

# CFAS 2015 Spring Meeting Highlights

## Contents:

- **Overview**
- **Key Takeaways from the Meeting**
- **Related Learning Materials**
- **New CFAS Ad Board Members**
- **Resources for CFAS Reps**
- **Upcoming Meetings**

# Overview

Nearly 200 of 366 total CFAS society and faculty representatives attended the CFAS 2015 Spring Meeting. Programming included:

- Four feature plenaries with national policy experts and scholars;
- Eight concurrent sessions on a range of hot topics;
- An update and town hall with AAMC's president and CEO, board chair, and chief public policy officer;
- A “speed mentoring” session that paired 21 CFAS reps with residents from the AAMC Organization of Resident Representatives;
- Four networking functions to encourage knowledge sharing and relationship building;
- A new-member orientation session.

# Key Takeaways

## Building Faculty and Resident Resilience



### What is burnout?

- Burnout is prolonged, work-related stress resulting in loss of physical, emotional, and mental energy. This leads to detachment and loss of satisfaction or a sense of accomplishment.

### How do we measure burnout?

- The Maslach Burnout Inventory (MBI) is the most recognized instrument to assess features of burnout such as exhaustion, cynicism, and inefficacy.<sup>1</sup>
- Of 7,288 physicians surveyed with the MBI in 2012, 45.8% reported at least one symptom of burnout. Among physicians at the front lines (family medicine, general internal medicine, and emergency medicine), that rate went to 60%.<sup>2</sup>

### Why should we be concerned about burnout?

- Adverse effects on quality of care, safety, institutional costs for turnover, professionalism.

#### References:

1. Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *The Maslach Burnout Inventory* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
2. Shanafelt, T.D., Boone S., et al. *Burnout and satisfaction with work-life balance among US physicians relative to the general population*. *Archives of Internal Medicine*, 2012 Oct 8; 172(18)1377-85.

# Key Takeaways

## Building Faculty and Resident Resilience

### What is resilience?

- “Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals “bounce back” after challenges while also growing stronger.”<sup>3</sup>

### What does building resilience look like?

Intention

Skills (e.g. mindfulness, self-efficacy, self-compassion)


Community

Institutional Support



---

= Resilience



Burnout	Resilience
Withdrawn	Present
Emotionally exhausted	Energized
Defeated	Bouncing back
Going through the motions	Fully engaged
Brittle, rigid	Bending, not breaking
Cynical, hopeless	Capacity for positivity
Hypercritical	A light touch
Feeling ineffective	Becoming stronger
Treading water	Moving forward
Dreading change	Welcoming change

© 2015 Mindful Practice Programs, University of Rochester.  
Reused with permission.

© 2015 Mindful Practice Programs, University of Rochester.  
Reused with permission.

### References:

- Epstein, R. and Krasner, M.S. *Physician Resilience: What it Means, Why it Matters, and how to Promote It*. Academic Medicine, 2013 March; 88(3)301-303.

# Spotlight

## The Future of Education Across the Continuum

This plenary introduced CFAS participants to several important transformations impacting the medical education continuum:

- The integration of basic science education across all 4 years of medical school
- The 4th year of medical school: evaluating its efficacy, and the impact of a pilot to hybridize the 4<sup>th</sup> year of medical school and the 1<sup>st</sup> year of residency
- Competency-based education and Essential Professional Activities (EPAs) for entering residency: shifting from fixed time:variable outcome to variable time:fixed outcome.
- Extending the length of residency training: the impact of a post-fellowship year to improve readiness for practice among surgical trainees

# Other Plenaries

## The Economics of Academic Medicine

- Participants learned about the key funding sources and their current challenges to the missions of academic medicine from the perspectives of an NIH official, a former dean/current foundation president, a former dean/current insurance executive, and a current dean.
- Discussion centered around the role of faculty in advancing and preserving key funding streams by advocating for GME and NIH.

## Career Development and the Faculty Lifecycle

- Participants considered faculty career development issues from the perspectives of a physician scientist, an expert on mentorship, a physician educator, and a research dean.
- Discussion centered on how to ease transition points.

# Plenary session Q&A: For you, by you.

**Q.**

How can the faculty of today meet the expectations of the learners of tomorrow?

Faculty will need to enhance their skills in learner assessment and the evaluation of learning interventions. Faculty will also need to develop more engaging, active teaching techniques. Educators are no longer viewed as the only source of information, but as guides in the learning process.

**A.**

# Plenary session Q&A: For you, by you.

Q.

How do we ensure the preservation of the academic mission in the health systems of the future, and what part can faculty play?

The potential fracture lines in academic medicine are huge, and very real. Whether research-intensive vs community-based, clinical care vs research, or learner vs faculty, the interests at play can seem at odds. The delineator between **good to great** will be whether we can create delivery systems that meet the needs of our patient communities AND allow our teaching and research missions to flourish. As to the role of faculty, you can foster connectedness, seek to find a common voice, discuss shared issues, and understand the realities of financial and cultural constraints.

A.



# Sessions Large and Small



**In addition to large plenary sessions, there were multiple opportunities to meet in smaller discussion groups to share ideas and perspectives.**



# List of Concurrent Sessions

- Medical Student and Resident Education and the Electronic Health Record: An Overview of Regulations, Barriers, and Potential Solutions
- Educating to Improve Handoffs: How to Prepare Trainees to Minimize Fumbles
- Improving Clinician Training for Geriatric Care
- The Structure and Role of Faculty Governance
- NIH Funding of Biomedical Research: Status and Outlook
- The AAMC Response to the Institute of Medicine (IOM) Report on Graduate Medical Education
- Bundling and Other New Clinical Care Reimbursement Models and Their Impacts on Clinicians
- The Evolving Role of Physician Leaders (Not Just Chairs) in Tomorrow's AHC

Presentations from the plenary and concurrent sessions are available upon request. Email [cfas@aamc.org](mailto:cfas@aamc.org).



# Spotlight: Tips on getting involved with faculty governance

1. Opt for committees that are relevant to your career track. For instance, if you want to work in GME administration, start with the curriculum committee.
2. Be sure to gauge the value of participation against the costs to your limited supply of energy, time, and effort.
3. Benefits of participation include building your network and understanding the perspectives of faculty from different disciplines.
4. Faculty governance bodies are also a safe place to practice skills of influence, persuasion, collaboration, and leadership.
5. Some things to be ready for: the process of shared governance is slow; lots of meetings; your potential for impact is unclear.
6. Above all, take it seriously, keep your commitments, and try to improve the system in ways that will advance the school and make faculty lives, including yours, better.
7. Over time, you can advance onto more influential committees—such as merits and promotions or budget and planning—by building a campus reputation as a very effective contributor.

These tips are courtesy of the concurrent session speakers for *The Structure and Role of Faculty Governance*:

- [Gabriela K. Popescu](#), Ph.D., Professor of Biochemistry, Anesthesiology and Neuroscience, Member, Faculty Senate Executive Committee, University of Buffalo State University of New York School of Medicine & Biomedical Sciences
- [Vivian Reznik](#), M.D., M.P.H., Assistant Vice Chancellor for Faculty Affairs, Professor of Pediatrics and Family & Preventive Medicine, University of California, San Diego School of Medicine
- [Roberta E. Sonnino](#), M.D., FACS, FAAP, Vice Dean for Faculty Affairs and Professional Development, Associate Provost for Medical Affairs, Wayne State University School of Medicine

# Networking Opportunities



**Among the networking opportunities was an evening trip to the Museum of Man in Balboa Park, where CFAS reps got to know one another over a cocktail reception and dinner, and had exclusive access to the entire collection for several hours.**

# Related Learning Materials

In May 2014, the AAMC's Advisory Panel on Research issued a series of case studies on pressing issues in academic medicine. These related directly to topics discussed at the meeting:

- Attributing credit for team based research in merits and promotions
- Maximizing faculty development, engagement, and potential during career transitions

Download the Issue Briefs here:

[www.aamc.org/apresearchbriefs](http://www.aamc.org/apresearchbriefs)

# Related Learning Materials

The AAMC commissioned a new report on the state of the physician workforce from the economic modeling and forecasting firm IHS Inc: *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*. Its contents were discussed during the meeting's Leadership Lunch.

## Key Findings:

- Demand for physicians continues to grow faster than supply.
- Total physician demand is projected to grow by up to 17%, with population aging/growth accounting for the majority.
- By 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000.
- Total shortages in 2025 vary by specialty grouping and include:
  - A shortfall of between 12,500 and 31,100 primary care physicians.
  - A shortfall of between 28,200 and 63,700 non-primary care physicians, including:
    - 5,100 to 12,300 medical specialists; 23,100 to 31,600 surgical specialists; 2,400 to 20,200 other specialists.

The physician shortage will persist under every likely scenario, including increased use of advanced practice nurses; greater use of alternate settings such as retail clinics; delayed physician retirement; rapid changes in payment and delivery (e.g., ACOs, bundled payments); and other modeled scenarios.

Addressing the shortage will require a multi-pronged approach, including innovation in delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The study's results confirm that no single solution will be sufficient on its own to resolve physician shortages.

Download the full report:  
[www.aamc.org/ihsreport](http://www.aamc.org/ihsreport)

# Related Learning Materials

The AAMC has begun collecting resources to support students, residents, and faculty with issues linked to resilience. Related content was featured at several points during the meeting, including the opening plenary session.

- A resource collection on wellness
- A formal statement on the optimal learning environment

Download our statement on the learning environment & resource collection on wellness here:  
[www.aamc.org/wellnesscollection](http://www.aamc.org/wellnesscollection)

# New Administrative Board Members Elected

## Chair-elect:

Scott D. Gitlin, M.D.

Associate Professor, Hematology

University of Michigan Medical School

Junior Society Representative, American Society of Hematology

CFAS Liaison to the AAMC Group on Faculty Affairs

## Research interests:

Lymphoma, AIDS, leukemia, HILV-I, retroviruses, HIV, breast cancer, oncogenes, and hypercalcemia.



## New Advisory Board Member:

VJ Periyakoil, M.D.

Director, Palliative Care Education and Training

Director, Hospice and Palliative Medicine Fellowship

Stanford University School of Medicine

Junior Society Representative, American Academy of Hospice and Palliative Medicine

Member, CFAS Communications Committee

## Research interests:

Cultural competence and provision of patient-centered, family-oriented, respectful care and successful aging and end of life care for 13 different ethnic groups; use of secure web, social media and mobile health interventions in promoting successful aging and end of life care.





# New resources for CFAS Reps

The following resources were distributed at the meeting and are now available at [www.aamc.org/members/cfas/resources/](http://www.aamc.org/members/cfas/resources/).

1. [Your Guide to Being a CFAS Representative](#)
2. [CFAS Acronym Guide](#)
3. [The Benefits of CFAS Membership](#)



# Upcoming Meetings

## Learn Serve Lead 2015

### The AAMC Annual Meeting

November 6-10, 2015

Baltimore, Md.

## 2015 AAMC Medical Education Meeting

November 10-12, 2015

Baltimore, Md.

## CFAS 2016 Spring Meeting

Joint Conference with the Group on Diversity & Inclusion (GDI) and the Organization of Resident Representatives (ORR)

March 3-5, 2016

Salt Lake City, Utah

## Other Leadership Development Courses available from AAMC

Early Career Women Faculty Professional Development Seminar  
(July 11-14, 2015)

Minority Faculty Career Development Seminar (Sept 18-21, 2015)

Mid-Career Women Faculty Professional Development Seminar  
(Dec 12-15, 2015)

Web-based, on demand learning modules

Leadership development guides