

## CFAS Connects: A Conversation with David Skorton, MD

Before taking questions, Dr. Skorton opened the conversation with a call to people in academic medicine to take up a leadership role in advocating for the important issues facing society.

### Q&A:

*Why do you use the USA Today op-ed page to talk about social issues and how do you determine the topics you write about?*

- Many important contemporary issues, such as mass shootings, affect public health and the general public needs to have insight into these issues not just from professional pundits but from a broad variety of professional experts.
- Academic medicine has a surprisingly diverse makeup, but our reputation is that we're left-leaning, we don't really care about all the issues, and that we spend too much time in our echo chambers. So Dr. Skorton picked *USA Today* to talk about these issues because it has a very broad reach with all its local papers.
- Dr. Skorton urged participants to make their voices heard in the public square because of their deep expertise. Covid-19 has shown how much the country needs real expertise. AAMC Chief Scientific Officer Ross McKinney's Covid-19 update newsletter is an example of the kind of content we need: just facts from real experts.

*On the issue of gender justice in the workforce, what are your thoughts on how we can improve the situation for women, since they are disproportionately kept from career advancement because of family responsibilities?*

- The trend of women leaving the workforce and not being able to rejoin it is a true crisis. Before the pandemic, the AAMC started a gender equity initiative and formed the Gender Equity Lab (GEL) and is determined to continue this crucial work. The AAMC is putting resources into the Gender Equity Lab and have very talented people working on it who are making sure these issues remain a priority whenever the AAMC engages in diversity and inclusion work.
- Dr. Skorton emphasized the need for creativity and persistence in efforts to make sure we don't lose a generation of women in the workforce.

*First, what is the AAMC considering regarding difficult topics such as mentoring and inclusion of underrepresented minorities (URMs) in training programs and in important discussions? How do we give alternative viewpoints without being disagreeable with each other? Second, how self-correcting is biomedical research when the drivers for career advancement is the volume of research published?*

- A big goal of Dr. Skorton's is bringing as many perspectives together as possible to have productive conversations. Many people, both AAMC staff members and constituents, have written to him explaining their feelings of alienation because they're either religious or politically conservative. Some people are concerned that if we include those perspectives, we'll be considering viewpoints that aren't based on science, but the AAMC will always be evidence-

and science-based and a lifetime in science has taught Dr. Skorton that educated people, looking at the same data, can come up with different interpretations and different conclusions.

- Regarding the relationship between the volume of a researcher's publications and professional advancement, the problem has slightly improved over time, but there is still a way to go. Even institutions compete too much with each other for grants, faculty, students, etc.
  - AAMC Chief Scientific Officer Ross McKinney, MD, added that the tools that enable researchers to collaborate are well-developed now, so we should theoretically be able to improve the problem, but it's the incentive structure that still hampers progress.
  - Dr. McKinney suggested promotion and tenure committees should limit their review of a researcher's work to their 5 most meaningful papers when making decisions.
- Dr. Skorton urged people to push for change in their institutions regarding the promotion and tenure process to deemphasize the volume of publications.

*What is the AAMC doing to help students and residents become competent physicians during Covid-19 given the pandemic's impact on medical training opportunities?*

- Before Covid-19, the AAMC had a transition to residency initiative and that team had picked up a lot of steam before the pandemic started. The AAMC, ECFMG, ACGME, AACOM and some other groups developed a statement and toolkit to support medical students and residency programs preparing for the upcoming academic year.
- Dr. Skorton expressed that he is worried about the mental health of learners because even under the best of circumstances, their journeys are very difficult, but now they're even more stressful with the pandemic's disruptions.

*How do we respect a legitimate minority opinion and at the same time avoid giving undue weight to an opinion from someone who's not an expert?*

- We must defer to the institution and what they allow their staff to say on an issue, because it always reflects back on the institution. In terms of not allowing people to speak out because they lack expertise, we should err on the side of including voices, rather than suppressing voices. The best way to combat nonsense is to simply speak out things that aren't nonsense.

*Covid-19 unmasked the challenge of dealing with a growing number of older adults with dementia and Alzheimer's combined with the shortage of geriatricians. How can the AAMC acknowledge and address this issue?*

- Academic needs to continue to recognize the uniqueness of geriatrics and make sure it is fully separate from primary care. We also need to figure out how to boost support for geriatrics in our institutions, because it's a crucial specialty but not a lucrative one.

*How can we help clinicians who were already burning out before the pandemic but are now pushed past the breaking point?*

- It's undeniable that those who bring in the most revenue for their institutions are under immense strain. People across disciplines need to come together because they can't drive change in their disparate camps. Real change can only happen if it's done locally by bringing people together to have these conversations.
- Leaders need to think about cost constraints and faculty can drive those conversations. If faculty talk about logical revenue enhancement that doesn't wear people out combined with logical

cost constraint that will take some pressure off the revenue side, that should be something leaders will listen to and consider.

- The AAMC is advocating right now on the behalf of beleaguered clinicians on everything from reimbursements to regulatory relief to telemedicine, but nothing will replace coming together in institutions at a local level to talk about issues that affect faculty such as cost constraints.