

CFAS Connects: A Conversation with David Skorton – April 19, 2023

Opening discussion:

- There is a saying, “No margin, no mission” but the reverse is also true, because if it wasn’t for the research efforts of faculty members bringing clinical trials to the hospital, the hospital would not be able to attract the same numbers of patients.
- There are external factors that are causing a lot of uncertainty and consternation due to the potential impacts on patient care delivery and DEI initiatives.
- Unfortunately, there is not a preferred one-size-fits all governance model.
- There is concern that residents are not getting enough foundational education as they used to and that curricula are increasingly focused on the specialized knowledge that residents will need later on in their practice. The pandemic has exacerbated this trend.
- Residents being trained in community settings as opposed to being trained by the institution’s faculty leads to lower quality instruction and assessment. But solutions should be discussed discipline by discipline, not system wide.

Engaging with institutional leaders:

- Faculty members should be viewed in their institutions as partners in problem-solving, not as a special interest group. Leaders should engage faculty members in discussions on how to resolve the quandaries that arise in making funds flow work.
- CFAS is reaching out to the AAMC’s Council of Teaching Hospitals and Health Systems (COTH) to raise awareness of the need for faculty to be involved in developing solutions around funds flow.
- Faculty should be called on to help structure residency programs.
- In some institutions, faculty bodies try to be helpful to the dean in communicating the needs of the medical school to the hospital side, but they are often seen as renegades.
- If the faculty listen to what their institutional leadership says are the problems and respond in collaborative ways seeking to help solve those problems while raising their own, then leadership will most likely keep the door open for more dialogue.
- For leaders of faculty organizations such as faculty councils, it’s a good idea to make an appointment with the dean or the hospital CEO and say you would like to have a look at the charter and purpose of the faculty organization and would like to see the faculty organization woven into the fabric of decision making. Create a living document with granular detail on what the role of the faculty body can be. You should also be able to go back to and adjust the document as needed. Be persistent in trying to communicate with leadership on these issues.
- Faculty leaders should think about how to communicate to institutional leadership the fact that enhancing them in their leadership capacities will help the organization be effective in its missions.
- Faculty leaders need to establish relationships with their institutional leadership, codify the relationship and be bold and persistent in raising issues that are important to them. Don’t take no for an answer when it comes to establishing a connection with leadership.

Navigating challenging political dynamics:

- There was discussion about how faculty members can engage with policymakers over funding for academic medicine's missions.
- There was discussion about how faculty members and program directors can navigate the contradictions between some state-level legislation restricting discussions around DEI issues and accreditation requirements that mandate instruction on these issues. David expressed serious concerns about these legislative prohibitions on discussing DEI issues and warned that they could hinder the progress that our country has made on these issues. The American Council on Education (ACE) and Pen America produced a helpful report on these issues titled, *Making the Case for Academic Freedom and Institutional Autonomy in a Challenging Political Environment: A Resource Guide for Campus Leaders*.
- DEI and academic freedom are important because there's evidence on the patient care side that diverse teams make better decisions and this can have life-saving consequences.
- The AAMC is speaking out in public spaces, submitting amicus curiae briefs, and pursuing various initiatives to protect DEI efforts.
- Pursuing DEI is not only fair and the right thing to do, but it also leads to more effective decision-making.
- The issue of academic freedom cuts both ways – both sides of these discussions need to be heard and academic medicine should create a space where certain conservative viewpoints are also heard.
- There was discussion on how the AAMC can help educators frame race in the curricula to combat racism and undo the legacy of teaching racism.

Challenges facing the research mission:

- Finding qualified postdoctoral researchers is becoming more difficult. Faculty are going to have to become more engaged in the lab and hopefully the grant structures within the NIH will change to become more career-focused instead of project-focused.
- Ross McKinney, MD, the AAMC's Chief Scientific Officer, is going to bring a graduate student and a postdoctoral researcher to an upcoming AAMC BOD meeting so AAMC leadership can hear firsthand the unique challenges facing the research mission.

Chat:

AAMC created a resource page around the SCOTUS race-conscious admissions case:

<https://www.aamc.org/about-us/mission-areas/medical-education/race-conscious-admissions-medical-education>

<https://www.acenet.edu/Documents/Academic-Freedom-Resource-Guide.pdf>

<https://www.aamc.org/data-reports/report/diversity-equity-and-inclusion-competencies-across-learning-continuum>

<https://www.science.org/doi/10.1126/science.abf6738>

The Wisdom of Crowds, James Surowiecki

Team of Rivals - Doris Kearns Goodwin

The APHMG has a good statement.

COTH: Council of Teaching Hospitals and Health Systems, the AAMC council made up of hospital CEOs.

For those who don't know Jennifer Schlener, she is the AAMC's chief of staff.

Engage with the faculty in your communications department to determine how best to deliver a message that will be received as you intend it.

May we never confuse honest dissent with disloyal subversion - Dwight David Eisenhower

Specific dates/location to be announced very soon - but next April, CFAS will be meeting with the AAMC's Group on Resident Affairs and the Organization of Resident Representatives.

Is there a document produced by the AAMC that states why DEI is necessary in the Health Care Arena?

With respect to working with COTH, do the joint meetings placate the academicians until the following year's meeting? i.e just biding time

Thanks for a great discussion everyone! Agree that collaboration, respect for everyone and professionalism are all key elements to practice and encourage