LEADERSHIP PLENARY ADDRESSES

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Chair of the AAMC Board of Directors Robert J. Laskowski, MD, MBA, FACP, delivered “The Remarkably Transformative Power of Being a Teacher” at Learn Serve Lead, the association’s 127th annual meeting in Seattle, Washington, on November 13, 2016.
AAMC President and CEO Darrell G. Kirch, MD, delivered “In Search of Community” at Learn Serve Lead, the association’s 127th annual meeting in Seattle, Washington, on November 13, 2016.
If you asked me early in my career in medicine whether I would ever be addressing colleagues at an AAMC meeting on behalf of its Board of Directors, I would have said you must be dreaming. Someone else, much more learned and more distinguished, but certainly not me. And if you asked me as a student entering high school, “Would you, Bob Laskowski, ever be a teacher in a medical school?” I would have said that I have a dream of being a doctor, but I do not have the vaguest idea how to do that. To be a teacher of doctors—that was a fantasy! So, I am amazed and humbled to be here.

In thinking about this talk, I asked myself, “How did somebody like me get the opportunity to do something like this?” The answer came to me quickly: I am here largely because of the transformative power of teachers. These teachers opened new worlds for me. They inspired me, supported me, challenged me, gave me confidence, and finally, they had the courage to let me learn to be myself.

I know from many conversations with colleagues in medicine over the years that the transformative experiences I had were common. I believe that this transformative role is at the very core of all good education, and certainly, it is vital to our ability as a society to develop talented and skilled professionals.

Let us explore the transformative power of teaching together. I will use some iconic examples of famous teachers and three examples of mentors of my own. As I do this, I ask you to think of your own teachers—the remarkable women and men in your own lives and how they helped you to learn and grow. And I ask you to think about your own roles as teachers.
My own life was transformed by many wonderful teachers. They opened up new vistas of knowledge for me. These new worlds of knowledge were full of new words, new concepts. They were rich in history. These histories were full of change and innovation and suggested changes and innovations to come.

I believe that the profession of medicine belongs as much in the humanities as it does in the sciences. We who practice and teach medicine know that it is anchored in good communication—a trait of the humanities. This communication starts with listening and with the careful use of words to elicit from patients their experiences, feelings, and desires. From this communication, we form diagnoses that lead to treatment plans and, hopefully, restored or improved health. Communication concerning illness forms the basis of our science. Communicating with patients is the *sine qua non*, the action essential to the humanity of medicine. We also know that expertise in communication is critical for excellence in teaching. All of us who are doctors, by the very definition of the word that describes our profession, teach.

It is no coincidence that many superb creative writers were and are physicians. Oliver Wendell Holmes, Anton Chekhov, William Carlos Williams, John Keats, W. Somerset Maugham, and Walker Percy—they were all physicians. Best-selling physician-author and Stanford Medicine professor Abraham Verghese had this to say about how he works to understand and help his patients: “It’s very rare that some extra piece of knowledge in my brain solves the puzzle. Much more often it’s the fact that the story I am hearing resonates with my collection of stories.”

There have been so many women and men, my teachers, who have been so important in helping me learn how to learn, how to find out who I am, and how to discern who I was meant to be: Ms. Albany, Sister David Margaret, Sister Marie Eileen, Dr. Ingrid Waldron, Dr. Lena Mela, Dr. Bill Kissick, Dr. Saul Sherry all transformed my life. And I could tell stories about them all. But let us begin this journey with Brother David Rogers.

I began to learn the power of words years ago as a high school student sitting in Brother David Rogers’s class at La Salle High School in Philadelphia.
Brother David opened the worlds of language and literature to me. We were expected to read, to write, and to experience worlds that echoed across centuries in languages that evolved and changed as the societies that used them evolved and changed. Brother David rendered an otherwise remote world of literature accessible to me. Because of his transformative power to teach, the portal I stepped through was so much more than experiencing the sheer joy of reading. Brother David taught me something far more important: he taught me that words matter. He taught me to pay attention to words, to love words. Over time, as I matured, I realized that words not only express our thoughts and emotions, they also help to frame them. The words we choose and use guide how we think, what we think, and based on that, how we act. To me, as a physician, an executive, and a person, this was a profound lesson. As a teacher, this lesson has made me choose the words I use with care.

The famous painting *The Death of Socrates*, by Jacque-Louis David, debuted at the Salon in Paris two years before the French Revolution. None other than Thomas Jefferson was present at its debut. David’s neoclassical masterpiece dramatically highlights the last moments of the famous philosopher and teacher Socrates. Socrates was found guilty of teaching what authorities believed was both treasonous and immoral: he taught his students to question assumptions and to think their own thoughts. His teaching of independent thinking to his students unsettled the authorities; they viewed it as seditious. As a result, Socrates was condemned. The painting depicts someone from the court giving Socrates a cup filled with hemlock. The men surrounding Socrates are his students, weeping tears of sadness because their master teacher has chosen to die for his beliefs.

The goal of Socrates’s philosophy was to challenge, question, and find truth. Socrates’s approach was to help his students discover truth for themselves, and he did so in an uncompromising way and at great cost to himself. The intense drama of David’s painting reminds me of the courage required to be an excellent teacher. It reminds me that the goal of every good teacher is for her or his students to be able to think critically and act on their own.

My mentor Samuel Martin III, MD, taught me to have the courage to trust myself. Sam was a professor of medicine at the University of Pennsylvania and cofounder of the MBA Program in Health Care Management at The Wharton
School. I knew him as my teacher when I was an undergraduate student, as my mentor when I was a medical student, and as my supervisor when I was a fellow.

Sam was a heroic figure to me and to a great many others fortunate enough to be guided by him. I will skip over the details of his distinguished academic and managerial career because what mattered for each of the hundreds of students he mentored over many years was the highly personal way in which he guided us to develop ourselves. He approached life as a keen observer with a great sense of humor. His words rang true with wisdom and relevance. However, Sam’s most powerful advice was his most disconcerting. His advice demanded courage. To carry it out required time spent knowing oneself. To act upon his advice required maturity in his students, which he carefully helped to nurture. On those few and important occasions when I was wrestling with a very difficult decision, Sam sat back, listened intently, nodded his head, and then, leaning forward, in a slow, soothing yet forceful tone said, “Bob you know what is right for you. Do it.” This was his best and most-lasting advice.

These meetings with Sam were among the most powerful in my life. Transformative, really. I immediately felt the confidence Sam had in me; that realization enabled me to discover confidence in myself. In every important decision, personal or professional, that I make to this day, I still hear Sam’s words.

Last year, scholars Richard Susskind and Daniel Susskind published The Future of Professions: How Technology Will Transform the Work of Human Experts. The Susskinds argue that the advancements in technology are rapidly eroding the need for professions.
With information easily available and machines able to learn and reason much more quickly than humans, the authors argue that professions have no point. They see all professionals as being obsolete, including lawyers, doctors, and teachers.

As I reflect on 21st-century medicine and teaching, I find myself reaching a far different conclusion than the Susskinds—at least regarding the professions of medicine and teaching. They are correct on information, at least in its raw form. IBM’s Watson can certainly think faster than me and knows many more facts. What sets us apart as human beings is something intangible, but well known and well practiced by expert physicians—human empathy. That empathy, the ability to be present for another human being, sets us apart.

The advances of technology are truly wondrous. In the case of information technology, the ability to store, retrieve, and analyze facts and make them immediately available can enable our profession to much more easily and effectively accomplish our goals. Yet the practice of medicine is more than the manipulation of facts. Medicine is grounded in humanity—in presence. A physician’s presence brings the benefits of science personally to others.

One of the most iconic representations of physician presence is the painting The Doctor, by Luke Fildes, which hangs in The Tate Gallery in London. To open his gallery, Henry Tate commissioned a painting from a well-regarded artist of the time, Sir Luke Fildes. Tate made clear to Fildes that he could paint whatever image or scene he chose.

As Fildes’s son and biographer noted, his father chose to paint a picture that obliquely referred to the passing of Fildes’s first son, Philip. Philip died in the family’s Kensington home with a beloved and caring family physician, Dr. Murray, at his bedside. In attending to Fildes’s son, Dr. Murray became an important life-long symbol of professional devotion for Sir Luke.

Fildes chose to create a painting that captured the care and compassion evidenced by Dr. Murray. The young child is propped on two chairs in the absence of a bed. The parents are depicted weary, watchful, and perhaps hopeful, as suggested by the light of dawn streaming through the window. The humanity of the moment is undeniable, captured in the thoughtful, caring gaze of the physician. What a compelling and powerful depiction of being fully present for your patient. And what a remarkable impact Dr. Murray must have
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had on Sir Luke that he decided to create so powerful a painting as a tribute. The painting has become such a symbol of the sanctity of the doctor–patient relationship that it has been used many times, including as the backdrop of one of my own medical diplomas, the one designed for my fellowship under Dr. Sam Martin.

There is so much to reflect upon in *The Doctor*—so many messages to inspire us as professionals and as human beings. The one message I want to emphasize today is that of presence. As a medical resident, I learned the value of presence from yet another mentor, Joseph Kirsner, MD, PhD, at the University of Chicago. Many in the audience probably knew Dr. Kirsner. His career as a gastroenterologist was extraordinary. To me, he was a great teacher not because of his knowledge of disease, as extraordinary as it was, but because he was present for his patients. Joe was a demanding attending physician, but in a compassionate way. He insisted that his residents be present for patients in the same way that he was. Dr. Kirsner lived near the hospital and came to see his patients at all hours of the day and night. His presence showed us how we, too, could be empathetic to those we were privileged to serve.

We who are members of academic medicine aspire to learn, to serve, and to lead. We have learned to learn from others. Teachers who have mentored us. I’ve told you today about three transformative teachers in my life: Brother David, Sam Martin, and Joe Kirsner. They opened new worlds for me by teaching me new words and concepts. They taught me to have confidence in myself and my decisions. And by being role models, they demonstrated by their actions how I should live my life, both professionally and personally.

These lessons transformed my life. Your teachers transformed yours. The lessons you learned might be a bit different, tailored to you and your needs. What is common for us
all is the profound effect that our teachers have had on our lives. Teaching matters. Teachers matter. And you, as teachers, transform lives.

All of us, as teachers, have the power and responsibility through our work to transform the lives of our students.

And as teachers, through our students, we have the power and responsibility to transform the world.

Thank you!
I thank Dr. Rappley for her kind introduction. And my thanks also to Dr. Laskowski for his heartfelt reminder of the commitment to teaching and learning we all share. Most of all, I thank all of you for being here in Seattle. I realize how privileged we are, in the midst of an incredibly stressful time for our nation, to be part this passionate, caring, diverse community we call academic medicine.

Being in this room has special meaning for me. Some of you may have been here when we met in Seattle 10 years ago. It is hard for me to believe it was that long ago because I remember it so vividly. That was my first opportunity to speak to this group as AAMC president. I was beyond nervous, but you welcomed me with openness and warmth. My talk was titled “In Search of the Public Good,” and I think it reflected what many of us felt at the time. We all know that academic medicine is central to three public goods that determine the well-being of our society: educating the health care workforce, leading scientific discovery, and caring for our patients. My goal 10 years ago was to reinforce how important it is for these public goods to receive strong support from the federal government, from states, and from our donors. That was not just a speech for me. Our economy was doing well, and I had great hope that we might be on the verge of a major national recommitment to the public good.

I did not know—as I am certain most of you did not know—what would happen in the 10 years that followed our last Seattle meeting. Less than two years later, our country plunged into the Great Recession. In some dramatic ways, the public good went on “life support.” You saw it firsthand. Each medical school and teaching hospital was forced to fight its own battles—with falling state appropriations, donors pulling back, stagnant NIH funding,
and constant downward pressure on clinical reimbursement. For the first time in my professional life, I heard speculation about whether some of our medical schools and teaching hospitals might even fail. Instead of achieving a shared national recommitment to the public good, it felt as if we were each on our own.

And 10 years later, we still seem to be “in search of the public good.” We made clear progress with the passage of the Affordable Care Act in 2010, which brought millions of Americans in from the uninsured cold. But today, the future of the ACA is uncertain. On the research front, once we adjust for inflation, support for NIH remains at the same level as in 2001. And our medical students remain burdened with unprecedented levels of debt. This spring, that debt rose to a median of $190,000 for each graduating student borrower.

Then, on top of all this, there was this year’s election. I have spent much of the last 18 months struggling to make sense of what has been going on in our country. At a time when our challenges require unity and resolve, our nation descended into acrimony and divisiveness that left many of us emotionally exhausted. Even worse, it left many of us wounded and frightened. It was deeply disheartening to hear words and witness actions that tore at our social fabric. Our aspiration to be a national community—a melting pot that transcends race, religion, immigration, class, and political party—seemed to be under siege.

Today, many of us are asking the same question. After months of stunning rancor and division, how in the world do we come back together?

During the heat of the election, New York Times columnist David Brooks wrote a piece titled “One Neighborhood at a Time.” He offered an example of how we could go about healing our deep divisions, a process he called “social repair.” He said, “The nation may be too large. The individual is too small. The community is the right level.”

Why is community the right level? When you think about it, communities are the building blocks of our society. They are the places where we work, where our children attend school, where we gather with friends and
neighbors in churches, libraries, and parks. In a strong community, we can depend on each other. We share the school carpool. We celebrate milestones together. We drop off dinner for a neighbor in a time of need. Citizens bonded in these ways are more likely to vote, to volunteer, to perform good deeds for one another.

But today, our communities are under threat. Some of you may have read Robert Putnam’s book *Bowling Alone*. He paints a vivid portrait of civic engagement in decline. Americans are spending more time isolated in a personal bubble on the Internet and watching TV and less time participating in community events. The passing of the World War II generation only exacerbates this trend. Just think about our parents and grandparents who were so exceptionally engaged in civic life. We simply do not engage with our communities the way we once did.

Academic medicine certainly is not immune to the powerful forces transforming society. But despite all that, AAMC public opinion research shows a broad base of support for our missions to educate physicians, deliver the highest levels of care, and lead discovery. That research also shows that our local communities want us to use our power to drive better health outcomes and improvements in community well-being.

Every time I visit one of your campuses, I see evidence of you tending to the social repair that David Brooks called for. I see how, day after day, you rise above the noise of governmental budget fights, the paralysis of partisan gridlock, the corrosive effects of prejudice. Your cities and states may be divided in many ways, but medical schools and teaching hospitals are transcending those divisions to tackle tough problems and build real, vibrant communities centered on our institutions.

There is no better example than this year’s recipient of the AAMC Spencer Foreman Award for Outstanding Community Service, Michigan State University College of Human Medicine. Yesterday morning, Mona Hanna-Attisha, MD, MPH, joined us to discuss the contaminated water crisis in Flint, Michigan. The college has a longstanding partnership with the community of Flint, and in 2014 established its Public Health Research program in downtown Flint. That partnership was critical to exposing and addressing the crisis. On the heels of a report that identified dangerous amounts of lead in the Flint water supply and with city officials still insisting the water was safe,
Dr. Hanna-Attisha and her colleagues presented results of a study showing that the number of Flint children with elevated levels of lead in their blood had doubled, even tripled, in some areas of the city. But they did not stop at shining a spotlight on this public health crisis. Earlier this year, Michigan State University College of Human Medicine and Hurley Children’s Hospital launched the Pediatric Public Health Initiative in partnership with the community to optimize children’s health and to serve as a national resource for best practices.

Institutions around the country are taking on other issues that do not necessarily make national headlines but that deeply affect the health of our communities. In 2014, Rush University Medical Center in Chicago launched the Road Home Program to support service members returning to civilian life. The Road Home Program provides care and counseling for a range of veterans’ issues, including post-traumatic stress disorder and traumatic brain injury, and serves as a hub for services offered through the local VA medical center and other partners. Just as important, Rush also provides overall support with the difficult transition from military to civilian life, including connecting veterans to job-training programs and community events and extending counseling services to the children and families of veterans. In the last 12 months alone, more than 370 veterans and their families received free care at Rush through this program.

I see efforts to build community every time I visit one of your campuses. Last spring, I was honored to be the commencement speaker for the first class to graduate from the University of South Carolina School of Medicine in Greenville. The school was created in partnership with the Greenville Health System to help address community health needs, and it already shows great promise in doing so. It is one of a handful of our medical schools that trains every first-year student to become an emergency medical technician. These students certainly gain early clinical experience working regular shifts as EMTs as part of an interprofessional team. But the best part of the experience is their immersion in the community. I met with a group of students, many of whom, like many of us, have led relatively privileged lives. They spoke movingly about riding in the ambulance to the homes of people who have been marginalized and whose every day is a struggle. They

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told me what they saw and learned in those homes. And I saw the understanding and empathy—the bonds of community—they developed through that educational experience.

Later in the summer, I traveled to Texas to speak at the White Coat Ceremony for the inaugural class admitted to the new University of Texas Rio Grande Valley School of Medicine. Despite its location in one of the most economically challenged regions in the country, this first class drew more than a third of its members from the Rio Grande Valley itself. And underrepresented minorities make up a majority of the class. But the school’s community commitment goes far beyond the composition of the student body. Its mobile clinic goes to nearby areas where many community members speak no English and many live in homes that lack even basic plumbing. Clinicians and learners work with *promotoras de salud*—community-based health workers who do health education in these often neglected neighborhoods. They are engaging people where they live.

Across the country I have seen other examples: the ongoing calls to action made by White Coats for Black Lives, the development of health promotion strategies for LGBTQ persons, workshops addressing the unique needs of students with disabilities, and outreach to students with Deferred Action for Childhood Arrivals—students often called “Dreamers.” You are showing that the strongest communities are inclusive communities.

Let me share just one more example with you. In June, our country was deeply shaken by the violence at the Pulse nightclub in Orlando. Forty-nine people were killed. Fifty-three were wounded. The shooting rocked our nation—especially our LGBTQ and our Latino communities. In the aftermath of that violence, two teaching hospitals—Florida Hospital Orlando and Orlando Regional Medical Center—cared for badly wounded victims of the mass shooting. These two teaching hospitals then went on to make all that care free.
They donated more than $5.5 million of services. The head of Florida Hospital simply described this as a “gesture” to “add to the heart and good will that defines Orlando.”

And in the aftermath of that tragedy, I was proud to see the AAMC Board of Directors affirm its support for treating gun-related injuries and deaths as the major public health issues they are for our communities. The AAMC Board called for an end to the ban on federal funding for research on gun violence. Enough is enough!

I know we are all feeling the stress. Everyone who works in a medical school or teaching hospital is subject to the same forces of change as our communities. We face the same pressures that lead to disengagement and social isolation. We need to be certain we are caring for our own community.

Two years ago, at our annual meeting in Chicago, I spoke about the crisis of burnout, depression, and suicide in academic medicine. In the last two years, I have seen more and more of you working to strengthen the community inside your institution, as well as the community outside your walls.

There is no easy fix for these problems. But the AAMC is committed to working with you to bolster resilience and build cultures of wellness for our learners and colleagues. Last June, the leaders of AAMC councils, organizations, and groups gathered at our headquarters in Washington to discuss this challenge and learn from each other about possible solutions. We are sharing your ideas and programs on our website at aamc.org/wellbeing. And now, with support from the AAMC and other organizations, the National Academy of Medicine is launching a collaborative of organizations to promote resilience and well-being for all clinicians across the entire continuum of their careers. We simply cannot afford to let our own colleagues suffer in isolation. More than ever, we need to be a community for each other.

I have mentioned only a few examples, but I have seen hundreds. Please forgive me for not speaking about the work each and every one of you is doing. You are building stronger, more resilient, and healthier communities for all those who work and learn on your campuses and for all those outside your walls who you serve so well.
Despite what has happened in the 10 years since I stood in this room and called for a strong national recommitment to the public good, please know that I have more hope than ever. We should never abandon our focus on the public good. To paraphrase something I once heard a wise woman say, “When others go low, academic medicine goes high.” We will always seek to be a uniting force in our nation—to heal and repair our communities and to call on the government to fortify its commitment to the public good. The AAMC is already working to educate the new presidential administration and the new Congress. We promise to push them to strengthen our national investment in education, research, and care and to help us achieve the social repair our nation so desperately needs.

And despite all the bitterness of this election, I see clear, encouraging signs. A few weeks ago, on a glorious fall weekend in late September, in a dramatic building sitting in the shadow of the Washington Monument, the new National Museum of African American History and Culture opened. Presidents Barack Obama and George W. Bush came together to preside over the event. To signify the opening, a church bell rang over the crowd—a bell from one of the first black churches in America, established in 1776 by free and enslaved black people. The bell was rung by Ruth Odom Bonner. Ruth is the 99-year-old daughter of Elijah Odom, a man born into slavery in Mississippi but who escaped to freedom as a child. The beautiful grace note on this story is that Elijah Odom then went on to graduate from Meharry Medical College. He became the physician for—and an anchor of—his own community in Biscoe, Arkansas.

In his remarks that day, President Obama reminded us that our national history frequently has been one of struggle. At times that struggle has torn us apart. But President Obama also quoted President Lincoln, who called on “the better angels of our nature” to come together and transcend that struggle. This election has been a struggle. But at each and every medical school and teaching hospital I visit, I see the better angels of our nature at work—strengthening community bonds with learners, with colleagues, with patients, and most of all, with the people living just beyond your doorstep.

I thank you so much for being here in Seattle to move this national discussion forward. And most of all, thank you for being there for your communities.