

# **2023 CFAS Spring Meeting Summary**

**Salt Lake City, Utah**

**March 27–29**

# CFAS Mission

CFAS aspires to be the voice of academic faculty within the AAMC's governance and leadership structures. The Council is charged with:

- Identify critical issues facing faculty members of medical schools and within academic societies;
- Articulate a common faculty voice on these issues to the AAMC as they relate to creation and implementation of the AAMC programs, services, and policies;
- Serve as a **bidirectional** communications conduit regarding matters related to the core missions of academic medicine

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# **Leadership Sessions and Breakouts**

## Leadership Session: Strategic and Alternative Pathways to Academic Leadership

**Charles S. Day, MD, MBA**

**Moderator**

Interim Chair, Medical Director & Professor,  
Department of Orthopaedic Surgery and  
Service Line  
Henry Ford Health/ Wayne State University  
School of Medicine  
Junior Representative to CFAS from the  
American Orthopaedic Association

**Denise Jamieson, MD, MPH**  
**Speaker**

Chair, Department of  
Gynecology & Obstetrics  
Emory University School of  
Medicine

## Optimizing the Faculty Experience: Aligning Mission to Action (Developing Your “Personal Brand”)

**Scott Gitlin, MD**

**Moderator**

Former CFAS chair

Assistant Dean for GME; Professor, Internal  
Medicine

University of Michigan Medical  
School/American Society of Hematology

**Kimberly Lumpkins, MD,  
MBA**

**Speaker**

Chief, Pediatric Surgery and  
Urology

University of Maryland  
School of Medicine

## How to Be an Effective CFAS Rep: New Reps and Seasoned Reps Alike

**Alex Bolt**

**Moderator**

Senior Communications Specialist,  
Faculty and Academic Societies  
AAMC

**Adam Franks, MD**

**Speaker**

Professor, Family Medicine

Marshall University Joan C. Edwards  
School of Medicine

**Laura Shaffer, PhD, ABPP**

**Speaker**

Professor; Chief, Section of  
Pediatric Psychology  
University of Virginia School of  
Medicine

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# Concurrent Sessions

# Focus on Our Medical Students: How are They, and We, Doing?



**Vincent Pellegrini, MD**  
**Moderator**

Professor, Orthopaedics; Vice  
Chair, Education & Research  
Affairs  
Geisel School of Medicine at  
Dartmouth

**Sara Lamb, MD**  
**Speaker**

Vice Dean of Education  
Spencer Fox Eccles  
School of Medicine at  
the University of Utah

**Rana Ali**  
**Speaker**

Student  
Spencer Fox Eccles  
School of Medicine at  
the University of Utah

**Ivy Christofferson**  
**Speaker**

Student  
Spencer Fox Eccles  
School of Medicine at  
the University of Utah

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# “I Couldn’t Sleep at All Last Night”: Challenges to Biomedical Researchers and Educators



**Neil Osheroff, PhD**  
**Moderator**

Professor, Biochemistry; Professor,  
Medicine (Hem/Onc); John G  
Coniglio Chair, Biochemistry  
Vanderbilt University School of  
Medicine



**Martha Alexander-Miller, PhD**  
**Speaker**

Professor and Chair, Dept. of  
Microbiology and Immunology  
Wake Forest University School of  
Medicine



**Kelly Quesnelle, PhD**  
**Speaker**

Clinical Professor & Chair of Biomedical  
Sciences  
University of South Carolina School of  
Medicine Greenville/International Association  
of Medical Science Educators (IAMSE)

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# CFAS Business Meeting



# CFAS Reps by the Numbers

## 2023 CFAS MEMBER STATS

<b>Society reps</b>	<b>108</b>	<b>Senior reps</b>	<b>175</b>
		<b>Junior reps</b>	<b>153</b>
		<b>Chair or Vice Chairs</b>	<b>80 (38% women, +14% from last year!)</b>
<b>School reps</b>	<b>220</b>	<b>CFAS Affiliates</b>	<b>47</b>
		<b>New reps since Spring 2022</b>	<b>115</b>
<b>Total reps</b>	<b>328 (54% women)</b>		

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# Major Activities in 2022-23

- Formed new **CFAS Committees** and revamped existing committees
- Refined a new committee structure and written committee rules
- Launched effort to increase representative numbers and new society members
- Focused on supporting ongoing connectivity with:
  - Monthly electronic **CFAS Rep Bulletin**
  - Monthly online **CFAS Connects** live sessions
  - Annual **CFAS Spring Meeting**, transitioning back to in-person meeting in 2023
  - Launched planning for biennial **CFAS Society Summit**

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# Incoming CFAS Chair-elect (effective 11/2023)



**Arthur Derse, MD, JD**

**Director, Center for Bioethics and Medical Humanities; Julia and David Uihlein Chair in Medical Humanities, and Professor of Bioethics and Emergency Medicine, Medical College of Wisconsin**

***Association of Bioethics Program Directors***

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# New CFAS Administrative Board, 2023-24



**Nita Ahuja, MD,  
Chair**



**Arthur Derse, MD, JD  
Chair-elect**



**Aviad "Adi" Haramati,  
PhD, Immediate Past  
Chair**



**Steven Angus,  
MD**



**Valencia  
Walker, MD**



**Kimberly Lumpkins,  
MD**



**Shirley "Lee"  
Eisner, PhD**



**Neil Osheroff,  
PhD**



**Lily Belfi, MD**



**Stewart Babbott,  
MD**



**Adam Franks,  
MD**



**Monica  
Baskin, PhD**



**Catherine Pipas,  
MD**



**Deanna  
Sasaki-  
Adams, MD**



**Nicholas  
Delamere, PhD**



**Lisa D. Cain  
(Ex-Officio  
GFA Chair)**

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# CFAS Committee Activities

The CFAS Faculty Resilience Committee has been renamed the **CFAS Faculty and Organizational Well-being Committee**

The Biomedical Research and Education Committee has refocused into the **Biomedical Research and Training Committee**

The Communication Committee has been renamed the **Engagement Committee**

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# Other CFAS Committee Changes

A new committee has been established:

## Faculty as Medical Educators



**Chair: Lily Belfi, MD**

Associate Professor of Clinical Radiology at Weill Cornell Medical College; Associate Attending Radiologist at New York-Presbyterian Hospital-Weill Cornell Campus

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# CFAS Committee Roster

**Thematic Committees** *open to all CFAS reps and affiliates.*

**Advocacy Committee** - Art Derse, Chair

**Biomedical Research and Training Committee** – Neil Osheroff, Chair (Newly named committee)

**Diversity, Equity, and Inclusion Committee** - Monica Baskin, Chair

**Engagement Committee** – Kimberly Lumpkins, Chair (New committee)

**Mission Alignment Committee** - Stewart Babbott, Chair

**Faculty as Medical Educators Committee** – Lily Belfi, Chair (New Committee)

**Faculty and Organizational Well-being Committee** - Cathy Pipas, Chair (Newly named committee)

**Structural Committees** *open to appointed members.*

**Program Committee** - Nita Ahuja, Chair

**Nominating Committee** - Gabriela Popescu, Chair

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# AAMC Strategic Plan: Society Outreach

- A work project within the AAMC's Strategic Planning Action Plan to Adapt to Change and Serve AAMC Members, has launched to increase academic society membership to the AAMC
- An AAMC working group convened by Eric Weissman has been established to identify prospective society members, create an outreach plan, develop materials, and enhance marketing efforts to encourage new specialty societies to join the AAMC and CFAS
- CFAS reps are encouraged to send prospective member society candidates to Eric Weissman: [eweissman@aamc.org](mailto:eweissman@aamc.org)

[A full list of current society members is available online](#)

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# Publications Connected to CFAS Work

*Rank and Tenure Amongst Faculty at Academic Medical Centers: A Study of More Than 50 Years of Gender Disparities* (2022)

Adam M Franks, Nandini Calamur, Anca Dobrian, Mark Danielsen, Serina A Neumann, Eileen Cowan, Tracey Weiler

*When Off-Label Prescribing Becomes Politicized: Do No Harm* (2022)

Vera S Donnenberg, Arthur R Derse, David P Sklar, Ross E McKinney

*Grit, Gratitude, Grace, and Guidance: Moving Academic Medicine From Crisis to Transformation* (2022)

Lily M Belfi, Eric Weissman, Aviad Haramati

*The Rise of Wellness Initiatives in Health Care: Using National Survey Data to Support Effective Well-Being Champions and Wellness Programs* (2021)

CFAS Faculty and Organizational Well-Being Committee

*Finding Greater Value in the Fourth Year of Medical School: Accelerating the Transition to Residency* (2020)

Vincent D Pellegrini Jr, Adam M Franks, Robert Englander

*The Definition of Faculty Must Evolve: A Call to Action* (2020)

Bellini, Lisa M. MD; Kaplan, Brian MD; Fischel, Janet E. PhD; Meltzer, Carolyn MD; Peterson, Pamela MD; Sonnino, Roberta E. MD

*Governance of Academic Health Centers and Systems: A Conceptual Framework for Analysis* (2019)

Vincent D Pellegrini Jr, David S Guzick, Donald E Wilson, C McCollister Evarts

*The Evolution of Faculty in U.S. Medical Schools and the Transformation of the Council of Academic Societies Into the Council of Faculty and Academic Societies* (2015)

Nelson, Kathleen G. MD; Crawford, James M. MD, PhD; Fisher, Rosemarie L.L. MD

*Academic Health Center Psychology Representation to the Council of Faculty and Academic Societies (CFAS) of the Association of American Medical Colleges (AAMC)* (2017)

Barbara A. Cubic & Laura A. Shaffer

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# CFAS Connects

CFAS has continued to organize monthly **CFAS Connects** sessions, including:

- Caring for Older Adults: Clinical, Research, and Training Challenges
- A Conversation with David Skorton, MD
- Keeping Women in Medicine: A Conversation about Retaining Talented Women Physicians
- Opportunities and Challenges in Building COVID-19 Vaccine Confidence: Seeking CFAS Feedback on an AAMC Strategic Planning Initiative
- Gender Parity – An Example of Aligning with the Mission of CFAS
- A presentation on the work of the CFAS Faculty and Organizational Well-being Committee

The program attracts between 50 – 75 reps per session and provides a connection between member societies and medical schools between in-person meetings. All sessions are recorded and notes and summaries of sessions are [available to reps on our website](#)

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# Plenary Summaries and Highlights

# Opening Plenary: Faculty Thriving in Academic Medicine: From Mission Impossible to Mission Accomplished



**Nicholas Delamere, PhD**  
**Moderator**

Department Head, Physiology; Professor  
University of Arizona College of  
Medicine/Association of Chairs of  
Departments of Physiology

Nicholas “Nick” Delamere is the senior  
CFAS representative from the Association  
of Chairs of Physiology Departments  
(ACDP)



**Winnie Lau, MD**  
**Speaker**

Clinical Assistant Professor,  
Neurology  
University of North Carolina at  
Chapel Hill School of Medicine



**Allison Ownby, PhD, Med**  
**Speaker**

Associate Dean and Professor,  
Educational Programs  
McGovern Medical School at the  
University of Texas Health  
Science Center at  
Houston/Society of Directors of  
Research in Medical Education



**Kent Vrana, PhD**  
**Speaker**

Elliot S. Vesell Professor &  
Chair of Pharmacology  
Penn State College of  
Medicine

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# Opening Plenary: Faculty Thriving in Academic Medicine: From Mission Impossible to Mission Accomplished

## Tripartite Mission - Clinical

- The strength of academic med center is to have the mix of all 3 missions (patient care, research, education) with faculty participating in all 3
- In our institutions, it can often seem like the missions are in conflict from an individual standpoint
- Shortages of all kinds of health care workers of are adding up (technicians, nursing assistants, etc). Those of us who survived pandemic are still being stretched. We're also in a financial crisis because of fallout of pandemic.
- Medicare fee schedule is always reimbursing less, but our hospital systems ask us to produce more.

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# Opening Plenary: Faculty Thriving in Academic Medicine: From Mission Impossible to Mission Accomplished

## Clinical mission

Consolidating community health centers pulls clinical faculty away from the tripartite mission because of added responsibilities.

Institutions should realign for translational science and their clinicians should partner with data and quality scientists to get better patient care.

Pandemic forced educators to be innovative and we should apply lessons learned by educators to improve our clinical education. For example, how can we improve things through simulation?

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# Opening Plenary: Faculty Thriving in Academic Medicine: From Mission Impossible to Mission Accomplished

## Education mission

- The educational mission in our institutions is vulnerable, costly, and relies on research and patient care revenues.
- One of the biggest challenges for educators in 2023 is isolation/lack of sense of community. We've become too used to participating in facets of mission virtually.
- When missions are aligned, there is give and take and the understanding that missions support each other.
- Institutions should ensure promotion tracks reflect the educational activities faculty do, including mentoring

One institution intentional supports faculty in the following ways:

- Faculty development for teaching and educational research skills
- Teaching academies and local educational conferences
- Peer coaching and educational consults
- Teams of basic science and clinical faculty experts
- Teaching awards

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# Opening Plenary: Faculty Thriving in Academic Medicine: From Mission Impossible to Mission Accomplished

## Research mission

Challenges for the Tripartite Mission:

- Changing priorities – creation of new med schools with minimized research emphases
- Widespread recognition that research is expensive
- Emphasis on clinical revenue generation
- Creation of the Office of Medical Education
- Recruitment of non-educator basic scientists
- Competition for resources

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# Opening Plenary: Faculty Thriving in Academic Medicine: From Mission Impossible to Mission Accomplished

## Research mission

Research sets AMCs apart – it's an investment that makes us better, but it's costly

Research crosses all missions and we need to find ways to tie the missions together through research

## Potential solutions:

- Clinical and translational science institutes (CTSAs)
- Centers for Medical Education Research
- Health system science initiatives
- Engage researchers in education
- Team science to support clinician involvement (beyond simply being a source of samples)

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# Intention to Action: Leveraging Well-being to Support Researchers, Educators, and Clinicians



**Jon Courand, MD**  
**Moderator**

Assistant Dean for Well-being,  
Office of GME, and Vice Chair  
for Pediatrics  
The University of Texas Health  
Science Center at San Antonio  
Joe R. and Teresa Lozano Long  
School of Medicine



**Brad Barth, MD**  
**Speaker**

Vice-Chair, Leadership &  
Professional Development; Assoc.  
Dean, Faculty Dev; Prof, Emerg.  
Med.  
University of Kansas Medical Center



**Megan Furnari, MD**  
**Speaker**

Assistant Professor of  
Pediatrics, Nursery Hospitalist,  
OHSU Well-Being Leadership  
Team Chair  
Oregon Health & Science  
University School of Medicine



**Mithu Sen, MD**  
**Speaker**

Assistant Dean, Faculty Equity &  
Wellness; Professor, Medicine  
The University of Western  
Ontario - Schulich School of  
Medicine & Dentistry



**Aviad "Adi" Haramati, PhD**  
**Speaker**

CFAS Chair  
Professor and Director, Center for  
Innovation & Leadership in Education  
Georgetown University School of  
Medicine/Academic Consortium for  
Integrative Medicine and Health



**Janine Shapiro, MD**

Associate Dean for Faculty  
Development  
Professor of Anesthesiology  
University of Rochester School of  
Medicine and Dentistry

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# Intention to Action: Leveraging Well-being to Support Researchers, Educators, and Clinicians

## Session overview:

- The session explored what can individuals do within their own institutions to advance well-being
- It's crucial for faculty members to take care of themselves
- Stress and morale of academic biomedical scientists: fear of not maintaining funding; frustration with time spent doing paperwork and administrative duties

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# Intention to Action: Leveraging Well-being to Support Researchers, Educators, and Clinicians

## Mind-Body Medicine Program at Georgetown University School of Medicine:

- Results showed impact of facilitators' scores: significantly lower on perceived stress and higher on mindfulness. Also showed improvements in communication between colleagues, increased sense of connection between students and colleagues, increased empathy, and heightened self-confidence.
- When faculty and senior staff serve as facilitators of the mind-body medicine program, they help learners and also help their own well-being. Reviewed steps toward developing a competency framework for well-being as it relates to competency based medical education.
- Well-being was one of the four universal pillars identified as part of the Clinician Educator Milestones Project, a joint initiative between the AAMC, ACGME, ACCME, AACOM. The other three pillars were professionalism, reflective practice, and the recognition and mitigation of bias.

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# Unintended Bias – How to Reduce the Risk, but When it Happens, How to Respond: The ROI of Inclusion



**Valencia Walker, MD, MPH**  
**Moderator**

Vice Dean, Health Equity &  
Inclusion  
Geisinger Commonwealth  
School of Medicine



**Monica Baskin, PhD**  
**Speaker**

Assistant Vice Chancellor for Community  
Health Equity, Health Sciences  
University of Pittsburgh School of  
Medicine/Society of Behavioral Medicine



**Evie Marcolini, MD**  
**Speaker**

Associate Professor, Department of  
Emergency Medicine Associate  
Professor, Division of Neurocritical  
Geisel School of Medicine at  
Dartmouth

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# Unintended Bias – How to Reduce the Risk, but When it Happens, How to Respond: The ROI of Inclusion

- Words matter. Bias is prejudice in favor of or against one thing, person, or group compared with another, often leading to stereotyping.
- Unconscious/implicit biases are unintentional prejudices.
- Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (often called “race”), that unfairly disadvantages some individuals and communities

# Unintended Bias – How to Reduce the Risk, but When it Happens, How to Respond: The ROI of Inclusion

- Microaggressions are “brief and commonplace daily verbal, behavioral and environmental indignities whether unintentional or intentional that impact victims.”
- Microaggressions can be subtle and stunning. There’s a cumulative effect to the victim of unimaginable magnitude over the course of their life.
- There’s documented literature on microaggressions, such as when a male doctor introduces a female doctor on a panel and calls her by her first name instead of her title.

# Unintended Bias – How to Reduce the Risk, but When it Happens, How to Respond: The ROI of Inclusion

- This session included interactivity through PollEverywhere responses to how institutional officials should handle scenarios involving microaggressions/exclusion. Then there was time for small group discussions at tables and reporting out what each table focused.
- One proposed solution to handling instances of microaggressions and/or exclusion was to identify follow-on questions to further clarify the situation.
- There was a question on how to decide when a microaggression has occurred. The way a faculty member may experience the world can be very different than how a student experiences the world, even though they can be in the same building, doing the same activities, etc. It's important to separate the intent from the impact of a microaggression and focus on the impact.



# Unintended Bias – How to Reduce the Risk, but When it Happens, How to Respond: The ROI of Inclusion

- Try to look at microaggressions from the perspective of person who made the comment. Looking at everyone's perspective who was involved is important.
- AAMC's creation of institutional competencies for DEI is very important because so much of what affects a patient's outcome is influenced by the system's structure and there is bias in the systems.
- Helpful articles include: "Ouch! That Stereotype hurts" and "Promoting Inclusion in Academic Medicine" from Elena Fuentes-Afflick.
- "The ultimate tragedy is not the oppression and cruelty by the bad people but the silence over that by the good people" – MLK

# Trends and New Directions for Salary Equity in Academic Medicine



**Yoshimi Anzai, MD, MPH**  
**Moderator**

Associate Chief Medical Quality Officer,  
Professor of Radiology, Adjunct  
Professor of Population Health

Spencer Fox Eccles School of Medicine  
at the University of Utah/American  
College of Radiology



**Amy Gottlieb, MD**  
**Speaker**

Associate Dean for Faculty Affairs/Chief Faculty  
Development Officer,  
UMass Chan Medical School – Baystate/Baystate  
Health



**Arthur Derse, MD, JD**  
**Speaker**

Julia and David Uihlein Chair in Medical  
Humanities  
Medical College of  
Wisconsin/Association of Bioethics  
Program Directors

**Diana Lautenberger, MA**  
**Speaker**

Director, Gender Equity Initiatives  
AAMC

**Valerie Dandar, MA**  
**Speaker**

Director of Medical School  
Operations, Academic Affairs  
AAMC

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# Trends and New Directions for Salary Equity in Academic Medicine

## Intro

- Salary equity refers to whether or not individuals have: access to opportunities that allow them to earn and be paid similar compensation for comparable work given shared qualifications regardless of individual identities. Salary equity is important for recruiting and retaining talented faculty members
- Salary equity is a component of a comprehensive gender equity strategy: mentoring and sponsorship, family friendly policies/work-life balance, and equal access to opportunities
- AAMC started work on salary equity work in 2019 with *Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools* and has produced two follow-on reports since then.

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# Trends and New Directions for Salary Equity in Academic Medicine

White men are paid more than men of other races and women of all races. Sometimes white women make more than women of color. Just because we have diversity, doesn't mean we have equity.

To gain traction on salary equity:

- Establish mandatory unconscious bias training
- Examine trends in faculty recruitment selection and hiring
- Ensure equitable distribution of duties and resources across faculty
- Promote flexible workplace policies
- Assess trends

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# Trends and New Directions for Salary Equity in Academic Medicine

**Amy S. Gottlieb, MD**

- Implicit biases and traditional compensation methodologies work together to contribute to gender pay gap.
- Women physicians experience one of largest pay gaps in America and the pay gap is increasing
- Women are often penalized for negotiating on their salary and also face “occupational gender segregation,” where they are directed toward certain specialties.
- As women physicians have become over-represented in pediatrics and obstetrics and gynecology, their relative earnings have been observed to decline.
- Women also carry a greater share of organizational service activities, have more domestic duties and part-time work, spend more time with patients, and have to navigate pregnancy, maternity leave, etc.
- “Second generation gender bias”: No overt intention to exclude but exclusion still happens because of embedded unconscious bias/stereotypes.
- In academic medicine, women who advance to dean roles often do so in faculty affairs, not research, etc.

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# Trends and New Directions for Salary Equity in Academic Medicine

- To close gender pay gap, institutions need to identify and explore factors that are driving compensation calculations, develop frameworks that account for gender inequities, and recognize and reward mission aligned pockets of productivity that may be currently ignored.
- Culture change is also important in changing salary inequity. We need to sponsor high potential women for leadership opportunities.
- Talent is universal, opportunity is not, and sponsorship provides that opportunity. Women have a visibility gap.
- The Society of General internal Medicine's (SGIM) Career Advising Program is a longitudinal sponsorship initiative to advance women in academic promotion process. It was launched in 2013 and now serves 400 participants nationwide.

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# Trends and New Directions for Salary Equity in Academic Medicine

**Arthur Derse, MD, JD:**

Salary equity at medical college of Wisconsin:

Culture is the foundation of DEI

Every year, one institution's salary equity team identifies fair market value using Vizient®, AAMC data, and other sources, and puts data into quartiles. Institutional leaders have to resolve any pay gaps or provide written justification for differences.

The institution has gender equity adjustments and adjustments for underrepresented in medicine (URM) faculty.

The institution ensures transparency by establishing a planned timeline for leadership to share salary equity reports with individual faculty members.

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# Trends and New Directions for Salary Equity in Academic Medicine

## **Diana Lautenberger:**

Salary disparities for graduating trainees is not rationalizable and starting salaries should be equalized right out of training. Closing these pay gaps before they start will have considerable financial impact on faculty members' compensation trajectories.

## **Promising practices and actions:**

Studies on salary equity: Commit to initial study taking at least a year to design and refine the study

Financial strategies: account for salary adjustments as a regular part of compensation philosophy and identify foundational competency approach at institutional level.

Communication strategies: Connect salary equity to other equity initiatives. Have departmental leaders regularly communicate on these issues.

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# Trends and New Directions for Salary Equity in Academic Medicine

## Promising practices and actions:

- Steps institutions can take: Make specialty-specific salary data widely available to members of your specialty society
- Host salary equity sessions during your annual conferences
- Consider programming that might build opportunities for increased equity among members at local institutions
- Steps individuals can take: Educate yourself about components of pay in academic medicine, research salary benchmarks for your rank, department, and geographical location using AAMC and other society-related benchmarks
- During the discussion portion for this session, it was suggested that AAMC should be pushing harder on reducing disparities in salaries across specialties, or having compensation based on experience, etc.

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# Leadership Plenary and Community Forum



**Nita Ahuja, MD**  
**Moderator**

Chair, Department of  
Surgery  
Yale School of Medicine



**Aviad "Adi" Haramati, PhD**  
**Moderator**

Professor and Director, Center for Innovation &  
Leadership in Education  
Georgetown University School of  
Medicine/Academic Consortium for Integrative  
Medicine and Health



**David Skorton, MD**  
**Speaker**

President and CEO  
AAMC



**Danielle  
Turnipseed, JD**  
**Speaker**

Chief Public  
Policy Officer  
AAMC



**Ross McKinney, MD**  
**Speaker**

Chief Scientific Officer  
AAMC

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# Leadership Plenary and Community Forum

## Policy Update from AAMC Chief Public Policy Officer Danielle Turnipseed, JD

Recent academic medicine wins:

- NIH funding is up to \$47.5 billion (+5.6%)
- ARPA-H is up to \$1.5 billion
- HRS Title VII and VIII health workforce programs up to \$879.8 million (+12%)
- VALID Act (would have let FDA regulate lab-designed tests) was excluded

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# Leadership Plenary and Community Forum

## Policy Priorities:

- VIPER Act
- Prevent Pandemics Act provisions
- 200 new Medicare GME slots
- Two-year delay of the 4% Medicaid PAYGO sequester cut
- Upcoming Supreme Court decisions around race conscious admissions
- Senate HELP Committee hearing held Feb. 16 on health care workforce shortages
- 340B drug pricing program is under new attack and AAMC is campaigning to protect 340B

## Top AAMC policy priorities and advocacy efforts remain:

GME and HRSA programs, health equity, NIH, financial stability of academic medicine (coverage, Medicare, 340B, Medicaid, physician payment),

“If you don’t tell your story, someone else will.”

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# Leadership Plenary and Community Forum

## AAMC Organizing:

- AAMC has working relationships with AHA, AMA, National Medical Association, ACGME, etc.
- AAMC also involved in Coalition to Protect America's Health Care, Friends of VA Medical Care and Health Research, Ad Hoc Group for Medical Research, GME Advocacy Coalition, Health Professions and Nursing Education Coalition.
- AAMC campaign on value of academic medicine: "Academic Medicine: What starts here saves lives" [whatstartshere.aamc.org](https://whatstartshere.aamc.org)

**2023**

Council of Faculty and Academic Societies (CFAS)  
Spring Meeting

# Leadership Plenary and Community Forum

## Update from AAMC Chief Scientific Officer Ross McKinney:

- The power keeps moving away from the dean to the CEO suite in hospitals and health systems. With this increasing focus on margin, academic medicine must keep the focus on our missions
- Health system CEOs are facing challenges from DSH payments (\$8 billion cut – will impact lower income people). Possibly 25% cut to NIH budget – we need faculty engaged in these policy conversations. NIH may not have a permanent director for another 2 years
- The good news is that the funding rate for NIH is still 30%. But a challenge is that NIH funding is set as a criteria for promotion

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# Leadership Plenary and Community Forum

## Update from AAMC Chief Scientific Officer Ross McKinney:

- The larger the average grant size, the fewer the grants. There will be increased costs from unionization of grad students and the number of grants may drop. NIH funding is almost back to where 2003 levels in inflation-adjusted dollars
- The COVID pandemic would have been worse without the research – often from academic health settings – that brought us vaccines and treatments in record time

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# Leadership Plenary and Community Forum

## Discussion:

- There was discussion about whether the AAMC can identify which governance models are more beneficial considering the marginalization of the academic mission in many AMCs
- There was discussion on how to address mistrust of science. People have more trust at local health levels than on national level, so it's important to reach out to local communities
- Community collaborations requires listening to our communities because the people suffering the injustice are in the best position to understand and resolve those injustices

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# Leadership Plenary and Community Forum

## Discussion:

- We have to make it plain when communicating the value of what we do. Understand where the community is coming from
- The increase in GME slots is not being picked up by increases in Medicare payments, which is a problem
- There's a concerning conversation about cutting GME support from Medicare

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# Ignite Sessions on Mission Alignment



**Stewart Babbott, MD**  
**Moderator**

Professor, General Medicine, Geriatrics and Palliative Care

University of Virginia School of Medicine/Society of General Internal Medicine



**Mithu Sen, MD**  
**Moderator**

Assistant Dean, Faculty Equity & Wellness; Professor, Medicine  
The University of Western Ontario -  
Schulich School of Medicine & Dentistry

## **Presentations:**

- **Brad Barth:** Communities of Practice as Sources of Flourishing
- **Robert Brodell:** Learning While Doing: Developing Symbiotic Relationships with Medical Students to Advance Rural Access to Care Initiatives
- **Brian Clark-Smith:** Gaming the System: Successfully Navigating the Corporatization of Academic Medicine
- **Adam Franks:** Integrating Research into the Other Parts of the Tripartite Mission
- **Katherine Gold:** Balancing Time Between Department, Clinic, and Myself: Finding Joy and Fulfilment in My Work
- **Kimberly Lumpkins:** Your Brain Is Finite, but You Don't Have to Be: Creating Strategies that Relieve Mental Load
- **Edgar Meyer:** The Potential of Postbaccalaureate Programs to Improve Diversity, Equity, and Inclusion in Medicine and the Other Health Professional Sciences: A Mississippi Story
- **Deanna Sasaki-Adams:** How My Life Became an Illustration of the Kenny Roger's Song, "The Joker"

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# Ignite Style Presentations

## Themes for ignite sessions:

- Communities of practice are sources of joy – it's important to find or create your own
- Honor yourself, stay true to your values, break down silos and have other people help you achieve your missions – leverage your community
- “If you want to help yourself, practice compassion, if you want to help others, practice compassion.”
- Never let a crisis (or a big change) go to waste: advance and improve the current state
- Recognize core values and alignment of those values and reflect on current and future career path

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# The Big Picture of Mission Alignment: A Conversation with Michael Good



**Jonathan Constance, PhD**  
**Moderator**

Assistant Professor, Clinical  
Pharmacology

Spencer Fox Eccles School of Medicine  
at the U of Utah/American College of  
Clinical Pharmacology



**Michael Good, MD**  
**Speaker**

Senior VP for Health Sciences, CEO  
of University of Utah Health, and  
Executive Dean  
University of Utah Health/Spencer  
Fox Eccles School of Medicine



**Nita Ahuja, MD**  
**Moderator**

Chair, Department of Surgery  
Yale School of Medicine

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# The Big Picture of Mission Alignment

## Takeaways:

- Perhaps it's best to have physician leaders for both the school and hospital side
- In leadership, we have to learn to lead ourselves. Leadership is a learned skill and we need to know our strengths and weaknesses
- We live in tense times and leaders need to learn how not to avoid difficult situations, but instead to put themselves in the center of the hardships their employees face. Becoming a “conflict-competent leader”: Conflict can be good if it's kept in a constructive setting and focused on ideas, in contrast to destructive conflict that involves personal attacks
- “Progressive incrementalism” vs. disruption. Any system can be improved. The best approach is “aggressive incrementalism” because progressive incrementalism is too slow, and disruption creates other problems

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# The Big Picture of Mission Alignment

## Takeaways:

- Our jobs have infinite work. If work is infinite, we have to ask ourselves how we are going to approach work. One idea is to write yourself “vacation prescriptions”
- Human performance drops off dramatically after 16 hours. We need to get better at accepting our limits. We should ask ourselves how long we need to work today and what we’re going to do first. Then prioritize the most important thing.

## Q&A:

- Chairs should understand the finances of the hospital and where the margin comes from. And the hospital CEO needs to understand the NIH and what a research-focused faculty member goes through. Health systems need at least a 5% margin to keep up. When you get 10%, then you have resources to reinvest back into education and research. Both department chairs and hospital officials need to be at the table to determine how resources are allocated.

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# The Big Picture of Mission Alignment

## Q&A:

- The tenure of deans needs to increase so they can have the time to understand all the issues. Average tenure of deans right now is ~5 year
- Listening is the most important skill in communication and leaders need to know how to listen. It's vital to evaluate how potential leaders communicate when considering them for leadership roles
- A leader's job is to make chairs and deans successful, and then the chairs and deans make the faculty successful, and then the faculty makes the students successful
- Leaders need to be more concerned for others than themselves, especially at the higher levels

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# The Big Picture of Mission Alignment

## Q&A:

- The concept of servant leadership is very valuable
- Trust takes a long period of time to gain, and it can be lost in a short amount of time. Leaders have to build trust as well as relationships
- “Play cards with the cards up” to encourage institutions to be collaborative and open with each other, i.e., a department sharing their books with the hospital side and vice versa
- Our missions are indispensable to the public, so that should always be a source of optimism and motivation for us to figure out how to work together to improve peoples’ health

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# Mission Accepted: Sustaining Faculty for Success as Medical Educators



**Steven Angus, MD**  
**Speaker**

Professor, Department of Medicine  
University of Connecticut School of Medicine



**Giulia Bonaminio, MS, PhD**  
**Speaker**

Senior Associate Dean for Medical Education; Research Professor, Department of Family Medicine University of Kansas School of Medicine/International Association of Medical Science Educators



**Lily Belfi, MD**  
**Moderator**

Associate Professor of Clinical Radiology  
Weill Cornell  
Medicine/Association of University Radiologists



**Lee Eisner, PhD**  
**Speaker**

Associate Professor of Cell Biology  
SUNY Downstate Health Sciences  
University College of Medicine

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# Mission Accepted: Sustaining Faculty for Success as Medical Educators

A PollEverywhere activity asked what the audience to identify the greatest challenge faced by a medical educator or leader of medical education. Answers included a lack of value of medical education, isolation, integration problems, faculty have no “spare time”, and struggles with lack of engagement

## **Educator's perspective:**

- Moral injury is huge driver of burnout
- Faculty should bring students to the table to help develop curriculum and policy. There are currently 3 troubling trends: 1) the devolving relationship between students and faculty, 2) students mostly communicating with administrators, and 3) how medical educators are valued. These impact us as well as the growth and professional maturity of our learners
- Oftentimes, there's no administrative consequences for students who don't attend mandatory sessions

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# Mission Accepted: Sustaining Faculty for Success as Medical Educators

## Chair's perspective:

- Early career faculty have traditionally had to “pay their dues,” but it's unclear if the new generation will want to get into positions where that's the dynamic. How do we reset expectations so everyone is on the same page from educational standpoint?
- Most chairs are on the side of the faculty but it's hard for chairs to get resources faculty need because they've been taken out of planning decisions. Often times, when chairs ask why the school wants them to teach things that won't make students practice-ready, the response is, “well, the LCME says we have to.”

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# Mission Accepted: Sustaining Faculty for Success as Medical Educators

## Dean's perspective:

- Deans are accountable to the public
- Faculty need to have dedicated time and to maintain a safe learning environment. Deans are aware that faculty have competing demands for their time
- There must be institutional transparency in how departments and individuals get funded

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# Mission Accepted: Sustaining Faculty for Success as Medical Educators

## Success stories:

Another PollEverywhere question asked, “what’s your greatest achievement as a med educator or leader of med ed at this moment?”

Responses: Creating teams of faculty, development of nationally recognized successful pre clerkship curriculum, sustained success of learning, integrating pharmacology into a systems-based curriculum, getting 95% attendant for opt in sessions, working as a chair on mission alignment to prioritize education, foster engagement through teams across disciplines, increasing dialogue with stakeholders on UME

## Discussion:

One idea was to have dedicated educators (basic science, clinical, etc.) who are supported to do the work of education for half of an FTE

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# Closing Plenary and Final Thoughts: Recognizing and Embracing the Tension



**Aviad "Adi" Haramati, PhD**  
**Moderator**

Professor and Director, Center for Innovation  
& Leadership in Education  
Georgetown University School of  
Medicine/Academic Consortium for  
Integrative Medicine and Health



**Anne Mosenthal, MD**  
**Speaker**

Chief Academic Officer  
Lahey Health



**Jonathan Jaffery, MD,  
MS, MMM, FACP,**

Chief Health Care Officer  
AAMC

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# Closing Plenary and Final Thoughts: Recognizing and Embracing the Tension

## Food for thought:

- How can academics help academic medical centers increase their market share?
- Academic medicine should help society rethink the business model of health care in the U.S.
- Moral injury is a huge challenge and becoming engaged in the benefits our missions bring to society can help us find our way out
- Institutional leadership needs to embrace the conflict and tension between missions, but so do the faculty
- It's important to keep in mind that health systems are only getting bigger as we try to align and complete our missions
- Hospital finances are under financial pressures that are new and don't seem like they're going away i.e. commercial payors are lowering their reimbursements now as well as public payors (who have not historically reimbursed much anyway)

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# Closing Plenary and Final Thoughts: Recognizing and Embracing the Tension

## The way forward:

- Those of us working in academic medicine need to be realistic and figure out how to do more with less. But on the other hand, many physicians are older and are leaving the profession, so there are major concerns over workforce. If we try to do *too much* more with less, we'll be in a very bad situation
- We have to get to a culture where everyone can contribute and speak up to improve the system, similar to the Toyota assembly line
- Realizing population health and value-based care is the way to move forward. Fee for service alone can't help us anymore, but we can have synergistic models that use fee for service in some places and value-based care in others

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# Closing Plenary and Final Thoughts: Recognizing and Embracing the Tension

- Perhaps it's time to change the whole structure, because it's too focused on the costs to government, corporate America, employers, etc. and not on the costs to patient. Maybe we should question some of the basic assumptions of our system if we really believe that health care is a public good
- Giving physicians a set salary that doesn't depend on the number of patients they see could be a very helpful reform

## Closing remarks:

- Academic medicine needs to address salary inequities between specialties in order to incentivize more students to enter primary care

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# Closing Plenary and Final Thoughts: Recognizing and Embracing the Tension

## Closing remarks:

- There was discussion about the need to have a joint meeting between CFAS, the AAMC's Council of Deans (COD), and the AAMC's Council of Teaching Hospitals and Health Systems (COTH)
- Academic medical centers need to create models that value education and research, and the transition may be difficult and may face pushback from payors, but it's necessary to move to these models and highlighting models that already do this well is important in those efforts
- Next CFAS Spring meeting is combined with the AAMC's Group on Resident Affairs (GRA) and the AAMC's Organization of Resident Representatives (ORR)

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# Knowledge Sharing Session





# Knowledge Sharing Session

## Key takeaways:

- “No margin no mission; no mission no margin.” It feels like faculty are being squeezed.
- Younger generations have more defined sense of work-life balance and we can’t expect 55-60 hours per week from future physicians. We need to ask ourselves if our expectations are realistic
- There’s a lot of tensions – between wellness and work, between margin and mission. Hopefully we’ll get the boards of CFAS and COTH and COD together because neither group can solve the problems on their own without creating unintended consequences
- Talking about all the problems can be deflating but focusing on what we do in our science, care, and community service is what makes it all worth it. This meeting has been a validation of how important our environment is, despite its’ challenges
- Faculty should help design new systems and models. Maybe every dollar of revenue should be taxed for research and education.

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# Save the Date!



**Third Biennial CFAS Society  
Summit**

**AAMC's Washington, D.C.  
Headquarters**

**July 17, 2023**

**2023**

**Council of Faculty and Academic Societies (CFAS)  
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# CFAS Society Summit

- Held every other year to create engagement and highlight benefits to AAMC- CFAS-member societies
- Programming is geared toward society executives, but society reps are welcome to participate if interested
- Society executives receive updates on AAMC initiatives, strategy, and priorities, and share their own priorities with AAMC leaders and society peers
- The 2021 summit was held as a virtual event. **The July 17 summit marks our return to an in-person event at the AAMC**

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