CFAS Connects May 25

CFAS Chair-elect Nita Ahuja, MD, opened the session with a debrief on the recently concluded 2022 CFAS Virtual Spring Meeting and a summary of the meeting's evaluation report.

Overall, CFAS reps reported that they had positive views of the spring meeting but wanted to meet in person at future events. There was broad agreement that CFAS has done virtual meetings very well since the pandemic started, and has been effective in its programming, but networking suffers in a virtual environment.

There was a lot of content discussed in the spring meeting, such as "wisdom circles" and collaboration with school administrative leaders that people suggested should be exported to future meetings.

The spring meeting evaluation report revealed that CFAS is a vibrant community and reps enjoy each other's company as they work on finding solutions to challenges that faculty face, and there was discussion on the need to continue engaging in tough discussions and creating space for timely issues to be brought up and debated.

The expense of in-person meeting attendance was discussed, and the group agreed that transparency about costs was necessary to help mitigate potential "sticker shock," which some people have already experienced with a few in-person meetings they've attended.

CFAS reps responded to the following poll question:

Please select your top three group of people in academic medicine (and the associated AAMC professional development groups) for collaboration with CFAS:

- 1. Medical school deans (COD)
- 2. Hospital/health system CEOs (COTH)
- 3. Faculty affairs and development leaders (GFA)
- 4. Research leaders (GRAND)
- 5. Diversity, Equity, and Inclusion leaders (GDI)
- 6. Women in medicine and science (GWIMS)
- 7. GME leaders or DIOs (GRA)
- 8. Residents and trainees (ORR)

Based on the results of the poll, the top three groups that CFAS reps wanted to collaborate with the most were COD, GFA, and GDI.

Polls	- 0
You are viewing the poll results (shared	by host)
Intitled Poll	
لحظ Please select your top three groups of people in a nedicine (and the associated AAMC professional de roups) for collaboration with CFAS: (Multiple Choice	velonment
Aedical school deans (COD)	57%
lospital/health system CEOs (COTH)	29%
aculty affairs and development leaders (GFA)	65%
Research leaders (GRAND)	20%
Diversity, Equity, and Inclusion leaders (GDI)	45%
Women in medicine and science (GWIMS)	35%
GME leaders or DIOs (GRA)	33%
Residents and trainees (ORR)	12%
Your answer: Medical school deans (COD), Diversity, E	quity, and
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osse Winnie Lau (She/Her)	

Open discussion:

- CFAS doesn't have as many reps involved in bench science, which was reflected by the lower
 percentage of reps who wanted to see increased collaboration with the AAMC's Group on
 Research Advancement and Development (GRAND) compared with their desire to collaborate
 with other groups, but the needs of basic scientists are important to CFAS and to all faculty,
 whether they are scientists themselves, clinicians, or medical educators.
- Many are concerned about the size and influence of the research enterprise in academic health centers, and there's the perception that the research enterprise is becoming diminished. The PhD scientist who is involved in medical education is becoming rarer and rarer. The clinical enterprise seems to be superseding all others by far.
- Participants highlighted the need to continue to address the unique struggles of researchfocused faculty. We need to ask hard questions such as, can faculty do what they aspire to do in their academic life? Can they combine clinical activities and academic work? Can they do their research when funding is shrinking? Can educators retain their identity when everything is merging into a single department? CFAS can bring the vital faculty lens to bear in examining these issues and potentially offering some solutions.
- One proposed solution to the issue of PhD scientists becoming less involved in teaching is to consider all faculty "medical school faculty" and not splinter off into increasingly specialized groups, but orient faculty around the question of what does the medical school actually need to teach?
- Participants generally agreed on the need to see the academic health center as a whole so that differences are diminished.

Word cloud exercise:

Attendees engaged in a word cloud exercise to discover the issues that are most important to the group:

Enter several topics where you would like to

see future CFAS focus:

injury others various technology governance development platform cost climate $\stackrel{\text{\tiny loss}}{=}$ compensation effects leadership quality physician sciences wellbeing D **e** future U data ph within € 0 ₩kind wellness ea untr a medicine σ ession health 50 educati civility ⊆ civility ⊡ driven 00 on line geri recruitm 0 opportunity 8 com Ð respect public entity educators diversity training inter productivity contribution basic kindness patient research misinformation vision reflection interests.team

Further discussion:

- The faculty lens is crucial to identifying solutions, but solving the problems of academic medicine requires conversation with and collaboration between faculty and hospital CEOs.
- There needs to be more opportunities in institutions for collaboration between basic scientists and clinicians.
- The more transparent an institution is, the healthier it will be.