Spring CFAS Meeting 2014: MU School of Medicine Report

For the first time since the AAMC was founded by 22 medical school deans in 1876, faculty from all the member medical schools will now be represented by a junior (Dr. Nagel) and senior (Dr. Zweig) medical school faculty member as part of the newly renamed Council of Faculty and Academic Societies (CFAS.) This newly revised Council is charged with identifying critical issues facing faculty members of medical schools so that the AAMC can be responsive as well as proactive with services, initiatives, programs, and policies.

CFAS had its first annual meeting in Nashville March 6-8, 2014. CFAS which represents both academic societies and AAMC member schools of medicine now has over 300 members, 240 of who attended the meeting. CFAS has created task forces to address issues important to its members: Advocacy, Basic Science, Communications, Faculty Identity and Value, Mission Alignment and Faculty Values. These groups met and provided updates to interested members.

Mark Yudoff, JD, President emeritus at the University of California delivered the key note address on Challenges and Opportunities Facing Higher Education and Its Future. The next plenary speakers were Janis Orlowski, MD, Senior Director, Clinical Transformation at AAMC, speaking on the AAMC report on the Future of Academic Health Centers [See attached slide show] and Jeff Balser, MD, Vice Chancellor for Health Affairs and Dean, Vanderbilt University School of Medicine, described the financial turnaround at the Vanderbilt medical school and health system involving a $91 million budget cut affecting 1200 positions and 600 current employees (no faculty were fired).

Attendees also heard from other leaders at the AAMC including Darrell Kirch, MD, President and CEO, Lorris Betz, MD, Chair, Board of Directors, {see attached slide show] and Atul Grover, MD, PhD, Chief Public Policy Officer. Members were also introduced to legislative advocacy for either research or graduate medical education [handout and slide show]. The final plenary speaker was Robert Bazell, adjunct professor at Yale, and former Chief Science and Medicine Correspondent NBC-TV.

Susan Nagel, PhD and Steve Zweig, MD

AAMC’s Council of Faculty and Academic Societies (CFAS)

The Message

Bidirectional communications: Inform CFAS/AAMC and inform Medical Schools

Bring our faculty concerns and interests to CFAS, to AAMC; bring national/AAMC/CFAS initiatives to our faculty. Identify or work toward solutions to important faculty concerns; disseminate information re innovative initiatives underway.

History of Councils in the AAMC

Council of Deans (in 1876, AAMC was founded by 22 medical school deans)
Council of Teaching Hospitals (COTH, 1966)

Council of Academic Societies (CAS founded 1968)

CAS morphed into Council on Faculty and Academic Societies (CFAS) in 2013;
107 Schools have 204 representatives, 68 Societies have 115 representatives

Organization of Resident Representatives

Organization of Student Representatives

Groups (e.g., on Educational Affairs, on Women in Medicine & Science, on Diversity and Inclusion, on Faculty Affairs)

CFAS Mission Statement:

The Council is charged with identifying critical issues facing faculty members of medical schools; providing a voice for faculty about those issues to the AAMC as they relate to creation and implementation of the AAMC’s programs, services, and policies; and serving as a communications conduit with faculty regarding matters related to the core missions of academic medicine.

CFAS Leadership and Working Groups
Chair (advised by an active and committed Executive Board):
Rosemarie L. Fisher, M.D. Professor of Medicine; Director and Associate Dean Graduate Medical Education, Yale University School of Medicine

CFAS Advocacy Task Force
CFAS Basic Science Task Force
CFAS Communications Committee
CFAS Evaluation Committee
CFAS Faculty Identity and Value Task Force
CFAS Nominating and Engagement Committee
CFAS Mission Alignment and Faculty Values Task Force (Dr Nagel joined this one)
CFAS Program Committee
CFAS Value Propositions Working Group
CFAS Work-Life Balance Task Force

CFAS Advocacy Task Force

Draft Charge: The CFAS Advocacy Task Force will work with the AAMC Government Relation’s staff to provide opportunities for faculty’s voice to be heard on selected legislative and regulatory policy issues of priority importance to faculty and to engage faculty in support of AAMC’s positions on such issues. The Task Force may be asked to review AAMC advocacy materials to facilitate their use by faculty, organize advocacy-related sessions at CFAS meetings, and suggest CFAS-sponsored conference calls and webinars on related topics. A key goal of the task force is to ensure message alignment with other AAMC constituent and leadership groups.
CFAS Basic Science Task Force

*Draft Charge:* The CFAS Basic Science Task Force will work with the AAMC Chief Scientific Officer to provide opportunities for basic science faculty (in both basic science and clinical departments) to discuss issues of concern. Such issues may include the impact of research and other funding trends on faculty vitality and their mission activities; defining, evaluating and promoting the value of fundamental research to the public, policy makers, and other members of the academic community; training and sustaining the research and basic science educator workforces of the future; and other issues. The Task Force is expected to work closely with the CFAS Advocacy Task Force and AAMC professional development groups such as the Group on Faculty Affairs, the Group on Women in Medicine and Science, the Group on Research Advancement and Development and the Graduate Research, Education, and Training Group.

CFAS Communications Committee

*Draft Charge:* The CFAS Communications Committee will develop mechanisms to allow the CFAS and AAMC leadership and staff to communicate effectively with CFAS representatives; to allow CFAS representatives to communicate effectively with their CFAS colleagues; and to explore, test and implement innovative methods to engage medical school and teaching hospital faculty in bi-directional conversations and learning on critical issues affecting academic medicine. **CFAS Evaluation Committee** *Draft Charge:* The CFAS Evaluation Committee is charged with developing a framework that will facilitate the assessment of CFAS’s effectiveness, consistent with its mission, goals, and objectives. The Committee should also define metrics that will facilitate the assessment of CFAS.

CFAS Faculty Identity and Value Task Force

*Draft Charge:* The CFAS Faculty Identity and Value Task Force is charged with developing Council programs and initiatives on the attributes and qualities of future academic medicine faculty members in light of the transformational changes occurring at many medical schools and teaching hospitals. Issues of possible interest to the Task Force include: the definition of a faculty member, especially in light of the major expansion of academic health systems through the acquisition of non-teaching clinicians; the shape and mission of the academic enterprise of the future; how faculty are viewed and defined by the public and policy makers and how that perception can be accurate aligned with reality; and the distinctive attributes that define faculty regardless of track, mission activity location, discipline or specialty, or the nature of their scholarship activities. The Task Force should work closely and collaboratively with the Group on Faculty Affairs.

CFAS Mission Alignment and Faculty Values Task Force

*Draft Charge:* The CFAS Mission Alignment and Faculty Values Task Force will facilitate the Council’s discussions and initiatives related to the inherent tensions between the various missions of academic medicine. The Task Force will identify areas of acute tension; suggest initiatives that facilitate faculty-led solutions to help mitigate such tensions, and help the Council make the broader academic medicine community aware of approaches that mitigate any perverse consequences of mission-centric policies and practices it identifies. Key tension and policy development areas of interest to the Task Force might include, among others: how the
pressure for clinical productivity impacts education and teaching; the effects of promotion and tenure policies on clinician-educator tracks; the development and outcomes of systems that recognize eRVUs – educational relative value units – to provide clinician educators with productivity “comparables” to clinical work; innovations in teaching methods and content dissemination; and, the effect of patient-centric research on the academic clinical mission.

**CFAS Nominating and Engagement Committee**

*Draft Charge:* The CFAS Nominating and Engagement Committee shall be composed of two subcommittees; one conforming to the nominating committee composition requirements contained in the CFAS Rules and Regulations and charged with the nominating committee activities described in that document; and a second subcommittee of the whole to undertake other activities. In addition to the stipulated nominating functions, the Committee shall: Recommend the formation, charge, chair, and membership of various committees and task forces to facilitate the work of the Council; Recommend to the Administrative Board liaisons to selected AAMC groups; Recommend CFAS representatives to serve as members or liaisons to selected external panels; Recommend activities to identify and support potential CFAS leaders; Recommend societies that could be recruited to CFAS to meet perceived gaps; and Review new society member applications and recommending appropriate action on such applications. The above functions are subject to ratification by the CFAS Administrative Board.

**CFAS Program Committee**

*Draft Charge:* The CFAS Program Committee is charged with developing the program for the CFAS Spring Meeting. The Committee can also recommend to the CFAS Administrative Board the convening of special topic or theme meetings, webinars, conference calls, or other such initiatives. The Committee is specifically charged with exploring new and innovative ways to engage representatives in the work of CFAS.

**CFAS Value Propositions Working Group**

*Draft Charge:* The CFAS Value Propositions Working Group will assist in explicitly defining the value CFAS representatives should expect from their participation, the value societies should expect from their membership, the value schools should expect from the participation of their representatives, and the value to AAMC from the existence of CFAS and the engagement of CFAS representatives. The Work Group is also charged with assisting staff in developing a guide to resources available to faculty from the AAMC and how faculty can access them.

**CFAS Work-Life Balance Task Force**

*Draft Charge:* The CFAS Work-Life Balance Task Force is charged with identifying institutional (both medical school and academic society) practices that successfully promote faculty vitality and wellbeing in both their professional and personal lives. The Task Force will consider the how CFAS can facilitate the personal and professional success of CFAS representatives. The Task Force is specifically charged with making recommendations to the CFAS Administrative Board and Program Committee on how the CFAS can best take advantage of the demographic and professional variety of the Council’s representatives.
Dr. Nagel participated in the Mission Alignment and Faculty Values Task Force. This group developed six areas of emphasis. The overall short term goals are to develop a “faculty toolbox” with information, provide program suggestions. The intermediate and long term goals are to gather information and publish in Academic Medicine.

1. Governance structure-how hospital relates to school relates to faculty and mission
   a. Short term: Taxonomy-what are the current models
   b. Literature search on what is known already about existing structures
      i. AAMC has a partial database-OCD-organizational characteristics database
      ii. Many expensive consultants probably have this data
   c. Long term-how does this structure affect to faculty

2. Faculty advancement
   a. Meaning of tenure
   b. Different tracks: clinical track
   c. Metrics for performance
   d. Pathways for end of career

3. Mentoring
   a. How to be good mentors
   b. How to be good mentee

4. Effectiveness of faculty as educators
   a. GME
   b. Med school
   c. Competency based learning

5. Academic medical centers and kind of faculty
   a. Hospital employees or private practice docs providing care in our health system
   b. Maintaining scientific basis of med school
   c. What is role of basic scientists
   d. Faculty retention

6. Basic scientists and physician scientists values and alignment with Academic Health Center Missions