

CFAS Society Summit

July 22, 2021

Introduction and Background:

The AAMC and CFAS held the second CFAS Society Summit on July 22 in a virtual setting, welcoming representatives and staff leaders from more than 50 academic societies. The AAMC leadership team, including several AAMC cluster chiefs, and other AAMC staff members, were also in attendance.

CFAS Chair-elect Aviad “Adi” Haramati, PhD, launched the summit with the stated goal that AAMC leaders would listen to and engage with society member leaders and representatives on the most pressing issues they face and inform them on the many benefits that come with AAMC membership as well as how the AAMC can meet their needs in the era of COVID-19.

Address from AAMC President and CEO David J. Skorton, MD:

AAMC President and CEO David J. Skorton, MD, addressed the participants, emphasizing that his highest priority for the day was to hear about the most important issues societies are facing in the current climate. Dr. Skorton discussed the important role faculty play in general in advancing the work of the AAMC, and also how the interdisciplinary structure of CFAS, which represents the interests of a broad array of specialties and disciplines, makes it a unique environment to explore some of the biggest challenges faced by academic health centers today.

Summit Themes:

Society executives listed in their registration form areas of focus, interest including:

- Diversity, equity, and inclusion
- Gender equity
- Funding for biomedical research, and a range of topics related to medical education and training
- The transition to residency and the GME environment
- Faculty and clinician well-being
- How societies can conduct meetings, education, and outreach in the COVID-19 environment
- Advocacy efforts at a national level
- Research funding

The AAMC’s strategic plan explicitly tackles many of these issues, and the AAMC has long-standing internal groups that focus on these issues. Other AAMC initiatives on these topics include:

- **Diversity, Equity, and Inclusion:**
 - AAMC published a report, [Achieving Inclusion Excellence in Academic Medicine: Foundational Principles of Inclusion Excellence \(FPIE\) Toolkit](#)
 - AAMC provided unconscious bias training to all chiefs and senior directors starting in 2018.
 - AAMC issued a [statement and call to action on gender equity in academic medicine](#).

- AAMC introduced “[The AAMC Framework for Addressing and Eliminating Racism at the AAMC, in Academic Medicine, and Beyond](#)”
- **Faculty and Clinician Well-Being:**
 - CFAS was the first AAMC group to make well-being in academic medicine a central issue.
 - CFAS has maintained a [web resource](#) on the AAMC’s website that has focused on well-being in academic medicine since 2016.
- **The Transition to Residency:**
 - The AAMC has invested millions of dollars through the development of tools and resources to support students, medical school advisors, and program directors.
 - The AAMC has a section of its [website dedicate to the transition to residency](#). This hub features links to various tools and resources, such as the AAMC’s [Residency Explorer](#), [Careers in Medicine](#), and the [Report on Residents](#).
- **Funding for Biomedical Research**
 - The AAMC is the administrator of the [Ad Hoc Group for Medical Research](#), which is a “coalition of patient and voluntary health groups, medical and scientific societies, academic and research organizations, and industry that support enhancing the federal investment in the biomedical, behavioral, and population-based research conducted and supported by the NIH.”
 - The AAMC’s [Scientific Affairs cluster](#) works with AAMC institutions to champion an environment in which medical discovery can flourish, prepare a diverse medical research workforce, and strengthen the integrity of medical research.

AAMC Leadership Team and Chief Presentations:

- Alison Whelan, MD, Chief Academic Officer
- Constance Filling, EdD, Chief Learning Officer
- Diana Bourke, Chief Strategic Operations and Data Officer
- Janis Orłowski, MD, Chief Health Care Officer
- Karen Fisher, JD, Chief Public Policy Officer, and Tannaz Rasouli, Senior Director, Public Policy & Strategic Outreach
- David Acosta, MD, Chief Diversity and Inclusion Officer, and Malika Fair, MD, MPH, Senior Director, Equity & Social Accountability
- Ross McKinney, MD, Chief Scientific Officer
- Atul Grover, MD, PhD, Executive Director, AAMC Research and Action Institute

Small Discussion Group Sessions:

During the program, society leaders and reps broke into small discussion groups to explore collaborative opportunities and to identify challenges that they face within their own organizations. Following are high-level notes from each of the four discussion groups.

- **Group 1**
 - Priorities: older adults, impact of clinical care duties on engagement in research and education: not hard to get people engaged and interested but time/scheduling is a challenge.
 - Young faculty have had a heavy burden during the pandemic, especially women with young children. There is difficulty launching research careers and getting awards.

Education reforms have increased burden for educators and those already stressed. Society priorities are on young faculty by increased focus on career development programs, leadership training, teaching fellowships, and investment in infrastructure for mentoring.

- What the AAMC can do: there's power in hearing from other societies – bring them together to share what they're doing. Collective advocacy, working with GRR, making contacts and communications with policymakers is all valuable. Some societies have similar priorities so the AAMC should bring them together and join voices.
- What kind of interactions are best? Should we create meetings with overlap in their priorities/alignment of goals? It takes a commitment from the AAMC and the societies to share what they're doing to make the connections in the first place. For example, they could connect on a general topic area or on mutually interesting current events such as anti-racism. Society reps can play a role by networking between societies to find out what's going on and how to work together.
- Societies would benefit from learning about best practices in DEI, anti-racism, and gender equity. There's a need for information sharing, i.e. what's working or not working at other societies. Society reps should share what goes on at CFAS meetings with leadership so that all are on the same page. There needs to be ongoing faculty and leadership development targeted at society staff rather than just faculty, especially to teach them how to work with boards and governance bodies.
- One society shared their work on anti-racism: <https://www.acaam.org/assets/Anti-Racism%20Diversity%20Equity%20Inclusion%20Action%20Plan.pdf>
- Developing DEI training programs for faculty is important.
- **Group 2:**
 - Clinical faculty are taking leave because of how overwhelmed they are. Faculty are struggling with a lack of protected time for research, and the absence of grand rounds, in-person presentations, and traditional networking opportunities. There was a desire for the AAMC to make authoritative, detailed statements to medical schools to protect faculty from the increasing amount of clinical pressure that's taking away from their academic missions of teaching and research.
 - Participants wanted link to learn more about the AAMC's Council of Teaching Hospitals and Health Systems (COTH).
 - The transition to residency is a huge topic. Participants asked whether academic medicine should go to pass/fail on clerkships and also discussed Step 2 scores and grades as evaluation measures.
 - Societies are mostly going back to in-person meetings next year or doing hybrid formats. There's a clear appetite to be in person because everyone understands the limits of virtual networking. One society is holding a virtual event this fall for their annual meeting but decided hybrid would be too complicated so will do in-person conferences going forward. The delta variant of the coronavirus is again casting doubt over when societies will be able to go back to in-person meetings.
 - Many societies are undertaking comprehensive reviews of their activities around diversity, equity, and inclusion.
 - Researchers are still struggling a lot with administrative burden that takes away time from actually focusing on research. Participants wanted there to be recognition that a

line needs to be drawn at some point to say that faculty can't do everything and need to stop doing nonessential things. For example, is it worth offering a large number of electives when only a couple students take them?

- Concrete examples of structural racism harming patient care and medical research were discussed, including an example of a Black family who took their son to the hospital because he couldn't breathe and the doctors placed the child at risk because they spent hours interrogating the family, assuming that the issue must have been substance abuse.
- When societies and institution develop plans around DEI, there must be accountability – who is going to make sure things are actually getting done?
- Participants were interested in anti-racism training opportunities for faculty.
- One society is shifting its fellowship program to a virtual setting to help members save money.
- There are concerns around “closed captionism” and ableism in virtual meeting settings.
- **Group 3:**
 - Participants were interested in looking at the pipeline for specialties that don't have large applicant pools. With integrated curriculum, students don't get to see some of the specialized fields. Curious if the AAMC could advertise smaller specialties, such as pathology?
 - Beyond the career fair from the AAMC, are there other ways to cultivate interest in specialties? And how can students have the opportunities to explore careers and find the specialty that fits what they are looking for? For example, for students to be interested in family medicine, it takes deep relationships and exposure early in medical school.
 - How to grow a more diverse workforce? Use a post-baccalaureate program as a pipeline to increase diversity in medical program as well as in other programs.
 - Virtual residency interviews: One society put out a statement encouraging programs to do all virtual interviews. The thought is that there is equity in providing virtual interviews to start, and then follow-up with a targeted in-person experience.
 - One society that represents one of the first core experiences of medical students works to ensure the creation of an inclusive and equitable experience. The society has created a new DEI committee—making sure that in core early experiences, incorporating appropriate anatomical terminology so students have toolkit and feel supported.
 - How to lift-up physician advocacy, social justice to entice more folks into addiction medicine subspecialty. The history behind country's drug laws is speaking to younger generation going into medicine. How to tap into advocacy and social movement.
 - Making sure that the terminology medical schools use for sex and gender is taught early.
 - The group discussed how each society was approaching upcoming meetings and whether they were scheduled to occur in-person or virtually.
- **Group 4:**
 - There is inconsistency in the medical education curriculum with regard to certain specialties.
 - While a handful of academic medical centers are doing good work in the areas of wellbeing and resilience during the pandemic, the general thought was that all academic medical centers need to make wellbeing a priority.

Chat:

The following is an anonymized transcript of the Zoom chat during the summit:

Has there been any discussion concerning the whittling away of academic time/mission to fund the medical enterprise? A lot of us have much less time than we previously had and have had to take on more clinical duties.

How can we encourage our members to sign up to serve as reviewers? Do they sign up on the website, or should we email someone?

Protecting faculty time for scholarship and teaching has been a major topic of discussion for family medicine. We've been advocating with the ACGME for changing the common program requirements to address this at the GME level. <https://journals.stfm.org/familymedicine/2021/june/griesbach-2021-0017/>

Does AAMC have a hospital administrator or CEO group?(Yes: COTH, Council of Teaching Hospitals).

Slides will be shared as part of the report from this event.

CFAS Spring Meeting information is requested. We look forward to an in-person Spring Meeting. Venue has not yet been decided. Dates will be shared soon.

In speaking with COTH CEOs, we learned that many had instituted travel restrictions based on budget and workforce issues through the end of 2021.

Also significant alignment to the Academic Affairs cluster efforts to collect workforce data and develop competencies for members.

One of the most important things for reducing stigma around mental health is to work on state medical boards to eliminate questions about mental health for licensing. Can AAMC help with this?

That point is felt widely and comes up EVERY time stigma regarding mental health is discussed. We know what needs to be done, we just need to do it.

I think putting some pressure on academic medical schools to change their licensing questions would be a huge help.

The Association of Academic Health Sciences Libraries (a CFAS member) and the Medical Library Association have really appreciated the partnership with AAMC on advocacy work - we advocate for libraries and library issue, of course, but also add our voices to more general advocacy efforts of interest to AAMC members.

Is the AAMC participating in the upcoming listening sessions about the NIH ARPA-H program? (Note: The AAMC is very involved in the ARPA-H effort).

ARPA-H is a huge opportunity for innovation and I'm very interested in how it moves forward.

I want to say that I'm incredibly appreciative of AAMC's recent recommendations for academic medical centers to require COVID vaccination.

+1 to comment on required vaccinations.

Here is the letter we sent recently to Reps. DeGette and Upton responding to their request for information on ARPA-H, and we plan to continue engaging with both Congress and the Administration as proposals move forward: <https://www.aamc.org/media/55476/download>

One of the key ways that CFAS can work with David, Malika and others on DEI issues is to model how to hold conversations with diverse viewpoints without being disagreeable. Our schools and societies have diverse perspectives, and we need to hear them and try to understand.

<https://aamc.tfaforms.net/174>