

CFAS & GFA Joint Spring Meeting

April 14-16, 2021

Summary

2021

Council of Faculty and Academic Societies (CFAS) &
Group on Faculty Affairs (GFA) Joint Meeting

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Background

- This was the first virtual spring meeting for the Council of Faculty and Academic Societies and the Group on Faculty Affairs, and the first joint meeting between CFAS and GFA.
- 297 registrants, including representatives of CFAS, GFA, and AAMC staff attended.

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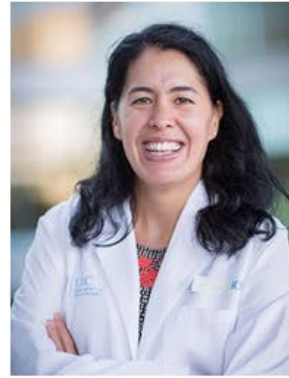
Joint CFAS/GFA Planning Committee Members



Adi Haramati
CFAS, Co-Chair



Mandy Termuhlen
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Eric Weissman
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Background

Goals of the meeting:

- To hear from experts, colleagues, and each other on the challenges and opportunities for faculty during the past year, and consider how best to advance faculty and faculty affairs.
- To gain strategies, best practices, and resources to develop individually, and to share with peers in academic medicine.
- To understand how the AAMC and its new strategic planning activities can help to advance the interests of faculty, and the important roles that CFAS and GFA can play.

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Background

Day 1: State of Faculty and Faculty Affairs

Day 2: Transformation of Academic Health Centers: Impact on Faculty

Day 3: Where is the AAMC Headed? Implications for CFAS and GFA

The meeting focused on three questions:

1. What learnings and best practices will attendees be able to take back and apply at home institutions?
2. What are the biggest threats and challenges facing academic medicine in the future, and what are the approaches to address those challenges?
3. How can the AAMC work with CFAS and GFA to sustain and build a faculty of the future?

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Opening Plenary: State of the Faculty During COVID: Where Are We Now?

Moderators:



Lisa Cain, PhD, Adjunct Professor, McGovern Medical School; Professor and Associate Dean of the School of Dentistry, University of Texas Health Science Center; Chair-Elect of GFA



Scott Gitlin, MD, Assistant Dean for GME, Professor of Internal Medicine at the University of Michigan Medical School; Immediate Past Chair of CFAS

Speakers:



Archana Chatterjee, MD, PhD, Vice President for Medical Affairs, Rosalind Franklin University; Dean of Chicago Medical School



Nicholas Delamere, PhD, Department Head of Physiology at the University of Arizona College of Medicine



Diana Gray, MD, Associate Dean for Faculty Affairs, Professor of Obstetrics & Gynecology, Radiology at the Washington University in St. Louis School of Medicine



Daniel Marchalik, MD, Medical Director of Physician Wellbeing at MedStar Health; Associate Professor in the Department of Urology; Director of Literature and Medicine Track at Georgetown

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State of the Faculty During COVID: Where Are We Now?

Adjustments and adaptations:

- Faculty members and students had to innovate quickly during the pandemic to continue med ed activities, which often had to be converted into virtual formats.
- In response to pandemic, faculty and students have driven innovations in med ed; basic, translational, and clinic research; clinical care, public health, and administration.
- Despite the pandemic's strain on non-COVID-19 research, some researchers were given time to focus on backlogs of work and increased their publishing rates.
- Adjusting to virtual settings for clinical care, education, and even research was incredibly challenging for faculty, on top of cuts to clinical revenue which reduced many faculty member's salaries and benefits. At the same time, family responsibilities were merged with work responsibilities, and personal health and well-being suffered.

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State of the Faculty During COVID: Where Are We Now?

Adjustments and adaptations, cont'd...

- In-person interactions at conferences are sorely missed. Feelings of isolation and stress are exacerbating burnout.
- Faculty are social creatures and need to stay connected to their social groups or “pods.”
- Many basic science chairs have been struggling with two major issues in recent years: 1) migration of the pre-clerkship curriculum out of the hands of basic science departments and 2) the migration of students out of classrooms.
 - Then COVID-19 made the situation worse, but one positive is that it created a surge of interest in medicine and science and investing in research.

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State of the Faculty During COVID: Where Are We Now?

Warning signs:

- The pandemic has severely threatened the scientific workforce pipeline and has especially hurt women in science.
- Message to chairs: To help your faculty survive, pause the tenure clock, relax any deadline you can, lower the stakes for your faculty so they can have breathing room.
- Significant numbers of faculty are reporting their supervisors do a poor job supporting them in taking care of their families and fostering work-life-balance and this is one of the biggest current drivers of burnout.

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State of the Faculty During COVID: Where Are We Now?

Potential solutions:

One institution deployed wellness teams to meet directly with the most stressed groups of staff, such as ICU workers, and this resulted in hundreds of referrals of clinicians to higher levels of intervention.

- The institution also:
 - Facilitates virtual wellness rounds
 - Has a peer-to-peer support network
 - Has a train-the-trainer program for primary and urgent care doctors to be able to recognize trauma and support those experiencing it.
- The institution found that making it easy for staff to access mental health care very quickly and feel safe while they do it is key to getting them to use wellness resources.
- Wellness initiatives need to realize this is more than just burnout, we're dealing with post-traumatic stress now too because of the pandemic and social unrest in 2020.

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Meeting Highlights

Ignite Presentations and Q&A (Day 1)

- Four members of the CFAS and GFA community presented a personal story about how they have dealt with the challenges of working in a faculty role during the pandemic year.
- Speakers covered the experience of teaching foundational science, balancing a demanding clinical schedule with a personal life, how an institution can create a sense of safety and inclusion during tremendous unrest, and understanding the challenges of faculty advancement during this time.

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Meeting Highlights

Ignite Presentations and Q&A (Day 2)

- Four members of the CFAS and GFA community presented brief presentations outlining a personal or institutional story about how they have addressed specific challenges and their plan for moving forward beyond the pandemic year.
- Speakers covered how faculty can step up into new roles and responsibilities, new approaches to faculty vitality, and how to better understand the staff perspective in faculty affairs.

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Meeting Highlights

- **Small Group Discussions:** Meeting participants were randomly assigned to 10-person groups of both CFAS and GFA reps to discuss a range of topics addressed in the previous two sessions related to the experience of the past year, and also to explore a range of specific solutions to help move academic medicine forward beyond 2020 and 2021.
- **Virtual Table Topics: Peer-to-Peer Learning Exchange:** Meeting participants selected from about 20 different virtual table topics to engage in facilitated small-group discussion on a focused content area.

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Plenary 2: Transformation of Academic Health Centers – Where Are We Headed?

Moderators



Jeffrey Lyness, MD
Senior Associate Dean, Academic Affairs;
Professor, Psychiatry and Neurology, University
of Rochester School of Medicine & Dentistry



Alan Dow, MD
Assistant Vice President of Health Sciences for
Interprofessional Education & Collaborative
Care, Seymour and Ruth Perlin Professor of
Medicine and Health Administration, Virginia
Commonwealth University

Speakers



Julie Freischlag, MD
CEO and Dean, Wake Forest School of
Medicine



Lisa Bellini, MD
Senior Vice Dean for Academic Affairs and
Professor of Medicine, Perelman School of
Medicine of the University of Pennsylvania



Daniel Shapiro, PhD
Vice Dean for Faculty and Administrative Affairs,
Penn State College of Medicine



Vincent Pellegrini, MD
Professor and Vice Chair of Research and
Education Affairs, Department of Orthopaedics,
Dartmouth-Hitchcock Medical Center, Geisel
School of Medicine at Dartmouth

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Transformation of Academic Health Centers – Where Are We Headed?

One institution's success story...

- During the pandemic, one hospital system seized the opportunity to reorganize so its clinical care delivery would become more efficient.
- The system kept higher acuity patients at community hospitals and coordinated care through a “command center.”
- The mid-level faculty were instrumental in making this happen.

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Transformation of Academic Health Centers – Where Are We Headed?

To support faculty,

1. Support childcare, home schooling, and eldercare
2. Make promotion and tenure process more flexible
3. Implement policies to support time off requests, leave, or reassignment for faculty with clinical responsibilities
4. Provide research support
5. Reduce barriers to wellness and mental health resources
6. Have faculty development programs for best virtual practices

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Transformation of Academic Health Centers – Where Are We Headed?

Supporting faculty, cont'd...

- It's important to reestablish boundaries around professional lives because working around the clock like many faculty do is unsustainable, especially for junior faculty.
- COVID exacerbated the trend of the accelerating pre-eminence of the clinical enterprise to the point where the *margin threatens to become the mission*. This has led to a de-emphasis of academic advancement at a faculty level.
- Institutions need to address wellness aggressively, holistically, and as an outcome metric to keep their staff afloat.

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Diversity, Equity, and Inclusion in Academic Medicine

Moderators:



VJ Periyakoil, MD
Professor of Medicine; Associate Dean
of Research; Director, Palliative Care
Education, and Training, Stanford
University School of Medicine



Kim Skarupski, PhD, MPH
Senior Associate Dean for Faculty
Development, Professor of Medicine,
Professor of Epidemiology, Johns
Hopkins University

Speakers:



Ana Núñez, MD
Vice Dean for Diversity, Equity &
Inclusion, University of Minnesota
Medical School



Norma Poll-Hunter, PhD
Senior Director, Workforce Diversity,
AAMC

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Diversity, Equity, and Inclusion in Academic Medicine

Challenges and solutions:

- The levels of representation of ethnic minorities in faculty bodies, which is low to begin with, decrease when looking at the upper ranks of faculty.
- Women faculty report higher rates of burnout.
- It's the responsibility of everyone, regardless of their race/ethnicity, to be part of the solution to systemic racism.
 - Reaching out to underrepresented faculty members to let them know you care about them goes a long way in bolstering their wellbeing.

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Diversity, Equity, and Inclusion in Academic Medicine

More challenges and solutions:

- To realize gender equity in medicine, radical change needs to happen across institutions because the current projections put true gender parity happening decades from now.
 - This requires focusing on deeper level cultural and rethinking of institutional values and mental models that maintain the status quo.
- If administrators want to make sure their institution is making progress on diversity, equity, and inclusion, it's necessary to periodically check in with underrepresented staff to how they are viewing progress.

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Faculty Wellbeing in Academic Medicine

Moderators:



Kimara Ellefson
National Director for
Partnerships, Kern National
Network for Caring & Character in
Medicine, Medical College of
Wisconsin



Serina Neuman, PhD
Professor, Department of
Psychiatry & Behavioral
Sciences, Eastern Virginia
Medical School

Speakers:



Catherine Pipas, MD
Professor of Community and
Family Medicine, Geisel School
of Medicine at Dartmouth



Jonathan Matsui, MD
Senior Program Director for
Academic Affairs, Harvard
Medical School

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Faculty Wellbeing in Academic Medicine

Takeaways:

- Faculty were overworked before the pandemic, but then working during COVID-19 blurred work and home life for faculty. Layered on all this stress was the political and social unrest of 2020. All these factors *greatly* increased burnout.
- Those in charge of promotion and tenure decisions need to be especially mindful of biases that can creep into the process, since women are disproportionately affected by family/caregiver responsibilities during pandemic.
- Institutional leaders need to model utilization of wellness benefits so that everyone else feels encouraged to follow suit.
- Even though institutional budgets are thin and it may not seem like there's room for wellness investments, small investments can have outsized effects on faculty retention and performance, which ultimately saves the institution money down the road.

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Faculty Wellbeing in Academic Medicine

CFAS Faculty Resilience Chair Cathy Pipas, MD, partnered with colleagues from other organizations to develop survey “To Understand the Current State of Wellness Initiatives and the Role of ‘Wellbeing Champions’”

- 446 people across specialties responded
- 99% concerned about burnout for colleagues, 93% concerned about their burnout
- 63% said their institutions have visions for wellness, 68% said their institution has goals

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Faculty Wellbeing in Academic Medicine

Role of Wellbeing Champions:

- There's no standard titles for institutional wellness champions
- Majority of survey respondents didn't have specific training in wellness when they accepted their positions
- Funding for wellbeing programs is rarely mandatory
- Wellbeing champion positions hardly ever have job descriptions
- To support emerging role of wellness champion, CFAS is embarking on a Wellbeing Champion Project
- Academic health centers must think about how to standardize the role of the wellbeing champion

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Moderators:



Gabriela Popescu, PhD
Professor, Biochemistry, Jacobs School
of Medicine & Biomedical Sciences



Elza Mylona, PhD
Vice Provost for Faculty Affairs and
Institutional Effectiveness, Eastern
Virginia Medicine

Speakers:



J. Larry Jameson, MD, PhD
Executive Vice President, University of
Pennsylvania for the Health System,
Dean, Perelman School of Medicine at
the University of Pennsylvania



David Skorton, MD
President and CEO, AAMC

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

The AAMC's 10 plans for action:

1. Strengthen the medical education continuum for transformed health care and learning environments
2. Extend the AAMC's leadership role in helping students progress through their medical professional journey
3. Equip medical schools and teaching hospitals and health systems to become more inclusive, equitable organizations
4. Increase significantly the number of diverse medical school applicants and matriculants
5. Strengthen the nation's commitment to medical research and the research community
6. Enhance the skills and capacity of people in academic medicine
7. Improve access to health care for all
8. Advance knowledge through the AAMC Research and Action Institute
9. Launch the AAMC as a national leader in health equity and health justice
10. Adapt the AAMC to the changing needs of academic medicine

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

AAMC, academic medicine updates and priorities:

- The AAMC has a trusted voice in our society and the voice of the AAMC is being heard because of who the AAMC's constituents are.
- Academic medicine must continue advancing efforts to eliminate structural racism from the medical education continuum.
 - To increase the numbers of underrepresented minorities in medicine and science, we first have to help them picture themselves in those careers and we also have to picture them in those careers for ourselves.
 - Pipeline programs have to go back as far as middle school to help people see themselves in a career that would be a first for anyone in their family.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

AAMC, academic medicine updates and priorities:

- The AAMC's strategic planning process added a new pillar to the formerly tripartite mission of academic medicine – community collaborations.
- The AAMC is also focusing more and more on social determinants of health by establishing the AAMC Center for Health Justice and the AAMC Research and Action Institute to study some of the most important areas relevant to our missions.
- The AAMC has also been developing a framework for addressing racism in academic medicine, starting with the AAMC itself.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Faculty advancement:

- To advocate for yourself as a faculty member in your institution, take a hard look at your institution's mission and how you can uniquely contribute to it, and try to find a way to bring those two things together.
 - Leaders are often receptive to faculty who are working toward the goals of the institution.
 - In the end, everyone in an academic health center serves patients and learners and faculty will be successful in advocating for themselves if they can align that advocacy with the best interests of patients and learners.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Faculty advancement:

- Faculty need to step up and be part of their institution's shared governance structures for their voices to be heard.
- CFAS and GFA can take the lead in getting the AAMC to delineate new, holistic promotion and tenure criteria.
 - The AAMC is the right place to champion this because the community of faculty stretches across the country and academic medicine has to have some consensus on the standards for career advancement over time.
 - Institutional administrative leaders must be open to suggestions for change on this front.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Faculty advancement:

- It's crucial that academic medicine leaders focus on the promotion and tenure process to better support community outreach, team science, and collaboration.
 - Evaluators need to be evaluating and promoting faculty more holistically instead of just counting their grants and papers.
 - There needs to be a sharper focus on leadership development at every rank – even for medical students.
 - Administrative colleagues have complementary skill sets to faculty and would also benefit from more focus on leadership development.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Protecting research:

- Real world stories on the benefits of fundamental research from a local institution go a long way in making the case to Congress for strong research funding. For example, the mRNA vaccines that are saving us from COVID were only possible through years of fundamental research.
- Because of recent advancements in investigative tools, there has never been a better time to do basic research, but scientists are still struggling.
- The AAMC advocates for sustainable, predictable investment in research funding at medical schools through the NIH.
- The AAMC is currently advocating for support from Congress to restart labs that have had to shut down because of COVID.
- One of the AAMC's action plans as part of its strategic plan is strengthening the nation's commitment to medical research.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Helping faculty with burnout:

- Institutions can help their faculty burnout rates by breaking down the responsibilities of their faculty so they can figure out ways to give them back control over their schedules and personal lives.
 - Specific tracts – clinician track, educator track – could also help make faculty members' schedules more clear and streamlined.
 - Faculty members also need to be working at the top of their training, which means we need to look for tasks we can offload from the physician onto someone else.
- Faculty can make progress on getting their institutional leaders to realize the mixed messages of “take care of yourself, but keep doing everything you are doing and even some extra” by making sure the mixed messages stay on the top of the agenda where they can't be overlooked.
- Having real and achievable personal and institutional goals and factoring in people's bandwidth to drive those goals is important when it comes to balancing wellness with what an institution needs from its faculty.
- Reconnecting with the joy of being a scientist or a physician is also a good antidote to burnout.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Helping faculty with burnout:

- It must be taught and modeled within institutions that seeking help when its needed is not a sign of weakness but a sign of wisdom and great strength.
- Tackling wellbeing issues through stipulations for accreditation is a worthwhile idea, but the more effective strategy would be aimed at changing the culture of institutions.
 - Institutions need to create a culture that encourages staff to reach out for support and the institution then has to be proactive about taking care of those staff members.
 - Individuals should also be encouraged to reach out to someone they know is struggling.

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Institutional culture:

- When determining what institution to serve, faculty should get to know the culture and make sure it's one of respect and support before making a commitment.
- To evaluate an institution's culture during the interview process, talk to a broad range of people and in a variety of settings (i.e. dinners) to get a feel for the common themes about the culture.

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AAMC Leadership and Strategic Planning: Where Is the AAMC Going?

Ways to keep women in the workplace:

- Have protected time for research
- Provide training commensurate to what people want to achieve in their mission area.
- Evaluators have to be more flexible around time and criteria for advancement.
- There has to be institutional support for childcare.

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Closing Knowledge Sharing Session

Moderators



Aviad "Adi" Haramati, PhD
Professor of Integrative
Physiology and Co-director of
CAM Graduate Program,
Georgetown University Medical
Center



Amanda "Mandy" Termuhlen, MD
Associate Dean of Faculty Affairs
and Professor of Clinical Pediatrics,
University of Minnesota Medical
School

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Issues and Ideas

Theme of the day: State of the Faculty and Faculty Affairs

What did we hear?

- Faculty are feeling isolated, alone, cut off, and experiencing a lack of social links, even within their institutions and departments.
- Work/home challenge – work and home become one, blurring boundaries and extending the length of work days.
- Faculty and staff are getting a mixed message: *“Take care of yourself, but do everything you currently do, and more...”*

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Issues and Ideas

- Faculty are dealing with a far more complex teaching/learning environment as students are now expecting new and varied ways of receiving information.
- The need for “PPE for racial injustice”
 - When events happen that will make underrepresented communities feel unsafe, such as the insurrection at the Capitol, implement interventions that support these communities rather than just put out statements. Institutions could do a lot to support underrepresented communities by creating affinity groups with people who are from those communities.
 - For some underrepresented faculty at institutions, surviving a racist society and all the fears that come with that (getting pulled over by the police, jogging at night, etc.) is more worrying than the pandemic.

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Issues and Ideas

- We heard about personal challenges to manage work and life, but no one is unplugging.
- We learned that supervisor behavior matters, that interventions are needed, but most importantly, that leaders need to role model desired behaviors.
- Academic health centers have experienced lost resources, with resultant pressure on faculty to generate and maintain revenues.

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Issues and Ideas

- Research funding and productivity during the COVID-19 shutdown took a significant hit, as work was stopped.
- Faculty are sensing a threat to the future of the biomedical sciences and academia in general.
- Faculty can think of themselves as part of a “pod,” mutually experiencing changes and realities in their environment and collectively being affected by environmental disruption.

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Issues and Ideas

- Calls for expanding the scorecard in annual reviews and in the criteria for promotion.
- Reconsideration of what an institution values, listing how faculty spent their time this year engaged in mission-aligned activities (community, mentorship, peer-support, in addition to scholarship, education, and clinical care).
- Evolving the leadership paradigm to one based on faculty/staff retention, rates of faculty promotion and metrics of wellbeing.

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Issues and Ideas

Theme of the day: Transformation of Academic Health Centers: Impact on Faculty

What did we hear?

- Institutions have adapted successfully by taking a “command center” approach to consolidate resources, and respond to crises with a unified strategy, and communicate effectively.
- Institutions have pivoted to the reality of “tele-everything.”
- Downside: Danger in *the ‘margin’ becoming the ‘mission’*, and making academic work harder to perform.

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Issues and Ideas

- Childcare, schooling from home, elder care, and other elements of personal and household management have fallen disproportionately to women, and institutions need to consider the impact, especially for junior and mid-career faculty.
- Institutions need to recognize that many may now prefer to work/teach remotely; this must be addressed through policy-driven approaches rather than case-by-case circumstance.
What was once hidden practice, should be made explicit policy.

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Issues and Ideas

- Addressing institutional revenue issues is pitting the survival of the institution against the toll individuals at the institution are feeling.
- Clinical leadership and academic leadership may be going in different directions and motivated by different incentives.
- Department chairs/supervisors must exercise flexibility and understanding about the stressors on faculty and staff.
- The importance of addressing racial inequity has never been more urgent.

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Issues and Ideas

- Within the health system and within individual departments, faculty must advocate for themselves, and their leaders need to create an environment where they feel safe doing so.
- Institutions should consider clearly re-establishing policies of when people should be on duty and off duty, and when people are expected to answer email or not.
- Importance of defining job descriptions for wellness champions and providing resources for them to be effective.
- ***We should all commit to take a vacation this summer!***

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