AAMC
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Meeting Summary

Council of Academic Societies
2013 Spring Meeting

March 7-9, 2013

Association of
American Medical Colleges

2013 Council of Academic Societies Spring Meeting
March 7-9, 2013 – Westin Beach Resort & Spa, Fort Lauderdale, Florida

Theme: Leading and Communicating Effectively in Our Evolving Academic Environments

Meeting Objective: Federal and state policies, personal values, fiscal constraints, and stakeholder demands are rapidly transforming academic medicine's missions, organizational structures, and the expectations of faculty. The 2013 CAS Spring Meeting explored how faculty can both lead and communicate effectively with faculty colleagues, other academic leaders, mission stakeholders, policy makers and members of the public. The meeting also helped inform new initiatives aimed at enhancing bi-directional communication between AAMC leadership and governance and medical school and teaching hospital faculty.

Thursday, March 7, 2013

Before the formal meeting program began, there was a meeting of the Council of Academic Societies Administrative Board. There also was an orientation session on the Association of American Medical Colleges, and the Council of Academic Societies. The session also discussed the planned transition of the CAS to the Council of Faculty and Academic Societies on July 1, 2013. Presenters were Jennifer Schlener, AAMC Chief of Staff, and Tony Mazzaschi, AAMC Senior Director, Scientific Affairs.

Opening Plenary Session: Listening To and Communicating With Academic Medicine's Stakeholders and Patrons

Kathleen G. Nelson, M.D., Clinical Professor of Pediatrics, University of Southern California and Children's Hospital Los Angeles, and Chair of the Council of Academic Societies, welcomed the meeting attendees, which included both CAS representatives and members of the Organization of Resident Representatives. She noted that this was the final meeting of the CAS, which will transition to the Council of Faculty and Academic Societies on July 1. She discussed the meeting objectives and thanked the members of the CAS Program Committee and the CAS Administrative Board for their assistance in organizing the meeting. Dr. Nelson recognized Brenessa M. Lindeman, M.D., a surgery resident at Johns Hopkins University, the chair of the Organization of Resident Representatives, and a member of the AAMC Board of Directors. Dr. Lindeman welcomed the attendees and highlighted the ORR's expectations of the meeting.

Dr. Nelson outlined the objectives of the opening plenary of the meeting. She noted that faculty's mission activities are a means to improving the health of the nation through the creation of new knowledge, the transfer of that knowledge to clinical care, and the training of a new generation of physicians and researchers. Patients, policymakers, and taxpayers have their own expectations of academic medicine and faculty. She said that the opening session was intended to allow representatives

to hear from national leaders about their expectations of faculty and how faculty can best communicate with stakeholders.

Dr. Nelson introduced The Honorable David Obey to present the Dr. Richard M. Knapp Lecture. She noted that the CAS Administrative Board created the annual Knapp Lecture in 2008, to honor Richard M. Knapp, Ph.D., who served the AAMC for over 40 years before retiring in 2008. He played a crucial role in advancing AAMC's public policy initiatives during his long career. The CAS created the Knapp lecture to both honor Dr. Knapp and to advance the public policy understanding of CAS representatives. The Honorable Dave Obey is the former U.S. Representative for Wisconsin's 7th congressional district, serving 21 consecutive terms from 1969 until 2011. He served as Chairman of the powerful House Committee on Appropriations from 1994 to 1995 and again from 2007 to 2011.

Mr. Obey said that the voice of researchers in the public policy arena was essential. He went on to outline the environment on Capitol Hill and how faculty can best deliver their messages to legislators. He said that the environment on Capitol Hill has changed significantly, in large part because of the time legislators must spend on fund raising if they are to remain competitive. He said that there are essentially two types of members in Congress, those who enjoy the process of engaging constituents in an effort to learn and advance the quality and responsiveness of the federal government to meet society's needs; and ideologues who are antagonistic to any government solution and who find it impossible to compromise in the face of evidence. Mr. Obey said it was essential for faculty to realize which type of member they were likely dealing with before they even initiate contact.

Mr. Obey provided some suggestions on how to engage those members who are open to discussions:

- Know what you want to say to the member before you walk in the door;
- Recognize that members do not think about your problem every day and that their time is very fragmented;
- Avoid theory and discuss your issues and requests in practical terms; be realistic and discuss the real impact of what you do and what you want done;
- Focus on how your request will affect the member's district and constituents;
- Speak in decipherable language; and,
- Explain the impact of your request on you and your colleagues, and why it is important from your perspective.

Mr. Obey concluded by providing a summary of the current budget debates and the history of some of the more contentious policy areas. He was pessimistic about the near-term prospects for research and health professions funding, but urged faculty to remain engaged over the long-run.

Dr. Nelson then introduced Dr. Karen Davis, currently the Eugene and Mildred Lipitz Professor in the Department of Health Policy and Management and Director of the Roger C. Lipitz Center for Integrated Health Care at the Bloomberg School of Public Health at Johns Hopkins University. Dr. Davis served as President of The Commonwealth Fund - having stepped down at the end of 2012.

Dr. Davis discussed the use of research to inform policy actions. At the individual level, she said that keys to effective translation of health research into policy involved:

- Become an expert on important issues and publish in health policy outlets;
- Reach out to the media and hone your communication skills;
- Understand the policy process; and
- Become familiar and engaged with the policy community.

Dr. Davis expanded on these themes and provided concrete examples of their use. She detailed how The Commonwealth Fund had funded research to help promote policies that would lead to a high-performing health care system that achieve better access, improved quality, and greater efficiency, particularly for society's most vulnerable populations. She discussed the history and work of the Commission on a High Performance Health System to illustrate many of her points. She presented data developed by the Commission that showed the need for system change. She also highlighted the Commission's work in identifying alternative models of health care delivery and reimbursement.

Dr. Davis concluded by discussing the on-going research and policy development needs related to "A New Era in American Health Care." Some of the research needs involve monitoring progress toward a high performing health system, informing implementation of the Affordable Care Act, evaluating the impact of the ACA on health outcomes and cost, and informing future policy developments.

Following a lengthy discussion period, the attendees from the Council of Academic Societies and the Organization of Resident Representatives had a joint dinner.

Friday, March 8, 2013

Plenary Session: Communicating Your Value; Sharing the Joy and Meaning that Attracted You to Academic Medicine

Barbara Hauser M.A., Senior Manager Business Development, VitalSmarts, led an interactive workshop focused on providing practical skills to help communicate the value of faculty work to policy makers and other stakeholders, create a more positive work environment, and restore the meaning and joy that originally attracted faculty to the missions of academic medicine. The session highlighted many of the principles of Crucial Conversations, teaching skills "for creating alignment and agreement by fostering open dialogue around high-stakes, emotional, or risky topics."

Concurrent Breakout Sessions

Three concurrent breakout sessions were held on topics of particular interest to faculty.

Maryellen E. Gusic M.D., Executive Associate Dean for Educational Affairs, Indiana University School of Medicine, led a breakout session focused on Communicating the Value of Education Scholarship to Promotion and Tenure Committees. Dr. Gusic presented via the web due to travel difficulties caused by snow. She focused on applying tools from the AAMC Task Force on Educator Evaluation to review sections of a faculty member's portfolio; justifying decision-making based on the rigorous application of criteria for evaluation; and the creation of a plan to disseminate the tools at one's home institution.

Elizabeth Bass M.P.H., Director, Center for Communicating Science, and Evonne Kaplan-Liss M.D., M.P.H., Director of the Advanced Certificate in Health Communications, both at Stony Brook University, lea a session on Communicating the Value of Fundamental Research to the Public and Policy Makers. The session focused on how faculty can connect with audiences by emphasizing meaning rather than technical details, and using storytelling techniques. The presenters earlier identified research articles by participants and involved the authors and other break-out participants in distilling these works into brief, conversational forms, such as an "elevator speech" or hallway chat. They concluded the session with an improvisation-based exercise that involved using vivid description to paint a picture of one's work to convey one's commitment and passion for research.

Karen Komondor, R.N., Director, Health Literacy Institute, St. Vincent Charity Medical Center, led a session on Enhancing Clinical Faculty's Communication with Patients and Families. Ms. Komondor described the scope and implications of the health literacy problem; identified barriers faced by both patients and clinicians; identified specific strategies to enhance health literacy; and, discussed the health literacy preparedness of health professionals.

Leadership Lunch

The annual leadership lunch allowed CAS and ORR attendees to discuss key Association priorities with the AAMC President and CEO and the Chair of the AAMC Board of Directors.

Valerie N. Williams, Ph.D., M.P.A, Chair, AAMC Board of Directors, and Vice Provost for Academic Affairs and Faculty Development, University of Oklahoma Health Sciences Center, discussed recent deliberations by the AAMC Board of Directors. She discussed recent fiduciary activities, including approval for the AAMC to enter into an LLC for the Data Commons, granting membership to new schools and teaching hospitals, approving Association awards and honors, and considering various bylaw and governance changes. Dr. Williams also discussed recent strategic initiatives, including the approval of an updated AAMC Physician Workforce Policy and the approval of a memorandum of understanding between the AAMC and the American Medical Association that defines the sponsorship relationship of the LCME. She concluded by discussing recent generative discussions, including the recommendation to create a new Council of Faculty and Academic Societies, and discussions about federal funding issues and their impact on the missions of our member institutions.

Darrell Kirch, M.D., President and CEO, AAMC, discussed various AAMC policy and program initiatives. He highlighted the recently-approved transformation of the CAS to the Council of Faculty and Academic Societies. He congratulated the CAS for its vision in creating a more vital organization better equipped to deal with the challenges facing faculty in the future. Dr. Kirch discussed the revised AAMC strategy, including the development of an AAMC Strategy Map. A key element in the strategy involves AAMC's policy and advocacy agenda. He discussed the Association's advocacy for academic medicine in Washington. Key issues include efforts to sustain funding for medical research and graduate medical education, minimize the impact of sequestration on the missions of academic medicine, fix the sustainable growth rate, preserve the ability to provide high-quality care for all populations, and the implementation of the Affordable Care Act.

Dr. Kirch discussed other key priorities, including providing leadership development offerings. He announced that the Association was beginning a search for a Chief Learning Officer, a new position for the Association. This position and the leadership development initiatives are part of the Association's member capacity building efforts. Dr. Kirch highlighted efforts at the Association to promote an 'Integrated Services" approach involving our key service programs to students (MCAT, AMCAS, ERAS and Careers in Medicine). He highlighted Pivio, the new name for the eFolio Connector initiative and the new Global Health Learning Opportunities program. Pivio is a joint AAMC-National Board of Medical Examiners (NBME) initiative developing new software tools that will connect data needed by medical students, residents, and physicians across their academic and professional careers, assisting them with lifelong career growth and improvement.

Business Meeting: Transforming Faculty's Voice in the AAMC's Leadership Structure: Update on the CAS to CFAS Transition

See the draft minutes of the CAS Business Meeting on pages 11-13.

CAS Banquet

The CAS Banquet provides an opportunity for CAS representatives to hear thoughtful presentations on issues related to mission leadership. This year's banquet featured a joint presentation on families and physician working collaboratively to advance discovery, clinical care, and advocacy, leading to the formation of the LAM Foundation to address lymphangioleiomyomatosis. Laura Lentz, Board Chair, LAM Foundation (a LAM patient and former Senior Financial Manager, Kraft Foods, Inc.), discuss the patients' goals in the collaboration, and Frank McCormack, M.D., Director, Division of Pulmonary, Critical Care and Sleep Medicine, University of Cincinnati Medical Center, and Scientific Director, LAM Foundation, discussed the role of researchers and academic health centers in promoting research advances to treat the disease. The critical roles of the National Institutes of Health, the Food and Drug Administration, other clinical trial sites, and industry were also highlighted.

Saturday, March 9, 2013

Plenary Session: New Resources to Enhance Communication and Productivity

Electronic resources have and continue to rapidly evolve, offering new and exciting ways for faculty to communicate with other scholars and learners, collectively tackle discovery challenges that were previously considered insurmountable and improve real-time clinical decision making and quality improvement. This session explored some of the imaginative communication initiatives and research methodologies that have the potential to radically alter how faculty undertake their mission activities and how faculty interact with patients and learners.

Raina Merchant, MD, MSHP, Assistant Professor of Emergency Medicine, Associate Faculty Program Director, Robert Wood Johnson Clinical Scholars Program, University of Pennsylvania, discussed various crowdsourcing strategies that have advanced research and health care. She highlighted the MyHeartMap Challenge project, which is documenting the location of installed AEDs (automated external defibrillators) in Philadelphia County. Related web applications are greatly improving access to the devices in times of crisis. The contest-formatted crowdsourcing initiative generated a strong response with over 300 participants and teams who found and submitted over 1,500 AEDs in Philadelphia County. Dr. Merchant highlighted several other initiatives that documented the utility of PDAs and social media as a possible positive force for research and clinical progress.

James Bradner, M.D., Investigator, Department of Medical Oncology, Dana-Farber Cancer Institute, discussed his efforts to engage the research community to collectively address research challenges. This has proven vital to addressing research challenges involving diseases with small patient populations. His laboratory is involved in the study of gene regulatory networks in cancer, the discovery of small-molecule modulators of gene expression, and the development of targeted cancer therapeutics. He discussed how open sourced research has advanced research progress. His laboratory has committed to make chemical probes emerging from their research freely available to the scientific community, in an effort to support open-source drug discovery. The results have been gratifying and have clearly advanced the laboratory's research objectives while enhancing the research field generally.

Workshop: Creative Negotiations: Enhancing Communication to Drive Transformational Change

Monica Heuer, MPP, MBA, Senior Manager, Center For Applied Research (CFAR), led an interactive workshop focused on engaging and reaching agreement with multiple stakeholder groups. The exercises involved honing and understanding negotiation skills – listening rather than just hearing, identifying interests rather than just positions, and authentically bolstering relationships. The skills were viewed as critical components of getting work done in academic medicine, where limitations of authority across departments or among external partners necessitate both collaboration and compromise. The workshop 1) introduced a framework for preparing for and engaging in a negotiation; 2) provided a tool to analyze

the interests of key stakeholders; and 3) provided an opportunity to practice applying the negotiation framework to a case and receive feedback.

Special Plenary: Changes in Medical Education and Research Funding: Communicating and Managing the Difficult Choices Ahead

The funding streams supporting all academic medicine missions are under threat from national, state and local fiscal constraints. Federal funding support for Graduate Medical Education (GME) is in the budget crosshairs and vital funds for other medical school and teaching hospital missions are threatened, both directly and indirectly. This session discussed the current fiscal realities and how faculty leaders can effectively promote bi-directional communication with faculty aimed at managing (and finding opportunity in) the future reality. Dr. Darrell Kirch, AAMC President and CEO, presented the concerns aired by the AAMC Board of Directors and participants in the recent AAMC Leadership Forum, that the ability of the clinical mission to continuing to cross-subsidize the other academic missions was at risk. Managing such risk was a daunting challenge that would require innovative thinking and difficult decisions.

Atul Grover, M.D., Ph.D., Chief Policy Officer, AAMC, and Ann Bonham, Ph.D., AAMC Chief Scientific Officer, discussed the current Federal funding situation, how the various missions might be affected by resource constraints, and some of the policy options that might be available to mitigate – or at least confront – the challenges ahead. Additional details on these presentations are available to CAS representatives as part of the summary of the AAMC Leadership Forum Summit: http://tinyurl.com/c8tvfh7. [CAS username and password are required for access.]

Following extensive collective discussions, participants broke into breakout discussion sessions focused on specific mission areas:

Faculty development: Increasingly, disparate characteristics, location, and professional orientation make up 'faculty' for which the traditional assumptions about development and support needs aren't applicable. Following a discussion of the difficulties facing the academy, participants discussed various observations on the adaptations to the traditional faculty model that are being adopted by some institutions. Specific suggestions for AAMC included:

- Showcase how team science and purely educational accomplishments can be recognized for promotion and tenure;
- Educate promotions committees on the interpretation of new metrics – (i.e., understanding how to interpret MedEdPORTAL publications as contribution to scholarship);
- Develop clinical portfolio akin to educator portfolio;
- Contracts of increasing longevity as alternate to up or down vote on tenure;
- AAMC -offer best practices (i.e, inclusion on P&T committees those who aren't tenured full professors);
- Collate junior faculty orientation and support offerings;

- Explicate career progression versus career development to give more discretion in professional evolution;
- Learner 'community' educator/learner 'partnership' - leverage skill and learner reference of entry phase learners, i.e., engage learner perspective as expert to educate teachers on current preferences and orientation about learning; and
- Develop educational efficacy evidence-base for evolving modalities of learning.

Possible future topics for discussion or action include: faculty redefined; faculty reaffirmed (include reward and recognition and the future of tenure), identify best practices, academic clinician toolkit akin to educator toolkit, learner-centric education - shift of culture(s) teaching faculty how to be learner centric educators, and the reverse mentoring model - especially vis-a-vis technology integration.

Biomedical Research: The breakout group participants expressed concern about the brain drain from the research mission. They feared we could lose an entire generation of research scholars if present trends continue. Some of the residents echoed these concerns. Some chairs expressed concerns that the role of research in the medical education mission has been degraded, which has exacerbated mission separation and undermined mission alignment. A clearer statement of the role of research training as part of the educational mission of medical schools would be a useful step. Specific recommendations included aggressive promotion of shared research facilities to enhance efficiencies. Some felt that NIH was likely to cut back on core facility support. CFAS and AAMC could provide a service by advancing the real faculty interests in core facilities, which is access to the products of cores and not ownership of the means of production. There was concern voiced that the research enterprise may need to be reduced in size if current fiscal trends continue. Few institutions are prepared to make such reduction decisions and would welcome discussions and tools on how such decisions can be made in a rational and humane way.

Clinical Practice: The participants discussed the complexity of specialty choice. “Lifestyle” and specialty content appear to be more critical than debt. Practicing primary care physicians face tremendous pressures, which lessens the appeal of a primary care career to graduating medical students. Additionally, people’s expectations of the field don’t always reflect the reality. Redefining primary care practice in a way that prioritizes what is best for patients will be essential to addressing such issues. For example, orienting the practice to be associated with population health and outcomes through the patient-centered medical home would allow primary care physicians to spend more than 15 minutes with each patient to address his/her health care needs. This approach would help improve both cost and quality outcomes, and would require collaborations between both primary and specialty care physicians, particularly for the most complex, high-cost patients. Specialists can also offer more immediate support to primary care physicians outside the hospital-based environment through videoconferencing or other strategies, potentially in exchange for some level of remuneration.

The important role of other health professionals was also discussed. Nurse practitioners (NPs) and physician assistants (PAs) may be able to provide routine care, while physicians focus on the most complex cases. It is unclear how this model may work outside of primary care, though some specialties

have tried. Participants discussed how heavy a hand should be used to direct students into selected fields and away from certain specialties. Offering incentives may be a more socially acceptable and more effective strategy than requiring graduates to train in specialties against their preferences.

Physicians in all specialties also face challenges in balancing patients' expectations with evidence-based care, a dynamic that has implications for health care costs. Studies show patients opt for (and expect) more expensive tests even if there is no added value to such tests, likely because they are not directly responsible for assuming the costs. Requiring greater cost-sharing for patients that insist on unnecessary tests may be one option to temper patient expectations, but there are few disincentives for physicians to minimize tests ordered, particularly given the fear of litigation.

GME: The participants noted that some traditional GME approaches (e.g., morning conference, noon conference, etc.) are organized around convenience (e.g., breakfast and lunch) and could benefit from experiments. There appears to be a disconnect between ACGME and AAMC that doesn't help efforts to innovate. There was discussion about whether getting students into residency sooner (e.g., after three years) is really a good idea. There is a fear that these new residents arrive under prepared. Milestones may allow for better data. UME students now have vastly different clinical experiences than they had two decades ago. They shadow more now and do less. There's concern about how the milestones – competencies – might introduce disarray into programs where residents progress at differing speeds. There are concerns about the regulatory climate's effect on autonomy. Loss of autonomy might diminish preparation for practice. Some felt that milestones could be leveraged to get residents signed off and free up faculty time to cover service requirements, bill, etc. Protected education time empowers residents to pursue academic/faculty development/patient safety interests. There were suggestions that the use of asynchronous didactics (e.g., online teaching) might cut direct teaching time. However, some question whether it really was possible to decrease the number of faculty involved in education and to ensure more longitudinal experiences with the fewer faculty.

Undergraduate Medical Education: The participants discussed the cost to run a UME program. They discussed the value of education innovations and the "new dean" phenomenon. Educational innovations should align with the mission of the program. Such changes can impair the ability to consider evaluations longitudinally. The outcomes of successful undergraduate medical education are: board results; compassionate physicians; ability to work in teams; and service to the community. On the topic of flipping the classroom, for example using on-line lectures, the group found that some technologies can lead to more efficient and effective teaching. The group talked about accreditation and noted that the LCME is promoting small group teaching, and questioned whether departments are needed. The group discussed what curriculum innovations really contribute and whether they promote the long-term retention of core knowledge.

The meeting concluded with an evening social event.

[Comments and suggested edits to this summary should be directed to CAS@AAMC.ORG.]

DRAFT

Council of Academic Societies
Business Meeting Minutes

March 8, 2013 – 2:00 to 3:30pm

Welcome and Chair's Report

Dr. Kathleen Nelson, Chair of the CAS, called the meeting to order at 2:00pm. She noted that this was the final business meeting of the CAS. Dr. Nelson reviewed some of the key products produced by the CAS in its more than 45 year history. She also detailed many of the issues, programs, and services that the CAS and its discussions helped influence.

Status of CFAS Transition

Dr. Nelson reviewed the planned transition of the Council of Academic Societies to the Council of Faculty and Academic Societies on July 1, 2013. The AAMC Assembly on November 5, 2012 approved an amendment to the AAMC Bylaws to officially authorize the transformation. When the new Council takes flight on July 1 it will include faculty representatives from all member medical schools in addition to those representing academic societies and will provide for a stronger faculty voice within AAMC's leadership structure and better represent the full range of faculty at medical schools and teaching hospitals.

CFAS 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 the 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. Dr. Nelson noted that other groups within AAMC have overlapping interests with CFAS. The Council's leadership is committed to being a collaborative partner with other AAMC groups and councils on matters of shared interest.

Dr. Nelson reported that on February 15 a letter went to medical school deans requesting that their schools make appointments to CFAS by April 1. More specifically, each medical school has been asked to appoint, in consultation with internal faculty bodies, two faculty representatives to CFAS: one faculty member within 10 years of initial career faculty appointment, and the other a department chair or a comparable faculty leader. Dr. Nelson reported that to date only a dozen schools had made appointments and all had detailed how they were consulting with faculty in making their appointments. Dr. Nelson reported that a memo to the CAS academic society membership would be going out shortly to society presidents and executive directors. They will be asked to confirm their appointments to CFAS and to provide or confirm additional data.

Foundational Activities

Dr. Nelson reported that various task forces have been active in developing transitional documents. All products are viewed as provisional, subject to modification and revision by CFAS and its leadership when CFAS is up-and-running after July 1. The products include a listing of CFAS representative roles and opportunities and CFAS society membership criteria. A task force continues to work on a CFAS evaluation framework. The evaluation is being designed to reinforce the basic principles that led to CFAS's design. Initially, process metrics will dominate. Experience and outcome metrics will become more important as CFAS begins operations and its substantive agenda becomes clearer.

Nominating Committee

Dr. James Crawford, past chair of the CAS, is the chair of the CAS/CFAS Nominating Committee. Dr. Crawford described the planned process for selecting the new 15-member CFAS Administrative Board and the CFAS Chair-Elect. Dr. Nelson will remain as chair of CFAS until the 2013 AAMC Annual Meeting, after which Dr. Rosemarie Fisher will become chair.

Upcoming CFAS Meetings

Dr. Nelson noted that the first CFAS sessions would occur at the 2013 AAMC Annual Meeting in Philadelphia. The 2014 CFAS Spring Meeting will be held March 6-8. 2014. The location is still being finalized.

Discussion

CAS representatives discussed the transition to CFAS. The opportunities that are available to CFAS for making a positive contribution to advance faculty interests were highlighted. Some of the administrative and procedural challenges that will face the Council as it gets started were also noted.

CFAS's Substantive Agenda

Dr. Nelson said that while much of the focus has been on the transition from CAS to CFAS, all of the actions are intended to strengthen faculty's voice in the creation and implementation of the AAMC's programs, services, and policies; and, serve as a communications conduit with faculty regarding matters related to the core missions of academic medicine. The CAS representatives were asked to consider the initial substantive priorities of CFAS. Dr. Nelson discussed the recently revised AAMC Strategic Imperative, which envisions an affordable, safe, equitable, and high quality health care system, an educational continuum that produces the workforce for today and tomorrow's health needs, and science that constantly improves care.

The CAS representatives then broke into table discussions, led by a current CAS Administrative Board member. The group later convened and shared the high level issues that were discussed. The topics included:

- The future of the biomedical research workforce and the effects of a potential research workforce brain drain;
- The use of best evidence to support health care delivery;

- The role of research in the educational mission of medical schools;
- Career development within the complexity of the medical school and teaching hospitals;
- Changes in mission funding that are likely to affect the shape and size of the faculty;
- The challenges to our institution as they seek to sustain themselves and the commitment to their missions in the current fiscal environment;
- The key characteristics of successful leaders;
- Medical workforce alignment, specifically specialty alignment;
- The impact on soft money salaries as federal funding is reduced;
- Learner performance evaluations and related legal issues;
- Challenges to the physician supervision of residence;
- The challenges to advance faculty development;
- Integrating the new schools into the medical school community, as well as learning from the experience of schools without legacy systems and organizational structures;
- The challenges of balancing missions while taking steps to ensure a sustainable academic medical center;
- Issues related to department structures and the support they provide faculty; and
- Directly acknowledge and address the deep anxiety felt by junior faculty.

In addition, some of the challenges and opportunities facing CFAS include:

- The need for CFAS to sustain the enthusiasm for its new structure;
- Facilitate the sharing of best practices;
- Mechanisms to promote bi-directional communication;
- On-going assessment of faculty needs;
- Assessing the needs of specialty societies;
- Provide routes so that all representatives can have input into the decision making processes of CFAS
- Model the values we want to see in faculty, such as working effectively in teams;
- Provide opportunities to assist in program planning;
- Strengthen faculty's voice at the AAMC Annual Meeting; and
- Create a culture that holds representatives accountable to each other.

New Business

With no further business, the CAS Business Meeting adjourned at 3:30 pm.

[Comments and suggested edits to these draft minutes should be directed to CAS@AAMC.ORG.]