

The GEA 50th Anniversary Dispatch 1969-2019

Issue 2

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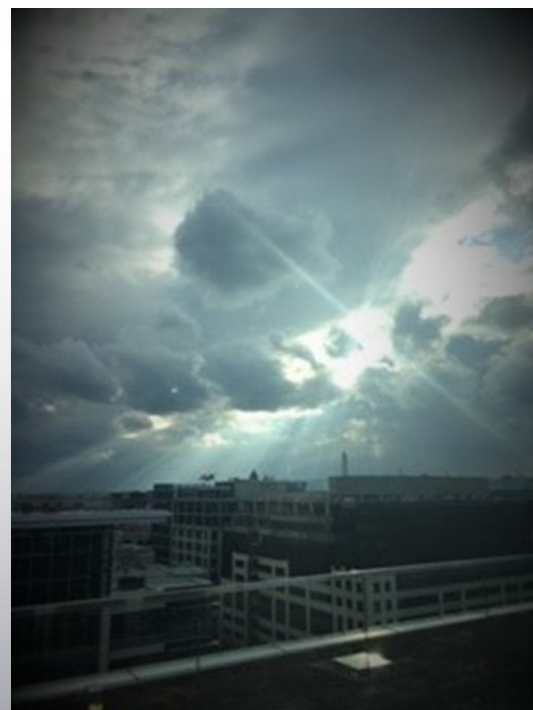
•**Act:** Who influenced you?

As we all experienced, 2020 was a challenging year for so many reasons. While our team hoped to bring you three history-packed dispatches to wrap up the celebration of the GEA's 50th anniversary by the end of the calendar year, our best intentions were defeated by the competing demands of figuring out how to present the scholarly work accepted for the AAMC's Learn Serve Lead Meeting in new virtual formats while also creating entirely new programming for the community of medical education as you navigated the pandemic, responding with vigor to the new demands of the environment.

We hope you'll forgive our taking more time than anticipated to bring you this Dispatch Number Two. The wonderful thoughts from GEA leaders over the years give us all something to embrace as we endure the dark months of winter.

Browse through this edition, you'll find more from Brownie Anderson, reflections from GEA colleagues, and an exciting opportunity to participate in a GEA network analysis. We hope you forgive our tardiness, as we continue the anniversary celebration. We believe it was worth the wait.

Happy Anniversary GEA!

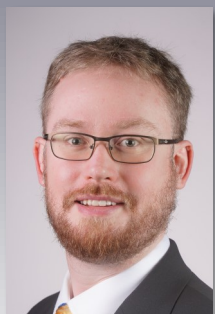


View from AAMC Offices
Here comes the sun!

50
GEA Celebrating 50 years
of medical education.

The GEA's Last Decade—What a Ride!

Stephen McKenzie, Director of Constituent Engagement
Kate McOwen, Senior Director of Educational Affairs



When Brownie Anderson departed the AAMC after thirty-plus years, bound for the NBME, she left impossibly large shoes to fill. While our task at the beginning was daunting, we were privileged to move into the role of primary care takers and chief champions of the incredibly diverse and productive community of medical educators we know as the GEA. As we consider all that's passed in the last decade, we realize there is meaningful continuity between efforts from years ago and the work the GEA is currently engaged in. The GEA's fiftieth anniversary offers us the opportunity to reflect upon your incredible work and connect some of the dots between the past and the present.

We believe the GEA's greatest resource are the individuals that make up the community of medical education. The GEA focuses its effort on projects that benefit the broader community, developing scholars, supporting scholarship through educational grants, and providing opportunities to disseminate scholarly work, advancing both individual careers as well as the field of medical education. It's through this generous exchange of ideas that the GEA conducts its work and supports both the training of new physicians and continuing education of practicing physicians.

Projects

In 2011 the GEA focused effort on documenting the full breadth of the products and projects of the GEA, The Thousand Points of Light and later the GEA Agenda for Action: a document tracking all the good work of the four re-

gions and the four sections, plus special projects, and ongoing engagements. This proved a difficult task, as the tracking documents quickly grew large and unwieldy considering all the great work happening. That same year, a working group of members from the GEA and the Group on Faculty Affairs (GFA) wrapped up an important project focused on evaluating the educational contributions of faculty in ways similar to research contributions for promotion and tenure purposes; the [Toolbox for Evaluating Educators](#). That project crystallized the intention of the GEA steering committee to move forward in seeking more collaboration with others outside of the GEA community.

The GEA's Last Decade—What a Ride!

Over the decade, the GEA worked to identify professionally satisfying projects to engage medical educators in work that added to the national discussion about medical education. From 2012 through 2013 the GEA worked on two projects engaging volunteers from across the continuum of medical education with diverse backgrounds and positions to focus on [Implementation Science](#), and Resident Duty Hours. In 2013, the GEA supported the adoption by the AAMC of the [Leadership, Education, and Development \(LEAD\) certificate program](#) from the SGEA as an important professional development offering for early to mid-career faculty. From 2014 through 2018 a series of annual and regional meeting sessions focused on professional identity formation. Finally, from 2018 - 2020, the GEA's newly formed Constituent Collaborative Projects model led to a successful collaboration

with the Group on Student Affairs exploring the drafting and use of narrative comments in the Medical Student Performance Evaluation (MSPE).

Scholarship

Supporting medical education scholars has always been at the center of the GEA, and over the last decade several programs continued that important work. The number of small grants awarded by the GEA regions increased, with some regions offering new awards, and others offering multiple awards per year. At the same time in 2013, the GEA was able to offer the first GEA National Grant, a program that continues today. In 2014, the GEA was pleased to participate in a new partnership with the journal *Teaching and Learning in Medicine* highlighting some of the research presented at the GEA's regional spring meetings. Finally, the Medical Education Research Certificate (MERC)

evolved into the program we know today; a flexible faculty development program used in a variety of face to face and virtual formats at medical schools, societies, and teaching hospitals.

The AAMC's Annual Meeting

Any reflection upon the last ten years would be incomplete if we didn't mention the challenging circumstances surrounding the AAMC's attempt to move the scholarly content presented during the AAMC's Annual Meeting to a new offering, the AAMC's Medical Education Meeting, initially held in 2014. The disruption this change caused to the function of the GEA, and particularly the GEA Steering Committee, was noteworthy. Previously, the steering committee spent a significant amount of effort each year planning the medical education events offered at the AAMC Meeting including the RIME Conference, a medical education plenary, small group

The GEA's Last Decade—What a Ride!

discussions, research and innovation abstracts, and posters. Upon hearing of the new plan for the AAMC Medical Education Meeting, the GEA steering committee and individual members took every opportunity to provide feedback that the new plan did not meet the needs of the community of medical educators who look to the AAMC as a primary place to meet their peers and disseminate scholarship. After two years, the new meeting was dissolved in favor of a single AAMC Learn Serve Lead meeting, designed with the entire constituency of academic medicine in mind and re-engaging medical educators in the national conversation.

GEA's Internal Reflection

The disruption of the AAMC's Medical Education Meeting led to internal reflection for the GEA. Emerging from a 2013 "blue sky" meeting of past and present GEA Steering commit-

tee members, a strategic plan focusing the GEA on the continuum of medical education and engagement with medical educators using new virtual and face to face means was adopted in 2014. Much of the effort of the years between 2014 and 2018 focused on re-confirming



the [GEA's open-membership model](#), and creating new standardized positions for section leadership committees. A new strategy for sharing information across regions and sections through newsletters was implemented, first with the GEA Continuum in 2014 and then later the GEA Activity Report in 2017. A working group convened in 2018 to write the

GEA's Value Proposition that provides a shared mental model of the GEA for all of us and for the future. We'll share the Value Proposition in Dispatch 3, so stay-tuned!

As we celebrate the closing of the GEA's fiftieth year, we want to express our sincere gratitude to all of you as you share your time, talent, and effort on projects large and small in support of your colleagues, many of whom, you'll never meet. When we describe what we do to others, we both are pleased to tell them that no matter what, you will never meet a group of people who are more creative, work harder, or who are more committed than the medical educators we have the privilege to work with through the GEA. We wish you continued success in all your endeavors GEA, we've learned so much from you and can't wait to see what's next!

Brownie Anderson's Oral History

Introduction



M. Brownell (Brownie) Anderson marked her 27th year of service at the AAMC in 2011. At that time, she held the title of associate vice president in the Division of Medical Education. Brownie sat with AAMC archivist Molly Alexander for an expansive interview related to her time and contributions to the AAMC as part of an oral history project.

She soon moved to the National Board of Medical Examiners (NBME) where she has now worked for 9 years. Brownie is currently the Vice President, Medical Education Global Initiatives of the NBME. She will retire from the NBME in December 2020.

To our knowledge, excerpts from this interview have not been released since its recording. With Brownie's permission and her review of this excerpt we take you back to the 1980s and move forward 27 years through her AAMC work with the GEA.

Expect 1 additional install-

ments to be released in the upcoming GEA 50th Anniversary Dispatch.

♦ Chapter 1 – Brownie's beginnings at the AAMC, medical education changes and trends from the 1980s through the 1990s, and her 2011 projections of necessary medical educational evolutions.

♦ Chapter 2 – exemplars of noteworthy AAMC/GEA medical education project collaborations between 1980 and 2011.

♦ Chapter 3 – the GEA and its contributions to medical education.

Brownie Anderson's Oral History

Chapter 2 : What is the GEA?

GEA is the Group on Educational Affairs. It's one of the many professional development groups of the AAMC. It is the only group that crosses

the continuum of medical education. It represents undergraduate, graduate, and continuing medical education, and has a scholarly component

that underlies all of that. It's in four sections: undergraduate, graduate, continuing medical education, and scholarship in medical education.

Brownie Anderson's Oral History

Chapter 2 : What is the GEA?

The GEA used to be called the Group on Medical Education, and its acronym was GME. There was continual confusion that it stood for Graduate Medical Education; GME is the acronym we typically use for graduate medical education. So, in 1989 I believe, we changed the name of the group to be the Group on Educational Affairs. The GEA has within its activities some faculty development work, it has a large presence at the AAMC's annual meeting: the Innovations in Medical Education exhibit; the Research in Medical Education Conference; and then a series of workshops and discussion sessions; all generated by attendees. Staff don't generate the program, it's all done by proposals that are submitted.

The GEA has launched a number of projects.

MedEdPORTAL was started in the GEA, as a response to the Accreditation Council for

Graduate Medical Education's competencies. The schools were saying, "We don't know how we're going to respond to these competencies. Couldn't we have a collection of resources, from all the schools, so that's how MedEdPORTAL got started. We did a conference in 2006 on Scholarship of Education -- Advancing Education and Scholarship. There is a document that is one of the most frequently cited on the AAMC's website, and we have a taskforce now that is creating some national standards for evaluating scholarship in education. So, there are a number of projects that the GEA has done.

Changes over Time

When I came here, the GEA was very insular. There were a few activities at the annual meeting, the RIME conference being the predominant one. In fact, there was a group called the Generalists in Medi-

cal Education, that I helped to get started when I was at SIU, because there was the feeling that the GME (which is what GEA was at the time) was an old-boys' club. If you weren't in that club, you didn't get into the program. You didn't get to present. There weren't venues for presenting to small groups; there weren't interactive venues. So the Generalists conference really got that started.

And when I came to the AAMC, I was not responsible for conference planning, initially, through the GME, but my boss left, and I was given that responsibility. So, we started instituting...interactive sessions, expanding the annual meeting program a great deal. The GME used to spend the bulk of its time programming the annual meeting, and the GEA has gotten completely away from that. We have a small committee that does that, but we focus on these projects and activities.

Brownie Anderson's Oral History

Chapter 2 : What is the GEA?

We reorganized the GEA into these four sections that I described. We have four regional meetings that are robust, and are sort of a mirror, a smaller version of the AAMC's annual meeting. They're an opportunity for people who can't get to the annual meeting to participate. They're an opportunity for people to learn in a smaller group, and then experience the AAMC annual meeting. So those are some of the fundamental changes.

How Does GEA Contribute to the AAMC, as a whole?

I think by engaging a group of faculty and administrators. Because it's people who are teaching. It's by giving faculty an opportunity to be engaged, who might not be in the Council of Academic Societies, who aren't deans. We benefit enormously from all the work that they do for us. We have an incredible volunteer work

force in these participants, in terms of task forces; in terms of advisory groups that they participate in. So, we benefit enormously from it.

Because the GEA is constituent-driven, not staff-driven, I think it's a very good example of how AAMC can meet the needs of constituents by having them do the work. It is also the place that brings this



continuum representation that we talk about all the time, but don't really make active.

That's been a very important contribution, and something that we struggle with, to keep that active; to really bring in all the components of the educational process, not silo them.

Your Role with the GEA

We were called group executive secretaries; now we're

called group program leaders. I've been the group executive secretary for twenty-five years for the GEA. The way I work is behind the scenes. I'm a facilitator. As I said, we have this incredible volunteer workforce that does so much for us. So what I have done...is, by example, moved some things forward without being in front of them; given people with really good ideas an opportunity to act on those ideas; and herded some cats along the way. But, really, it's been more seeing people who have so much energy, and such ideas, and they say, "Wow. We can't do this at our school," or, "Why do it at one school, when it would be valuable for a whole lot of people?" What we've been able to do, and I've been able to do, is give them a platform, to move those things forward. I think AAMC has benefited from that, as well as our member schools.

Reflections: Luann Wilkerson, EdD

When I Think about the GEA



Growing Through the GEA

When I think about the GEA, I think about the many opportunities for professional development that it has offered

grant designed to improve the teaching of the medical students by community preceptors. I really had no idea what a preceptor was and spent that year as an anthropologist, observing in clinics and hospitals around the state and reading everything I could find about clinical teaching from the *Journal of Medical Education* (the previous name of *Academic Medicine*). I quickly learned

once a few years later, a memorable event since it was Halloween and my co-author appeared in a mask to give his part of our paper on teaching rounds! Since then the Group (with its name change to GEA in 1988) has been my faculty development home.

As Carol Elam reminded us in an earlier essay in this [GEA series](#), in 2002, Maurice

The purpose of the Group on Educational Affairs (GEA) is to advance medical education and medical educators through faculty development, curriculum development, educational research, and assessment in undergraduate, graduate, and continuing medical education.

from my earliest days in medical education through the present. I stumbled into medical education when I needed to move to Ohio for my family and through connections to faculty development colleagues in higher education I ended up at Ohio University in the osteopathic medical school as the acting director of a HRSA faculty development

about the Group on Medical Education at the AAMC. From an article by Hilliard Jason on a study of medical teaching practices, I learned that there had previously been a Division of Faculty Development as part of the AAMC and realized that I had found a new home. I presented my first paper at a Research in Medical Education Confer-

Hitchcock edited a series of articles in *Advances in Health Science Education: Theory and Practice*, based on interviews with professional educators who have been credited with starting the move of professionally-trained educators into medical education. I had just completed my term as GEA chair-elect, chair, and past-chair and thought

Reflections: Luann Wilkerson, EdD

When I Think about the GEA

I had lots of spare time to tackle the project with Maurice, so agreed to work with wonderful colleagues on two of the papers. Bill Anderson and I had the opportunity to interview Hilliard Jason who as a medical student, had been drawn into the Project in Medical Education, headed by George Miller at the University of Buffalo, better remembered for Miller's pyramid these days. Hilliard's landmark 1982 book, *Teachers and Teaching in US Medical Schools*, identified the lack of preparation of faculty members for their roles as teachers and the need for both educational research and professional support for faculty members as educational decision makers. Based on his own experience, he articulated four lessons for professionally trained educators considering a career in faculty development in medicine that have illuminated my own journey:

See yourself as an anthropologist. Explore the culture and multiple settings in which medical education occurs, from surgery suites to large classrooms, from academic medical center hallways to community clinics “just to get a feel for the culture and the environment and for the value system and the vocabulary.”

Be a translator, able to share what you have studied about how people learn “the language of medicine and understand the peculiarities of medicine and the people who are medical faculty.”

Develop your team member skills. Devote time to developing exceptional collaboration and interpersonal skills and the ability to shine the light on others, rather than on oneself.

Master change skills. Be gentle and patient when change is involved. Understand how to assess readiness and promote enthusiasm.

Since we are celebrating the 50th anniversary of the GEA, I thought I might briefly trace the impact of the GEA on faculty development as filtered through the lens of my involvement in GEA and regional meetings.

Anthropologist: My first foray into the GEA was in 1984 through the RIME sessions. A time when much of the discussion of medical education centered on the just-issued GPEP report with its challenge to rethink teaching practices in medical education to develop life-long, activated learners.

GEA programs highlighted the experience of schools already using problem-based learning and I recall one workshop with Howard Barrows in which he demonstrated how PBL could even be applied in large group settings. There were workshops on clinical teaching skills and small group discussions on how to better prepare residents for their

Reflections: Luann Wilkerson, EdD

When I Think about the GEA

roles as teachers. In the 1990's the workshops and small group discussions often focused on preparing physicians to teach in the ambulatory setting, strategies for student-centered teaching practices, and preparing faculty members to assess clinical performance. RIME sessions challenged me to carve out more time for scholarship, even as a faculty developer.

Translator: Emil Petrusa and I developed a Professional Development course on Managing the Quality and Outcomes of Medical Education that occurred annually from 1995 to 2000 with a focus on preparing new leaders for their roles as curriculum committee chairs, curricular deans and faculty developers. Building on the success of the CGEA's Fellowship in Medical Education Research (F-MER) initiated in 1991, the GEA sponsored the implementation of a Fellowship in Medical Educa-

tion Research in 1996 that has transitioned into MERC and continues as a critical feature of professional development for medical educators across the country through collaboration with the regional GEAs and other professional organizations. And in 1997, the GEA implemented special interest groups and I was delighted to network with like-minded colleagues from across the country in the new faculty development and Resident-as-Teacher GEA interest groups.

Develop Your Team Member Skills: In the early 2000's, while variations on these faculty development topics spread across our schools, I went back to my institution each year inspired by the national and regional GEA meetings to tackle new aspects of faculty development such as supporting faculty well-being, promoting cultural competency, at-

tending to the affective component of learning, and tackling difficult issues in assessment. After 2010, new challenges for faculty development



emerged with each national GEA meeting and I was stimulated by sessions on teaching with simulations, numerous strategies for improving feedback, including a focus on building relationships rather than mastering specific skills, and the growing need to think about faculty and students across the continuum. In 2018, a GEA panel confronted us with the damaging impact of structural racism in our institutions and learning environments that diminish, rather than support learning. Also

Reflections: Luann Wilkerson, EdD

When I Think about the GEA

in 2018, Deb Simpson and a crew of colleagues challenged us to think about what faculty developers might need to be prepared to do by 2025. There is still plenty we need to accomplish!

Master Change Skills: Measuring the value of our faculty development efforts allows us to continue to change and evolve. In 1995, I teamed with other faculty developers for a GEA session on “Identifying the Outcomes of Fellowship Programs in Medical Education Research”. Yet, across all of these years, evaluating the impact of our faculty development programs and activities has remained an area for us all to master.

As a faculty developer, I continue to be an anthropologist, a translator, and team member benefiting from the network of colleagues who face the same challenges that I do. Together we must continuously seek innovative ways to support

(cognitively, emotionally, strategically) our teachers to meet the challenge of maximizing learning in a workplace environment that can appear to devalue its commitment to preparing the next generation of physicians as the focus increases on the business of medicine. How will the GEA help us surmount this challenge and continue to grow the strength at the center of our medical schools and residency programs — our faculty — as learners, teachers and educators? We in the GEA continue to welcome your recommendations, insights, and participation within the faculty development community.

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Your GEA Chairs

1970 – 2020

1970-1972	Loren Williams, PhD	1995-1996	Georges Bordage, MD, PhD
1972-1973	D. Dax Taylor, MD	1996-1997	Jeffrey Turnbull, MD
1973-1974	Howard Levitin, MD	1997-1998	Ruth-Marie Fincher, MD
1974-1975	Christine McGuire, MA	1998-1999	LuAnn Wilkerson, EdD
1975-1976	Merrell D. Flair, PhD	1999-2000	Henry Pohl, MD
1976-1977	Robert A. Barbee, MD	2000-2001	Robert T. Watson, MD
1977-1978	George L. Baker, MD	2001-2002	Linda Distlehorst, PhD
1978-1979	Thomas C. Meyer, MD	2002-2003	James O. Woolliscroft, MD
1979-1980	Frank Stritter, PhD	2003-2004	Deborah Simpson, PhD
1980-1981	Murray Kappelman, MD	2004-2006	Lois Nora, MD, JD
1981-1982	L. Thompson Bowles, MD, PhD	2006-2008	Karen Mann, PhD
1982-1983	Alan Goldfein, MD	2008-2010	Suzanne Rose, MD
1983-1984	Vic Neufeld, MD	2010-2012	Karen Szauter, MD
1984-1985	Paula Stillman, MD	2012-2014	Brian Mavis, PhD
1985-1986	S. Scott Obenshain, MD	2014-2016	Elizabeth Nelson, MD
1986-1987	Gerald H. Escovitz, MD	2016-2018	Joseph Jaeger, DrPH
1987-1988	Julian I. Kitay, MD	2018-2020	Carol Elam, EdD
1988-1989	Stephen Abrahamson, PhD	2020-2022	Nagaraj Gabbur, MD
1989-1990	Fredric D. Burg, MD		
1990-1991	Alberto Galofre, MD		
1991-1992	Charles P. Friedman, PhD		
1992-1993	Reed G. Williams, PhD		
1993-1994	William D. Mattern, MD		
1994-1995	Wayne K. Davis, PhD		



*Thank you for your
service to the GEA !*



Reflections: Lois Nora, MD

Leadership in Service of Others



Leadership makes a difference.

tools to help us hone our leadership skills, offered a place to grow as leaders, and created a diverse, passionate, and nurturing community.

pertise they bring to the table, enthusiasm for listening as well as speaking, and a willingness to leverage the diversity in the group to develop consensus rather than impose ideas.

That has never been so clear as it is today, as the world fights a pandemic, confronts global warming, and pursues equity. As we all process these experiences, scholars, pundits, and commentators have been discussing the qualities that make leaders more or less successful.

For those of us who have made our careers in academic medicine, the AAMC has been an important place where we have learned, practiced, and leveraged our leadership skills. As the AAMC Group on Educational Affairs (GEA) celebrates its 50th anniversary, I am reminded of its important role in developing leaders in medical education generally, and I am grateful for the role the GEA has played in my own leadership development. The GEA has provided

The Skills

When I was growing up, leaders were thought to be born, not made. Leaders were male, loud, and directive, according to the paradigm of that time. But a generation of leadership studies has demonstrated that leadership develops, rather than being chromosomally determined, and that leaders may operate with a **variety of styles**. This has been apparent throughout the history of the GEA.

The GEA brings together people who are talented across a variety of areas and share a common passion for medical education and what it means for the development of physicians and the care of people. Successful leadership in our community requires respect for our colleagues and the ex-

These are just a few of the skills honed as one becomes a leader in the GEA – and as scholars have demonstrated, these are also some of the most important tools for successful leadership. While some commentators have described these as “**female**” leadership skills, I propose that they are the non-gendered skills of effective leaders in a variety of settings and at all levels of organizations and communities.

The Place

Leadership scholars note that having a chance to **stretch into opportunities and roles** is an important part of leadership development. I remember being at my first regional GEA meeting in Lincolnshire, IL,

Reflections: Lois Nora, MD

Leadership in Service of Others

when I was asked to facilitate a small group discussion. Afraid to say no, I took the plunge. I lived through the experience, actually enjoyed it, and when Brownie Anderson (who at that point in my career terrified me but who became a wonderful mentor and friend) told me afterward that I had done a good job, I walked on air for the rest of the meeting.

The GEA gives us a place to grow as leaders. Whether leading a small group session, presenting research and scholarship, planning regional and national meetings, developing the workshops and certificate programs that will change the course of our colleagues' careers, or leading meetings of colleagues, the opportunities presented by the GEA give us a chance to be leaders, and to continually grow as leaders through expanding roles at the regional and national levels.

A passion for learning and teaching is often what leads

people into academic medicine. But this passion does not always translate into resources for education. The GEA has not only given educators a place to grow as leaders nationally, but also a place to gain the skills that have helped us be successful at our home institutions. In turn, we have helped sustain the culture of academic medicine at times when it has been threatened by new regulations, RVU bias, and financial challenges.

The people

Many professional organizations offer leadership opportunities to members. But few organizations are composed of people who are – by profession and passion – teachers. Enthusiasm for learning and a passion for helping others grow are part of what defines teachers. This generosity of spirit is an important part of GEA culture and the way leadership manifests in the GEA.

Rather than being dismissive of new entrants into the organization, senior GEA members reach out, willing to mentor them. Members readily share curricula, teaching methods, and assessment practices.

This enthusiasm was a major contributor to the development of [MedEdPORTAL](#). Successful researchers within the GEA community did not hide their expertise – they developed workshops and the Medical Education Research Certificate program that has helped build the careers of countless others. GEA leadership is in the service of others.

The GEA at 50

No doubt about it, the GEA is special. Medical education is richer, thanks to the work of this group. At 50, the GEA community has much to celebrate, and I look forward to seeing what is to come.

Who Influenced You?

A Social Network Analysis of the GEA

As part of our 50th Anniversary Celebration of the Group on Educational Affairs, we want to celebrate the power and contributions of networking and collegiality to our organization. To that end, we want to recognize individuals who have influenced careers in medical education.

What is an Influencer?

Influencers have specialized knowledge, authority or insight into a specific subject. An Influencer is a person who inspires or guides the actions of others.

We are surveying you, the members of the GEA. We encourage you to take 5-7 minutes to respond to this survey.

Thanks for helping us celebrate the power of GEA networking; the power of those who influence others' medical education careers.



Click here to complete the **GEA Influencer Study**

GEA Influencer Study