2018 AAMC Council of Faculty and Academic Societies (CFAS) meeting summary

Pamela N Peterson, MD MSPH

Associate Professor of Medicine, University of Colorado Anschutz Medical Campus

Department of Medicine, Division of Cardiology
What Is CFAS?

The Council of Faculty and Academic Societies (CFAS) represents U.S. medical school faculty and academic societies within the AAMC.

CFAS constituents consist of nearly 360 reps from medical schools and 70+ academic societies.

CFAS has direct representation on the AAMC’s Board of Directors through its chair and chair-elect.

### 2018 CFAS MEMBER STATS

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<tr>
<th></th>
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<th>Senior reps</th>
<th>~187</th>
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<td></td>
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<td>Junior reps</td>
<td>~171</td>
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<td></td>
<td></td>
<td>Chair or vice chairs</td>
<td>~108 (25% women)</td>
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<td>Society reps</td>
<td>124+</td>
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<td>School reps</td>
<td>234+</td>
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<tr>
<td>Total reps</td>
<td>358+ (47% women)</td>
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Issues Addressed by CFAS

- Medical education reform
- Faculty resilience and vitality
- NIH funding and research support
- GME support
- Faculty advocacy
- Faculty identity and development
- Health equity and diversity
- Faculty professional development and training

…and more as CFAS reps raise them
2018 CFAS Spring Meeting Basics

Plenary sessions themes:

- Advocacy in academic medicine
- Faculty wellness and well-being
- Legislative and regulatory developments in academic medicine
- Challenges and trends in medical education
- Developing and supporting faculty leadership

Preconference Programming:

- CFAS Committee and Working Group Meetings
- Two CFAS Leadership Curriculum course: “How to Be an Effective Leader” and “Strategies for Conflict Resolution”
- CFAS New Rep Orientation
Breakout Sessions

• #MeToo in Graduate Medical Education
• A Beginner’s Guide to Advocacy
• The Medical and Scientific Leadership Challenges of Social Inequality
• Well-Being and Resilience: Defining Metrics of Success
• An Experiential Introduction to Mind-Body Medicine for Self-Awareness, Leadership, and Well-Being
• The Projected Impact of the New “Common Rule” on Research Practices and IRBs
• Twelve Tips to Cognitive Integration of Clinical Skills and Basic Science in Medical Students
• When Letters of Recommendation Can Actually Hurt You: Mitigating Bias in Letter Writing
• Addressing the Wellness Mission through Implicit Bias Recognition and Management
• Communication Strategies to Increase Receptiveness to Unwelcome Information
• Examining Burnout Across Campus: A Comparison of Basic Science and Clinical Faculty
• Practical Strategies for Basic Science Faculty Engagement in Governance and Leadership
Advocacy Plenary

Covered the importance of advocating for sustainable regulation in biomedical research, education, and clinical care

- Advocating for academic medicine’s missions in the current environment is imperative.
- Government officials respect members of academic medicine and want to hear from them.
- Advocating for our medical schools needs to become part of academic medicine’s culture.

Example issues:
- NIH funding hasn't recovered in real dollars, even after recent increases.
- Number of graduates is exceeding number of residency positions, so advocacy is needed for lifting the Medicare caps.
Advocacy Plenary

Advocacy tips:

• Data is needed for effective advocacy.

• Build relationships with members by making frequent, regular visits to their offices.

• Engaging administrative officials is just as important as engaging legislative officials because regulators have tremendous impact on the legislation that affects our missions.

• Advocacy also involves telling the general public about the value of AMCs, preserving funding for biomedical research, etc. Don’t get into politics, just tell them your story and how funding affects your work.
Advocacy Plenary

Grassroots advocacy:

• Create an advocacy team locally in your institution.

• Advocacy can be a low-cost effort – faculty from a department can get together to talk to legislators 2-3 times a year.

• In the advocacy team, a mix of faculty, postdocs, and students is ideal.

• Bringing younger researchers on advocacy visits drives home the urgency of robust funding for the future generation of scientists.
Plenary: Bringing the Joy Back into Academic Medicine: Engaging Faculty and Institutions in Wellness

This plenary focused on institutional frameworks for promoting wellness and how institutions can holistically address burnout

- The current focus in wellbeing is on clinician burnout, but we are not saying much about burnout among scientists, even though morale among scientists worsened significantly from 2008-2013.
- There’s an evolving mental health crisis in graduate education.
Bringing the Joy Back into Academic Medicine: Engaging Faculty and Institutions in Wellness

Insights from CLER visits:

• In over 80% of clinical learning environments, residents and fellows report observing signs of burnout among faculty and program directors.

• For burnout prevention:
  • Dig deep and don’t focus on simple/superficial solutions.
  • Create internal infrastructure to give institutional well-being teams staying power.
  • Be careful to construct the right institutional well-being team.
  • Institutional leadership must shelter that team’s initiatives and stay engaged with them over time.
  • Health system CEOs need to be personally involved in wellness programs and make sure financial resources are provided to make them sustainable. (David Entwistle, President and CEO, Stanford Health Care)
Bringing the Joy Back into Academic Medicine: Engaging Faculty and Institutions in Wellness

A systems approach to burnout:

- Institutional leaders must ask:
  - How to facilitate a better work environment
  - How to facilitate positive patient and colleague interactions
  - How to facilitate work life balance
  - How to create culture of wellness that promotes professional growth, self-care, and compassion for ourselves and others
Challenges and Trends for Medical Educators: Precision Education?

This plenary addressed changes in medical education and described how certain institutions have approached improving curricula and engaging learners with different learning modalities.

- Medical education should include standardizing learning outcomes and enable individualized learning processes.
- Curricula should integrate formal knowledge with clinical experience, vertical integration of basic science across the curriculum
- Development of habits of inquiry and innovation, and development of professional identity for students.
- 5 generations in the current workforce. Educators must have cultural competence with a variety of different learning modalities and communication styles.
Challenges and Trends for Medical Educators: Precision Education?

• Challenges to disrupting medical education:
  • USMLE Step 1 emphasis
  • Inflexible system
  • Complexity of the knowledge
  • Lack of a defined national core curriculum
  • Time management
Institutional approaches...

- Integrating basic science, clinical science and meaningful early clinical experiences.
- Flipped classrooms with content in video and written format for home-based learning.
- Have clinician educators and basic scientists interact with the students together (small groups, rounds, etc).
- Anchor curriculum around clinical cases with core content from all core disciplines.
Committee and Working Group Updates

• **Advocacy Committee:**
  • Distribute advocacy sign-on letters to societies.
  • Follow up messages on success of letters.

• **Basic Science Working Group:**
  • Planning for future sessions on basic scientist burnout, regulatory burden, and job security.

• **Communications Committee:**
  • Working with other groups at the AAMC to do faculty-oriented podcasts
Committee and Working Group Updates

• **Diversity Committee:**
  - Looking at providing unconscious bias training for CFAS reps
  - Rolled out a beta version of an online toolkit of resources on faculty diversity.

• **Faculty Resilience Working Group:**
  - Updating and reformatting the AAMC’s “Well-being in Academic Medicine” webpage.

• **Mission Alignment and Impact of Faculty Educators Working Group:**
  - Looking at how best to reach millennials in the learning environment
  - Evaluation of prevalence of a clinical pathway for promotion
Office of Professional Excellence

Abbey Lara, MD
Co-Director

Jeff Druck, MD
Co-Director

Josette Harris, PhD
Associate Director

School of Medicine Professionalism Issues
Office of Professional Excellence

Abbie Beacham, PhD

College of Nursing, School of Dental Medicine, Graduate School, School of Pharmacy, School of Public Health Professionalism Issues
CU SOM Resilience Program

Jenny Reese, MD
Abbie Beacham, PhD

http://www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/Resilience/Pages/FacultyResilience.aspx
DOM/PSCCM
UCH MICU/Outpatient
GME (former PD)
Medical Director of MS PCU

DEM
UCH ED
UME – Assist Dean Student Life
Former Faculty Senate President
Reporting of lapse in Professional Behavior to OPE

• Routes of Submission
  – Email, phone, verbal communication, referral

• Evaluation of Claim
  – Determine occurrence unprofessional behavior
    • Yes
      – Level of unprofessional behavior
      – Interview with Claimant
      – Interview with Respondent**
      – Case review
        » Level of unprofessional behavior
        » **Rank in Organization
        » Investigation for collateral information if indicated

• No – Triage to appropriate office for management
Case Referrals

OPE

- HR
- MSO
- Risk Mgt
- Counseling
- UCH CMO
- Equity
- CHCO CMO
- CPHP
- Legal Council
- Peer To Peer

www.medschool.ucdenver.edu
Confidentiality

- UME
- GME
- Faculty
- Staff
What happens?

• Discussion of confidentiality/ ramifications
• Decision to move forward is up to claimant, except for mandatory reporting
• Alternative reporting mechanisms exist
All cases to be reviewed by JD, AL, JH

Level 1: Informal Conversation
Cup of Coffee

Level 2: Awareness Intervention
Update of previous incident. Action plan in context of previous incident in discussion

Level 3: Guided Intervention
Notification to superior. Recommendations for a Professionalism Improvement Plan.

Level 4: Disciplinary Action

No Change

Pattern Persists

Recurrence

Single Incident

Triage

No behavior identified
Feedback to claimant

Egregious acts*

* Require Escalation

* Require Escalation
Case Discussion- Professionalism
Executive Committee

- All cases are discussed at the PEC
Purpose of the PEC

- Provide a sounding board
- Provide context
- Bring in other information
- Provide institutional memory
Professionalism Executive Committee

- Steve Zweck Bronner JD
  - University Legal Counsel
- Sue West RN
  - University Risk Management
- Ethan Cumbler MD
  - University Hospital Medical Staff President
- Anne Fuhlbrigge MD
  - Senior Associate Dean, Clinical Affairs
- Peter Buttrick MD
  - Senior Associate Dean, Academic Affairs
- Doug Kasyon
  - HR Director
- Dan Hyman
  - Chief Medical Officer, Children’s Hospital Colorado
- Jean Kutner MD, MPH
  - Chief Medical Officer, University of Colorado Hospital
Cup of Coffee – Single Incident

Intention – Self Regulation

- Timely (within 5 working days)
- Respectful
- Collegial
- Confidential***

- Deliver a single observation/report

- Message of report in a non-judgmental fashion, acknowledge the other potential perspective, ask the reporter to consider content and reflect
- No Investigation associated with discussion
Procedure for COI on claims submitted to OPE

**OPE Administrator will be first contact and use above for triage**
Recusal from PEC Discussion

OPE Leadership & PEC member are required to disclose and recuse themselves during *all* discussion pertaining to the relationship.

- **Personal Relationship**
  - Family
  - Amorous Relationship
    - Up to last 7 years
Required Disclosure

OPE Leadership & PEC member are required to disclose relationships. Can provide context and/or collateral information, but will refrain from advocacy or decision making.

- Professional Relationship
  - Research Collaboration
  - Direct Supervisor
  - Direct Hiring Authority
  - Acknowledged Mentor/Mentee Relationship
  - Financial COI
Culture change
Culture change
Questions to the Faculty Assembly

What in OPE worked in the past and should be maintained?
Questions to the Faculty Assembly

What in OPE could be improved?
Questions to the Faculty Assembly

Areas to Focus Attention?
Thank you