

## CFAS Connects, May 19, 2021

Meeting recording: [https://aamc-org.zoom.us/rec/play/A8-OdOqwltfLpdcSs6mMJYo1-ka\\_uNYdyDhvlbwmUC999rAiU31AfB8G8Qouf-ZXRRdj\\_6UiNRnjRx0.LE8Gp5dkEfzIBi5R?continueMode=true&\\_xzm\\_rtaid=lsOncwAWTCWxKSqVzFuO1A.1621882137181.a43fa6d402c14d196a627f5334b7ab9a&\\_xzm\\_rhtaid=757](https://aamc-org.zoom.us/rec/play/A8-OdOqwltfLpdcSs6mMJYo1-ka_uNYdyDhvlbwmUC999rAiU31AfB8G8Qouf-ZXRRdj_6UiNRnjRx0.LE8Gp5dkEfzIBi5R?continueMode=true&_xzm_rtaid=lsOncwAWTCWxKSqVzFuO1A.1621882137181.a43fa6d402c14d196a627f5334b7ab9a&_xzm_rhtaid=757)

**Moderator: Eric Weissman**

**Speakers: Lee Eisner, Evelyn Granieri, Laura Shaffer**

The session began with a debrief on the 2021 CFAS and GFA Joint Meeting and discussion of planning, format, and CFAS reps' expectations and desires of future meetings.

Eric Weissman discussed the results of the 2021 CFAS and GFA Joint Meeting's evaluation survey:

An end-of-meeting online survey was sent to 268 participants. 67 participants responded, resulting in a 25% response rate.

On a scale of 1 – 5, 1 representing “strongly disagree” and 5 representing “strongly agree”

- Meeting attendees voted **4.33** for the statement “**Overall, I was completely satisfied with this program.**”
- Attendees voted **4.38** for the statement “**I would recommend this program to a close colleague.**”
- Attendees voted **4.32** for the statement “**I benefitted from conversations with my colleagues involved in AAMC affinity groups different from mine.**”
- Attendees voted **3.98** for the statement “**What I learned will inform and/or change my practices.**”
- Attendees voted **4.64** for the statement “**The program was well-organized.**”
- Attendees voted **4.44** for the statement “**The program activities facilitated the sharing of relevant experiences among peers from across institutions.**”
- Attendees voted **4.35** for the statement “**The content was relevant to my role/responsibilities.**”
- Attendees voted **4.08** for the statement “**The program provided sufficient opportunity for professional interaction and networking.**”

The evaluation for this meeting overall was highly successful compared to many other AAMC virtual group meetings.

### **Discussion of CFAS Knowledge Sharing Session results:**

“Creating equitable and inclusive academic healthcare institutions” was voted the top answer for the question “What should be the top priority of AAMC to help sustain and build a faculty of the future?”

“Burnout rates of faculty and staff” was the top answer for “In your opinion, what is the biggest threat to faculty in academic medical centers?”

### **Meeting Takeaways from Lee Eisner, PhD:**

This meeting was a game changer because it was one of the first virtual meetings I've attended where it had my attention the whole way through and I noticed that the participants were staying engaged with the sessions throughout the meeting. Part of the recipe for success was the fact that this was a joint meeting. The success of this meeting opened up the possibility of continuing to have virtual meetings in the future that can still be high-impact.

**Takeaways from Evelyn Granieri, MD:**

One of the strengths of CFAS meetings is the engagement with a nationwide group of people who are committed to academic medicine and the contacts that we make through membership in CFAS are invaluable. We need to think about how to optimize networking for younger colleagues and evaluate whether it's sustainable to develop relationships with peers through virtual meeting formats.

**Takeaways from Laura Shaffer, PhD:**

CFAS is a place where academic medicine professionals from a broad array of disciplines can come together to talk through common problems. Although the diversity of disciplines represented in CFAS membership is a great benefit, it leads to challenges in developing meeting programming that will be relevant to all CFAS reps. The meeting planners did an excellent job of creating programming that was broadly interesting and I'm curious to hear about the topics and speakers CFAS reps would like to see at future meetings.

**Discussion:**

- The meeting was planned to accommodate the variety of different schedules spanning the various time zones.
- The chat activity really differentiated this meeting in terms of engagement.
- The level of engagement for a virtual meeting was very strong, but it still can't replace the unique value of in-person meetings.
- It will be cost-prohibitive for the AAMC to do hybrid meetings in the next year. The choices for AAMC meetings next year will be either virtual or in-person.
- There was broad agreement that nothing can replace in-person meetings and there was broad interest in restarting in-person meetings.
- Many people commented that it's difficult not to multi-task while listening to a virtual meeting.
- The content and the topics of meetings are what determine whether they'll be interesting to CFAS reps.
- Some reps are concerned that an in-person meeting registration and travel costs may be high enough to make attendance difficult given the current budget outlook at medical schools, but the consensus was in favor of returning to in-person meetings and networking in 2022.
- There are concerns that institutional travel restrictions may hinder in-person meetings in the near future. Institutions not allowing both their CFAS reps to travel to meetings because of the cost is also a challenge.
- There was a suggestion that the AAMC consider how to offer hybrid meetings that allow it to break even.
- One idea was to have one, big in-person meeting per year and then mini virtual meetings at intervals throughout the year.

- There was concern that institutions would prefer for their faculty members to attend virtual meetings because of the lower cost, and that since virtual meetings are common now, institutions may not pay for in-person meetings as readily as they used to.

**Potential topics for next meeting:**

- Getting groups of people together to talk about the loss of faculty voice in institutions and possibly develop a publication on that issue.
- How to foster resilience and connection throughout institutions' workforces to build back after the severe burnout from the pandemic.
- Opinion polls during meetings is a great way to get projects down to the thematic CFAS committees so they can tackle specific issues. The Mission Alignment Committee's Gender Parity group is a prime example of gathering a group of dedicated CFAS reps to study a specific issue and present solutions to a common problem in academic medicine through a publication or some other means.
- Quality of life in academic medicine compared to historical trends.
- Adjusting to the dramatic changes brought to academic medicine by the tumultuous events of 2020. The next in-person meeting should shape how CFAS is going to respond to the new realities of academic medicine post-2020.

**Conclusion:**

CFAS as a council at the AAMC has to think about how to steer the decision-making processes that affect academic medicine to empower faculty members to adjust to and thrive in the new environment of academic medicine.