *What are the benefits of membership in ASBMB?*

ASBMB: Because of our size, we are a major voice in advocating for science at all levels. The society is actively engaged in developing programs to educate the public about

scientific research and the benefits that new discovery brings to society and human welfare. We provide a forum for presentation of new scientific findings and networking with peers through publication in society journals and presentation at the national meeting. ASBMB members receive registration discounts, travel awards to attend meetings, and free online access to our journals.

CFAS: What are some exciting recent developments in the fields of biochemistry and molecular biology?

ASBMB: There are many new findings, but the most important may be CRISPR. This will have tremendous impact on our ability to treat disease. We are also particularly excited about advancements into cutting-edge research frontiers such as the microbiome and metabolism.

New Page: "The People of Academic Medicine"

Many of you may have noticed a new subpage on the [CFAS Resources page](#) titled, "[The People of Academic Medicine](#)." This new page is a running list of academic appointments, promotions, and departures. The page is updated weekly and curated from [CFAS News editions](#). Please forward any news of a colleague's recent appointment, promotion, or departure for consideration in CFAS News and on the new page to Eric Weissman at eweissman@aamc.org or Alex Bolt at abolt@aamc.org.

Registering for Learn Serve Lead: The 2016 AAMC Annual Meeting

[Registration is open](#) for Learn Serve Lead: The 2016 AAMC Annual Meeting. This year's meeting will be held in Seattle from November 11-15 and will feature Doris Kearns Goodwin, Darrel G. Kirch, MD, Robert Laskowski, MD, MBA, Atul Gawande, MD, MPH, and Kay Redfield Jamison, PhD, as plenary speakers. CFAS programming at Learn Serve Lead was sent in the June edition of this newsletter and is also copied below. Full details coming separately.

CFAS Committees & Working Groups (Cohort 1)
Friday, November 11
9:30 – 11:00 AM

CFAS Committees & Working Groups (Cohort 2)
Friday, November 11
11:15 AM - 12:45 PM

CFAS Business Meeting
Friday, November 11
4:30 - 5:00 PM - Cookies and Coffee Networking
5:00 - 6:15 PM - Business Meeting

CFAS/ORR Joint Reception
Saturday, November 12
6:30 - 7:30 PM

CFAS Networking Breakfast

Sunday, November 13

7:30 - 8:30 AM

AAMC Awards Reception and Dinner (all CFAS reps may attend but must RSVP)

Sunday, November 13

6:30 - 10:00 PM

CFAS Knowledge Sharing Session

Monday, November 14

4:30 - 5:45 PM

Audio Clips from the June Governance Meeting

The CFAS Communications Committee chair Amy Hildreth, MD, recently [interviewed](#) CFAS Advocacy Committee co-chair Joseph A. Hill, MD, PhD, and CFAS Faculty Resilience Working Group chair Mona Abaza, MD, about their respective experiences working in their issue areas. The interviews have been posted to Soundcloud and provide valuable personal insights into both the power of effective advocacy in affecting change, and how to conceptualize the issues that feed into wellness and well-being in academic medicine.



Amy Hildreth, MD



Joseph A. Hill, MD, PhD



Mona Abaza, MD

Do you have ideas or suggestions for the newsletter? A recommendation for a CFAS rep or member society to profile? All of your ideas are welcome. Please send them to Eric Weissman at eweissman@aamc.org, or call Eric directly at 202-828-0044.