

CFAS Representative Update



January 2017

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CFAS Spring Meeting Registration Opening Soon

Registration for the 2017 Joint CFAS/ORR Spring Meeting will open in the last week of January with a week-long "early bird special" reduced registration rate. This year's meeting will take place at the Hyatt Regency in Orlando, FL, from March 9-11. The kickoff of the meeting will be March 9 at 2:30 p.m., but there will be two cohorts of optional committee and work group sessions, **which are open to all CFAS reps**, taking place before that. The first cohort meets from 7:30 a.m.-9 a.m. and the second cohort meets from 9:15 a.m.-10:45 a.m. (A list of CFAS committees and work groups are available [here](#).) Also happening before the official kickoff is a session for new CFAS reps, which will be on March 9 from 1:15 - 2:15 p.m.

A preliminary program that described the primary meeting themes and goals, four plenary sessions, and two debate sessions was distributed at Learn Serve Lead: The 2016 AAMC Annual Meeting in Seattle, and can be found [here](#). The meeting will conclude at 3:30 p.m. on Saturday, March 11, but the discounted room rate will be available for several days after the meeting concludes if you wish to take advantage of the Orlando location.

Learn Serve Lead: The 2016 Annual Meeting (LSL) Summary

This year's AAMC annual meeting featured many sessions that had CFAS reps as moderators or speakers or discussed topics directly relevant to CFAS. Annual meeting plenary session themes included leadership lessons from past American presidents, the transformative power of teachers, the role of community in social repair, the changing role of medicine and the clinician, and well-being and mental health in medicine. This [slide deck](#) summarizes LSL programming of relevance to faculty members, and CFAS committee and working group updates from the Ad Board meeting.

Welcoming New Ad Board Members

The CFAS Ad Board welcomed five new members at LSL this year:

- Robin McGoey, MD, from LSU Health
- Rich Eckert, PhD, from the University of Maryland School of Medicine
- Carolyn Meltzer, MD, from Emory School of Medicine
- Alan Dow, MD, from VCU School of Medicine
- GFA Chair-elect Maureen Connelly, MD, from Harvard Medical School

The following CFAS reps rotated off the Ad Board:

- Mike Levitzky, PhD, from LSU Health
- Adi Haramati, PhD, from Georgetown University School of Medicine
- Lee Fleisher, MD, from Penn Medicine
- Andrej Rotter, PhD, from The Ohio State University College of Medicine
- Outgoing GFA chair Darshana Shah, PhD, from Marshall University School of Medicine

Outgoing CFAS Ad Board Member Andrej Rotter, PhD, at the Rally for Medical Research Hill Day



The Rally for Medical Research Hill Day is organized by the American Association for Cancer Research and co-sponsored by the AAMC. The rally, held every September since it began in 2013, calls on our nation's policymakers to make funding for the NIH a national priority. Outgoing CFAS Ad Board member, Andrej Rotter, PhD, attended the rally and reported that there was an impressive turnout of 346 participants from 38 states who visited 161 House and 77 Senate congressional offices.

Dr. Rotter had the opportunity to meet fellow rally participants including patients who have benefited from medical research carried out at AAMC-member institutions. “Basic scientists rarely get a chance to meet the very patients who ultimately benefit from their work, and I found these highly personal interactions to be intensely moving and motivating in our focus to find cures,” said Dr. Rotter.

In meetings with the legislative offices, Dr. Rotter and fellow rally participants requested that lawmakers continue the momentum of robust, sustained, and predictable research funding. “We stressed that reliable funding for the NIH is necessary to pursue research into lifesaving treatments, to sustain our nation’s global leadership in medical research, and to remain competitive in today’s economy,” said Dr. Rotter.

Dr. Rotter summarized some effective advocacy strategies:

When a researcher and a patient talk to a congressional representative together, it has more impact than their individual efforts or the efforts of a professional lobbyist. Communicating with patients whose disease is related to a specific research program is very important for basic scientists.

We need greater participation from scientists/faculty in the political process. Faculty members should keep in touch with congressional representatives and/or their aids on a regular basis. Sending brief summaries of new findings in their field, quoting NIH funding sources for specific disease-oriented projects, and relating how such studies help their constituents is effective.

Do your best to educate congressional staffers on disease-related issues. Congressional staffers showed great interest in learning about disease and their human toll.

CFAS Ad Board Member Amy Hildreth, MD, On Speed Mentoring



Spoiler alert: Yes, speed mentoring is similar to speed dating.

CFAS Communications Committee Chair Amy Hildreth, MD, reported back from her experience at a speed mentoring exercise at the American College of Surgeons (ACS) meeting in October, sponsored by the Young Fellows Association (YFA) of the ACS. CFAS representative Rebecca Britt, MD, organized the session. She was inspired when she participated in a speed mentoring at the joint CFAS/ORR Spring Meeting in San Diego in 2015, where CFAS reps paired with ORR reps. “The idea for speed mentoring originated from a publication about a session at the Academic Pediatric Association meeting in 2012,” said

Dr. Hildreth.

Speed mentoring rounds usually take an hour. Mentors are paired with mentees, talking through specific topics for 10-15 minutes and then rotating to the next person. Before a speed mentoring round, participants can review information about mentees and mentors, and the speed mentoring round that Dr. Hildreth participated in paired people up based on areas of interest they identified beforehand. It was an hour-long session with five minutes of orientation and five minutes to wrap up at the end.

“It was great to learn about what fellows and residents care about these days, and it’s always nice to help others along in their career. We had some great feedback from

mentees this year and 100 percent of the participants said in a survey that they would recommend the exercise to their colleagues,” said Dr. Hildreth.

Rep Profiles: Arthur Derse, MD, JD, Director, Center for Bioethics and Medical Humanities at the Medical College of Wisconsin; Senior Society Rep for American Society for Bioethics and Humanities



CFAS: What are the research trends in bioethics?

Dr. Derse: One trend is studying the public’s attitudes toward new developments in genomics and ethics, particularly in the Precision Medicine Initiative. This empirical research surveys individuals about their comfort with the incidental findings that are disclosed to them that may have implications that we do not yet completely understand. Their understanding depends in part on our scientific understanding of genomic advances and our ability to convey to the public the benefits and other implications of those advances, so it’s important to do our best to educate people about what’s at stake.

Beyond research, there is a trend toward increased education in medical humanities that can greatly enrich bioethics and the practice of medicine. My society, the American Society for Bioethics and Humanities (ASBH), represents medical humanities, which encompasses literature, medical history, the visual and performing arts, and the social sciences such as history and sociology. Emphasis on humanities in medical education teaches professionalism, empathy, better communication, and the value of reflection.

CFAS: How do bioethics and emergency medicine intersect?

Dr. Derse: Issues involving ethics in emergency medicine got me involved in studying ethical issues – back then we had some difficult issues that have now become clearer. For example, I had a member of the Jehovah’s Witnesses refuse a blood transfusion in an emergency situation with major traumatic blood loss, which was a challenging issue. A number of ethical issues in emergency medicine concern informed consent and refusal, determination of decision-making capacity, issues with adolescents who come by themselves to the ER without a guardian, and the exception from informed consent for emergency medical research.

CFAS: What are your general thoughts on proposed revisions to the Common Rule?

Dr. Derse: One of the proposed changes to the Common Rule encompasses two competing concerns of society: First, the only way to achieve advances in health and science is through the use of a wide sampling of stored biospecimens, including genetic materials; second, there is a concern about privacy and the need to ask permission for possible use of identifiable material for secondary or future research. Essentially, we have to come to a consensus to both provide safeguards for informed consent, confidentiality and privacy, while advancing essential life-saving and life-enhancing research. We must also reassure society that individuals’ personal information obtained from biospecimens will be obtained voluntarily, with informed consent, and protected.

CFAS: What are some recent accomplishments at the American Society Bioethics and Humanities that would be of interest to fellow CFAS reps?

The ASBH has developed and published core competencies of knowledge and skills for ethics consultants who deal with ethical issue at the bedside, and we are now exploring developing the best means of certification – whether it should be through a written or oral exam, direct observation, a portfolio summary of education and experience, or through simulations – to determine whether these professionals are meeting the core competencies in their practice.

CFAS has been a really vital and important part of my life in my area of work. Every year I give my colleagues in ASBH a report of the trends and coming changes in medical education as it may affect those who teach bioethics and medical humanities. I also convey the excitement of hearing from thought leaders at LSL who help us become better educators and leaders. LSL allows us, in coordination with our fellow CFAS member society, the Association of Bioethics Program Directors (ABPD), to connect with medical educators.

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

Dr. Derse: I like to read, bike, and do day sailing, one of the advantages of living in a city on Lake Michigan. I also love nonfiction, especially the best American essays of the past year. I was an English major and read a lot of fiction then, but as I got older, my taste changed toward nonfiction, including essays, history, and descriptions of travel.

Katherine Gold, MD, MSW, MS, Assistant Professor, Department of Family Medicine at the University of Michigan Medical School; Junior School Rep



CFAS: *Tell us about your research on physician mental health.*

Dr. Gold: I was interested in the issue because I heard physicians advise other physicians to be cautious about seeking help for mental health. So I did a survey in a closed group on Facebook. I found that an enormous number of respondents hadn't sought help because of stigma and fear of other people finding out they were struggling with mental health issues. Physicians were especially afraid to report these issues to their state medical boards for fear of sanction.

CFAS: *What motivated you to do research in this area?*

Dr. Gold: I did prior work in physician suicide and I treat physicians who struggle with it. One thing that strikes me is that we have very different standards around mental health issues for physicians and members of the general public.

CFAS: *What do you most want your academic medicine colleagues to understand about discussing well-being challenges?*

Dr. Gold: The first is a caution against simply instituting wellness programs while ignoring the underlying stressors in academic medicine, underlying mental health problems, and the fact that some of our workload is unsustainable. If we only focus on a general concept of wellness, it's like telling people they can get help but only up to certain point.

CFAS: *Which organizations have effective approaches to issues of well-being?*

Dr. Gold: Stanford and the University of Utah are doing interesting work with general physician wellness and how to relieve stress, but just a couple of programs have addressed mental health. UCLA came up with good program to screen physicians with mental health problems and get them help. Many underlying structural issues include addressing how physicians get paid for healthcare, funding for academic health, medical record keeping, and paperwork burdens, which all contribute to wellness. It's not good enough to just implement a program; change in the structure of the system must come.

CFAS: *What are some recent accomplishments at the University of Michigan Health System that would be of interest to fellow CFAS reps?*

Dr. Gold: We have done a great job supporting junior researchers by creating special programs to help with grant funding and writing. The programs have had significant success because individuals have been getting more grants. The health system has also excelled at bringing interdisciplinary people together.

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

Dr. Gold: I'm often finishing up work, but I like to spend time with family, and I recently started watching scrubs. I also like to read, and am currently reading "Girl in Glass," a book about a woman who had a premature baby.

Dr. Gold presented a session on her work in physician mental health at the 2016 CFAS Spring Meeting in Salt Lake City, Utah.

Society Profile: The Addiction Medicine Foundation



[The Addiction Medicine Foundation](#) is a not-for-profit organization with a mission that includes defining the field of addiction medicine; establishing and accrediting addiction medicine fellowship programs at academic medical institutions; and informing health professionals, policy makers, and others about addiction medicine. The foundation is governed by a multispecialty board of 11 members and its constituency includes physicians; academic teaching institutions; and primarily patients, families, and communities in need of evidence-based prevention and treatment options. The foundation hopes that the development of GME fellowship training in addiction medicine will facilitate the inclusion of competencies in the prevention and

treatment of substance use disorders within medical schools and residency programs.

The foundation has assisted in the establishment of 44 fellowships, and is on schedule to see 125 established by 2025. Additionally, it successfully campaigned for the inclusion of addiction medicine as a multispecialty subspecialty within the American Board of Medical Specialties (ABMS). They encouraged and supported the recent recognition of addiction medicine by the ACGME, and will assist existing and new fellowships to transition to or gain ACGME accreditation. Since 2009, 4,000 physicians have been

certified by the American Board of Addiction Medicine (ABAM), and 87 percent are current in the maintenance of certification, a high percentage for any field.

According to the foundation's president, Robert Sokol, MD, and executive vice president, Kevin Kunz, MD, MPH, being at the table at the AAMC is important to stay informed on developments in academic medicine, and CFAS has already contributed to the foundation's mission. Drs. Sokol and Kunz also emphasized how crucial it is for junior faculty to be involved in addiction, because addiction medicine is a needed, emerging, and quickly expanding field, which CFAS can help build momentum for through messaging to schools, faculty, students, and others. The 2017 Joint CFAS/ORR Spring Meeting will include programming on the opioid epidemic.

"One of every four deaths in our country is attributable to alcohol, nicotine, opioids, and other drugs, including non-opioid prescription medications," said Dr. Kunz. "We want every academic medical center to know there's an opportunity to educate a new generation of physicians to address this national, chronic disease epidemic. We have to make sure physicians understand how best to prescribe opiates, which necessitates comprehensive education on the science and care of substance use disorders."

Dr. Kunz also elaborated on the welcomed shift in conceptualization of substance abuse from a moral problem, to a criminal and behavioral problem, to a disease of the brain with genetic and environmental influences. "We must continue to address addiction as a disease. We can't incarcerate our way out of the substance abuse problem, nor will building more acute treatment beds help." Instead, Dr. Kunz emphasized, the academic medicine community must look at this complex, chronic disease comprehensively. There is evidence-based prevention and treatment that can be used and these tools must be integrated into the continuum of medical education so that physicians can access them.

"The really encouraging news about the issue of substance abuse becoming more widely recognized is that, historically, when academic medicine shines its light on a societal problem, resources are brought to bear and the problem can be solved or greatly mitigated," said Dr. Kunz.

CFAS Reps at the Executive Development Seminar for Associate Deans and Department Chairs

CFAS Chair and school rep from the Medical University of South Carolina Vincent D. Pellegrini, MD; CFAS school rep from Geisel School of Medicine at Dartmouth Catherine Pipas, MD, MPH; and CFAS school rep from University of Texas at Austin Dell Medical School Amy E. Young, MD, were all major presenters at the AAMC's [Executive Development Seminar for Associate Deans and Department Chairs](#) in Englewood, CO. Drs. Pellegrini and Pipas led a session titled, "Leading through the Changing Landscape for Faculty and Staff," and Dr. Young gave a dinner speech titled, "Lessons from My Leadership Journey."

Eighty-five participants attended the meeting, which covered primary funding sources and challenges related to each of the academic missions, identified some of the leadership qualities most useful and applicable to rapidly changing academic health centers, and identified strategies for managing the faculty-administration relationship, among other things.

The AAMC "Well-being in Academic Medicine" Page

CFAS continues to update the content for www.aamc.org/wellbeing, the AAMC's site for addressing well-being in academic medicine. The webpage was featured at Learn Serve Lead: The 2016 AAMC Annual Meeting in Seattle, WA, and the CFAS Faculty Resilience Working Group discussed ways to further expand upon and improve the page during their session at the meeting, including by shifting the focus of the page to address the prevention of burnout, rather than its downstream effects. Your feedback and content contributions are welcome.

Looking for information about CFAS? Find what you need on our [website](#), from the names of CFAS leaders, to updates on committee and working group initiatives, to upcoming offerings and meetings, and finally, current and previous editions of CFAS News.

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. You can also reach out with questions or comments to CFAS Communications Committee Chair, [Amy Hildreth](#), MD.