

## **CFAS Connects October 29**

**Moderator:** Nicholas Delamere, PhD

**Speakers:** Lee Eisner, PhD, Richard Eckert PhD, Ety “Tika” Benveniste, PhD, Vincent Pellegrini, MD, William Merrick, PhD

### **Main Theme:**

Much of the meeting focused on the effects of the pandemic’s isolation on people’s finances, productivity, well-being, and personal lives.

### **Discussion:**

- No teaching modality has been left untouched by the pandemic: People have had to find emergency detours and substitutes for the clinical and non-clinical learning environments in order to continuing educating undergraduate and graduate physicians. Teaching had to be converted to virtual or hybrid platforms and clerkships were shortened to compensate for time medical students had lost.
- In a poll, most participants (60%) saw the pandemic as both a disruptor and catalyst for innovation.
- There was conversation on how the pandemic changed people’s daily lives and work. Some loved that they didn’t have to travel as much while others reported that everything in their jobs moved much more slowly.
- One faculty member said that decisions are being made and reported to them just weeks or days before they need to implement them. It’s harder for leaders in clinical and basic science education to get to consensus in regard to changes to clerkship plans, grading, or something as simple as when something will be presented to the curriculum committee.
- A positive has been an increased access to faculty who are off site or might not be at other locations thanks to Zoom meetings. The new dynamic has added richness for residents’ didactic educational experiences and should be preserved when everyone is back on campus.
- Some faculty members had to cancel all rotations in clinic and clinics were closed. It seemed like the world had ended and all of the sudden everyone had time so we tried to fill that time. But a lot of good has come out of this in terms of productivity. It took two weeks for us to come out of the funk and get our feet back under us.
- There’s been an expansion of student participation in teaching because of the pandemic and educators and students are hungry for online and virtual training.

- One faculty member had to use new virtual resources to teach gross anatomy which ended up being very highly rated by students, but they also missed the anatomy lab dissection experiences.
- Removing direct hands-on laboratory classes has been the hardest thing for one faculty member. Students need to learn manual skills at some point and finding a solution to get this training to students is proving elusive for the time being.
- Turning presentations into Zoom content is time intensive and faculty members can get help doing this from students or teenagers in their homes.
- Some people feel like they have to do more work for the same output, especially those with kids.
- All faculty that run labs have been affected but junior faculty have been affected the most because they've faced more difficulty in applying for grants, getting labs up and running, and setting themselves up for promotion and tenure.
  - Women have been impacted more because of care giving responsibilities.
- One institution is stepping up to help people with child care and also extending the promotion and tenure timeline to alleviate concerns.
- Institutions are struggling with figuring out how to keep grants running and basic science education progressing when they can't get many researchers to the bench.
- Mental health is a huge concern for graduate students.
  - Behavioral issues that are exacerbated by pandemic aren't getting enough attention, public health needs to stop treating behavioral health as second-class citizen.
  - Some institutions are focusing on student well-being but not faculty well-being.
- Some clinical research sites are adapting to the pandemic by enrolling patients virtually and getting electronic consent. Balancing payroll is a challenge, however, because there aren't have enough patients enrolling to maintain people's full salaries at the site. Clinical research personnel are not getting paid as much.
- Teaching over Zoom is difficult because it's much harder to interact with students and answer their questions in that format. It also creates more homework for students.
- Institutions feel like a tomb for some because of social distancing and lack of opportunity for intellectual exchanges.

## Comments:

- MS1 and MS2 are unable to shadow and this is significant issue for career exploration.
- I teach M1 and M2 basic science at FIU. We are now streaming our sessions live and having many more students participate live than we did before March. About a quarter to half of our class is participating live. Prior to March, we would have 10-15% of the class attending class.
- The pandemic has accelerated the demand for our simulations like Radiology-TEACHES: <https://www.acr.org/Clinical-Resources/Radiology-TEACHES> and has driven higher participation in medical student programs like our PIER mentorship to engage URM and women in radiology: <https://www.acr.org/Member-Resources/Medical-Student/Medical-Educator-Hub/PIER-Internship>
- Transformation of anatomy teaching from cadaveric dissection to primarily online technology has brought about a new approach at our institution which will likely be incorporated in future teaching.
- Supporting academic endeavors such as review articles, opinion articles and communications should be a priority both for our institutions and the NIH.
- Adapt to cope at first turned into adapt to win.
- Same for us. We were on the virtual road already but have new audiences as a result of the need created by pandemic.
- Giving EXAMS online was quite a challenge!
- At my school, we were already using holograms to teach anatomy, but COVID forced us into purchasing more lenses and now students are able to learn anatomy from their living rooms while looking at holograms.
- Pluses and minuses! Glad I don't have to travel (saves time) BUT more work accumulates, piles, and accrues!
- I recently had to give a 3-hour teaching course over zoom to 120 residents. I spent at least 100 hours changing my usual PowerPoints into presentations filled with video clips. It made the presentation very engaging but it was a huge amount of work! And I couldn't have done it without a teenager to show me how to do all the video work.

- I would love to hear how other institutions have supported/are supporting faculty who now also need to educate their own kids at home.
- Provided unexpected opportunities to, e.g., join our state Medical Reserve Corps as a non-clinical person and sit on our Governor's COVID-19 Long Term Care Task Force. Stated differently, it showed me that non-clinical basic scientists are under-utilized resources during epidemics/disasters. Re. teaching: gross anatomy virtually is a bust. Not able to freely interact with small groups of graduate students is a bust. But, teaching residents virtually: surprisingly has gone really well. So too did our interprofessional patient panels for M1's.
- Nothing going on at our institution re: child care. As a mother of 3 who also lost her au pair due to the J1 visa ban, it has been interesting....
- I suggest everyone read David Sklar's Commentary in this month's *Academic Medicine* "[Lessons from COVID-19 that can improve Health Professions Education](#)"
- Data from my school has shown substantially more stress among female faculty, especially those with younger children.
- One resource we have for families is access to Care.com covered by the institution. Not perfect but can help for care of kids and elders.
- Dr. Mom's Added Burden: [https://www.iacr.org/article/S1546-1440\(20\)30967-4/fulltext](https://www.iacr.org/article/S1546-1440(20)30967-4/fulltext)
- My institution has offered every faculty up to 10 hours of child care funded by the institution.
- <https://labblog.uofmhealth.org/industry-dx/covid-19-widening-gender-gap-academic-medicine>
- The Europeans, especially in northern and eastern Europe, have workplace childcare build into their institutions
- My lab suffered less from shut down than from MENTAL HEALTH problems; dealing with anxiety, et al.
- Here's data from my own research (95/106 faculty in my family medicine department): 76% of women vs. 50% of men live with a partner working full time. Huge concerns over childcare and supervising home schooling, concern financially over needing to cut hours or pay more for additional childcare; huge desire for increased flexibility in scheduling). Overall folks in my department feel well supported and I think the willingness of our chair to allow huge flexibility helps a lot.
- We have done the survey for all faculty and staff. The most serious need was not nanny or baby sitter, but rather on-line tutor and homework helper. We arranged this with undergrad

students, so our students helped teaching school children with very small amount of fee. It created win-win.

- In my experience, mental health was worst for grad students who were having courses, lab, and families.
- Absolutely: the largest source of lost revenue has come from maintaining salaries for staff whose work is solely bench research. Halting wet lab research has resulted in months of expenditures without research progress. Absolutely the most affected are early career faculty (startup packages, CDA, tenure clocks) and grad students.
- Most bench scientists at Georgetown are limited in their access to the labs, as well as the number of personnel that can be there at the same time.
- At my institution, we can get results within 24 hours, but you have to have symptoms. Otherwise, you can drive to a central location and results don't come back for up to a week.
- At my institution, you need 2 or more symptoms to get tested thru the hospital.
- We cannot take NEW students: rotations or undergrads!
- Mental health issue: See CDC August report on marked increased suicide thinking, doubling of anxiety disorders, and tripling of depression. CFAS educators/investigators need to focus on self-care and on reducing stigma. Faculty mental health ambassadors/champions are needed. The behavioral epidemic has not received nearly enough attention compared to the physical health epidemic.
- I agree completely. In my state, the suicide rate increased by 30% since March. On top of it, the rate of IPV and domestic violence increased as well. This is going to create a long-lasting mental health issues after we are over with COVID. Thank you, AAMC, for connecting all of us.
- Great! See the UN report on the "shadow epidemic" of domestic abuse. For better and for worse, CFAS members are people just like everybody else, including SUDs/SMIs/domestic abuse etc.
- Here's a wonderful example of collaboration in pursuit of patient well-being that also spilled over to providers: <https://www.acr.org/Practice-Management-Quality-Informatics/Imaging-3/Case-Studies/COVID-19/Bridging-the-Communication-Gap>
- We are not suffering from furloughs, layoffs, pay cuts, etc., which is great. The leadership of the university is particularly focused on mental health of the student body, but it does not extend to faculty at all.

- I found this article in the AAMC Update yesterday very interesting re: drug overdoses during the early COVID pandemic  
[https://www.medrxiv.org/content/10.1101/2020.10.21.20217174v1.full?utm\\_source=sfmc&utm\\_medium=email&utm\\_campaign=covidexternal&utm\\_content=newsletter](https://www.medrxiv.org/content/10.1101/2020.10.21.20217174v1.full?utm_source=sfmc&utm_medium=email&utm_campaign=covidexternal&utm_content=newsletter)
- Funding agency support: automatic NCE, pandemic relief funds, institutional bridge funds.
- Promotions: automatic extensions in tenure stream.
- Job security is paramount: mental health and work-stress.
- Long view leadership: The last CFAS connect someone commented that this is a marathon and short-term planning is counterproductive.
- Institutions are focused on finances appropriately and the well-being of learners. But attention to the faculty well-being has lagged. And they are the ones keeping the institutions afloat (patient care, teaching and research).
- Yes – that has been exactly the issue here. There has been a lot of anger toward upper management because for a long time, all the briefings focused on money and cuts, not well-being, appreciation, or support.
- One mental health resource for faculty/staff/students: Formal Mental Health First Aid Training.  
<https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/>
- Inadequate communication from leadership to most faculty resonates for both researchers and medical educators.
- The financial situation at many of our institutions will come down hard on faculty not protected by tenure or a source of clinical revenue. My contract was unexpectedly not renewed (I was given ~2 weeks' notice) when it expired at the end of June, and so I've been pushed into the unenviable situation of trying to find a new position when nobody is hiring.
- Regarding our learners, I feel like the strong students are continuing to do well, however the weaker students are struggling a lot!
- This article has been recently published in the JACR: Mitigating Asian American Bias and Xenophobia in Response to the Coronavirus Pandemic: How You Can Be an Upstander  
[https://www.jacr.org/article/S1546-1440\(20\)30977-7/fulltext](https://www.jacr.org/article/S1546-1440(20)30977-7/fulltext)
- Being in a surgical department, we are used to masking and gowning, even in our animal facilities. No one here finds this burdensome or isolating.

- Social distancing and masks in the lab interferes with relationship building and camaraderie among members in the lab. It is difficult to participate in quick interactions, sharing of ideas, and even adds some formality to lab meetings. It doesn't help that university 'enforcers' stop by labs frequently to make certain everyone in the lab are following the rules.