CFAS Connects, Feb. 25

Moderator: Adi Haramati, PhD, CFAS Chair-elect

Presenters: Alan Dow, MD, and Kimberly Lumpkins, MD

Full recording available at:
https://aamc.webex.com/recordingservice/sites/aamc/recording/ab284bab39f94a28a11b8b38b5dd2196/playback


First question: What has CFAS started doing during the pandemic that we should keep doing once the pandemic has passed?

Most popular answers: CFAS Connects, more open meeting sessions, more interactive meetings, small group gatherings, continue online outreach, ability for more committee participation.

Second question: What has CFAS stopped doing (or lost focus on) that we should restart?

Most popular answers: Cocktail hour, getting to know other reps on a personal level; that is what the real meetings provided for, series of leadership workshops, spontaneous off-topic discussion outside the meeting, casual conversation between sessions, in-person small meetings.

Third question: As a faculty member, what have you started doing during the pandemic that you want to keep doing after the pandemic?

Most popular answers: working from home for academic time, connecting over Zoom with distant colleagues, continuing at least some work from home – more flexibility in working from anywhere, telehealth, mix of work from home vs campus, continue my connections with other educators and scientists throughout the world.

Further Discussion:

- Zoom meetings have given people the impression that they can reach others at any time.
- More orientation time to CFAS would help new reps understand the committees and what CFAS does.
- Nothing can replace human-to-human contact because that’s how you really develop as a professional.
- Hours and hours of Zoom in a row can be truly exhausting.
- Less physical movement drains energy so doing walking meetings whenever possible is helpful.

Comments

- As a new CFAS member, it’s nice to get to know more about CFAS and have an introduction to other CFAS members via CFAS Connect meetings.
- More welcoming for newbies because more opportunity to learn the group dynamics.
Has anyone participated in more committees given that they are virtual?
Yes.
As a new rep, I'm not sure what I'm missing, but I think in-person meetings would help me acclimate.
Cocktail hour is a big one – how would people feel about a virtual cocktail hour?
Should we set up a virtual cocktail hour at our April 14-16 Spring meeting?
Yes!
Maybe we can solicit recipes for the ideal CFAS cocktail and then meet and share it
I love the idea to have CFAS-specific cocktails.
How about a quarterly cocktail hour so we can have the seasonal cocktail.
Maybe a virtual cocktail hours which randomly divides people into smaller groups.
We just held an editorial board meeting where we used Kahoot to host a topical (sort of) game and ice-breaker. Participants really enjoyed it.
Totally agree. I had no idea what CFAS was about for years!
Totally agree. and the committee meetings are not simultaneous.
I agree with this! Sometimes the mission of CFAS and the committees is unclear to me as a newbie.
How many of you read CFAS News (weekly) or the CFAS Bulletin (monthly)?
I read the news because Eric makes it funny. Always gives me a Friday laugh.
I do read them.
Yes, read them both and clip things out of them to share with colleagues. AAMC makes me look smart.
CFAS News is great! I look forward to it each week and is really helpful in seeing what are issues in the broad community.
I also find CFAS News very informative.
Re. CFAS News: If anyone ever has tips/suggestions/content ideas, feel free to message me – your feedback is important.
I always worked better from home!
Office staff no longer knocking, but my kids now think I'm there to entertain them.
The kids, the dogs, the cats, the spouse...
Zoom actually allowed me to participate well with my CFAS mission alignment committee.
Zoom has made the world smaller.
I've watched way more grand rounds done by other departments--has been really interesting
I am the course director for medical students and they loved the flexibility the virtual lectures gave them and also the diversity of people it brought in who could come from far away.
That is a good question we have: should we plan on keeping student sessions via Zoom during clinical years, versus bringing them back on campus?
Clinical years: they want back.
• Pre-clinical teaching has evolved. Lectures are shorter in length and can now incorporate live sessions for interactions. This is a step forward.
• The anatomists also created some excellent 3D learning and modules that we will keep.
• Lab based: we never stopped coming to work but students are not participating in wet research.
• Agree with Jeffrey’s comments. In primary care we’ve really found that some medical issues translate beautifully to video and others just don’t work. I think teaching is similar.
• A hybrid model perhaps. I agree that professionalism may suffer.
• I am concerned that med students will not have any idea about biomedical research, why we are part of academic medicine, and will miss the quantitative aspect of wet lab work.
• I have also held many more office hour sessions to engage smaller groups of students.
• But you could also argue that they are learning virtual professionalism, which is also very important in this day and age...
• Agree with the exhaustion comment
• Very true! Hopefully they will learn to mute themselves someday...
• It is essential to create standing desks and avoid prolonged sitting.
• The one good thing about Zoom, especially if there is no video, is that you can multitask. For instance, I am currently folding laundry...
• I’m having outdoor walking meetings for any possible 1:1 meeting, particularly now that we and our students are vaccinated. I’m also re-thinking what teaching should be synchronous and prioritizing discussion for meeting times.
• One reset might be to schedule 45 min rather than 60 as a default time.
• I love being able to multi-task during days at home. Prepping dinner so that 6pm comes and it’s already done. Rather than coming home totally exhausted and wondering if it would be a bad thing to offer everyone cereal for dinner.
• One of my biggest struggles: the lack of ad hoc time – quick chats after in-person meetings, bumping into someone in an elevator or elsewhere. I get so much work done in those setting and now it doesn’t happen.
• Case study from our colleagues at Vanderbilt about walking meetings: https://www.acr.org/-/media/ACR/Files/Case-Studies/Strategic-Planning/Imaging3_WalkandTalk.pdf
• I have not been in my office in 11 months
• I never realized how important those hallways chats were until they were gone.
• New committees: 75% virtual, 25% in person
• I find that students now ask for meetings in the evenings, at the end of the work day (advising, etc). Anyone else experiencing this?
• On walking meetings: “The concept goes back to many ancient cultures, including the Greeks,” Omary explains. “It’s the notion of philosophers walking with their students, and some religious traditions incorporate it, too. It’s a way of clearing the mind, getting some exercise, and engaging more fully with one another.”
• Always offer virtual option but in-person when possible
• So true. Some of our clinical groups have set up a What's App group; that really has built some social interactions in with a group of people who are close.
• Students now feel like they have 24/7 access to us.
• We do Hybrid now: whoever can come in person, comes, but who cannot, can participate. This way everyone including parents with young children can always participate.
• Yes--I have had 2-3 evening meetings per week which is tough with small kids. Our clinical faculty, too, have been very busy during the day and requesting more evening meetings.
• Create boundaries, especially with staff. Need to be sure there is NO expectation of responding off-hours.
• New office hours = 7AM-6PM.
• In surgery we do 6-7.
• Example of respecting time boundaries on someone’s email footer: “Sometimes, I send emails outside of standard work hours—please don’t feel obligated to follow suit.”
• Our rule with emails is that if you get 3 emails on the same topic, call and solve the issue on the phone.
• Another email footer: “Please know that I honor and respect boundaries around personal time, well-being, caretaking, and time off. I may send or respond to emails outside regular work hours, but there is no expectation for you to do the same.”
• You all motivated me to change my signature line on my email. Thank you.
• I don’t set boundaries because I feel the students really need me during these times. So part of me feels good for being there for them, but another part of me is drowning.
• I have been physically blocking my calendar, so the time shows as busy when people are scheduling meetings.
• I tried blocking the time on my schedule in RED. Sometimes there is creep.
• Agree- definitely miss in-person conferences
• I try blocking as well, but others that have access to your calendar may not respect that time.
• It is also helpful because it keeps me on track with tasks I need to complete.
• I have stopped taking voice calls if possible. If I speak, I want to see the person if possible.
• Feels much more personal with Zoom rather than phone call.
• There are times when a voice call is a real break!
• Depending on what is the nature of the phone call...scheduling a meeting is fine as a call.
• Suggestions in this article about how to address Zoom fatigue...also the science behind it: https://newatlas.com/telecommunications/zoom-fatigue-video-exhaustion-tips-help-stanford/
• I just miss seeing people even on the screen--you just can't see many people when screen-sharing
• We need to remember the differential impact on women and to recognize that this won’t just go away after the pandemic. We have lost a lot of ground and there isn’t a guarantee that we will ever make this up.
• Dr. Mom's Added Burden: [https://www.jacr.org/article/S1546-1440(20)30967-4/fulltext](https://www.jacr.org/article/S1546-1440(20)30967-4/fulltext)
• Not as valued as papers, but there is some value.
• Podcasts and such not adequately recognized at my place.
• Agree – at our institution, podcasts are minor unless significant for a few faculty who have significant media roles.
• "Gold Standard" is still papers and grants.
• Kind of like online-only papers of yesteryear.
• I would love if institutions would be more consistent nationally in what counts and what doesn’t count (papers versus "other").
• Your comments in Chat have been very helpful to bring key issues to the awareness of CFAS Ad Board members and we will revisit these in future sessions and in our interactions with AAMC leadership.
• Love the "problem solving" suggestion.
• It is SO critical for health equity, particularly for academic institutions which provide much of the care to low-resource communities.
• I'm also wondering how many institutions have reinstated any benefit or salary decreases that were made temporarily due to financial strain in academic medical centers. Not sure if there is a role for advocacy to help make sure this doesn't disproportionately impact already disadvantaged faculty groups.
• I love the idea of sharing best practices--it really is so helpful.
• It would be incredibly helpful to get an agenda and/or schedule for the CFAS spring meeting--I haven't even been able to figure out start/stop times to know what to block. Could you at least release the times?