



## **AAMC President's Address 2018** **"The Mountaintops"**

*Darrell G. Kirch, MD, AAMC president and CEO, delivered the following address at Learn Serve Lead 2018, the association's 129th annual meeting in Austin, Texas, on Nov. 4, 2018.*

I very much appreciate that kind introduction. And please join me in once again thanking Dr. Wilson for his incredibly compelling and clearly heartfelt message.

Welcome to Austin! We are delighted to see the more than 4,600 of you who have joined us, including the more than 1,100 of you who are experiencing your first AAMC annual meeting. Thank you so much for being part of this important national conversation for all of us in academic medicine.

Seeing so many dear friends, and greeting so many new colleagues, is bittersweet for me. This is my last annual meeting as AAMC president and CEO. We are on track to hand off responsibilities to my successor on July 1. It is truly humbling, and an incredible honor, to have served an organization that in just eight years will be celebrating its sesquicentennial — 150 years since our founding in 1876. Over its first 90 years, distinguished leaders such as Sir William Osler served the AAMC as annually elected presidents. The full-time position of president and CEO was established in 1969, and I am privileged to serve as only the fourth person in that role.<sup>1</sup>

Given that history, I found myself wondering what my three predecessors said in their farewell addresses. Drs. John A.D. Cooper, Robert Petersdorf, and Jordan Cohen are the giants on whose shoulders I stand. After carefully reading the powerful valedictories of these visionary AAMC leaders, I was struck by how consistently the AAMC has worked for progress in four key domains over the past half-century. Each of my predecessors spoke passionately about his commitment to the core missions of clinical care, education, and research, as well as to the imperative of advancing diversity, inclusion, and equity — in both academic medicine and society at large.

But I also saw how much has changed since their speeches. Allow me to use a metaphor from my beloved Rocky Mountain home state to illustrate the point. Colorado has 53 mountain peaks over 14,000 feet tall. Climbing one of these "fourteeners" is, in every sense of the word, breathtaking. You feel the thinning air as you climb, but each step brings a higher and more expansive view of the same landscape. Academic medicine advances the same way. Over time, our key mission domains remain constant, but as we ascend, we gain clarity when we look back, and with each step higher we are better able to see what lies ahead.

Many of us would mark the climb as having begun in earnest with Abraham Flexner's landmark 1910 report affirming the model of the modern medical school — built around a rigorous science-based curriculum and with active teaching in closely affiliated hospitals and clinics.<sup>2</sup> After World War II, we reached new heights, experiencing what Dr. Cooper, our first president

and CEO, called a “golden age” of medicine. It was a time when fundamental research discoveries were leading to the development of powerful diagnostic and therapeutic tools, all stimulated by growing federal investment in science and health care.

This growing federal role in our work was the reason for moving the AAMC from a small office in Evanston, Illinois, to Washington, D.C., in the late 1960s.<sup>3</sup> That move took us to a new level of national influence as the voice of the rapidly expanding community of academic medicine. Teaching hospitals and academic medical societies were added to the AAMC membership; three councils were established; medical students and residents were given a voice; and new AAMC groups were created over the years to represent key roles in the academic medical center. It was the vision and leadership of Drs. Cooper, Petersdorf, and Cohen that brought us this modern version of the AAMC as the “big tent” where all parts of academic medicine come together. And what we have accomplished together is stunning.

In our mission of clinical care, over the decades my predecessors spoke powerfully about the challenges of having so many Americans without health insurance and how our clinical outcomes lagged, despite constantly rising spending on health care. They defined the problems clearly and called us to action. Nearly 10 years ago we took decisive action with our early support for passage of the Affordable Care Act (ACA).<sup>4</sup> And today we are unwavering in defending the ACA and how it has significantly expanded health insurance coverage and improved lives.

Beyond insurance, many academic health systems are working to replace what Jordan Cohen referred to in his 2005 address as the “obsolete” fee-for-service payment system we inherited.<sup>5</sup> At the same time, our health systems are making headway in improving the quality of clinical care and health outcomes. A recent study in *Health Affairs* showed that patients treated in teaching hospitals have up to 20% higher odds of survival than similarly ill patients treated at a nonacademic facility.<sup>6</sup> We are reaching a level where true “value-based” care is coming into sight. Not only that, you are going beyond the direct care you provide.

When I visit your institutions, I am excited by how committed you are to leaving the ivory tower and becoming deeply engaged with the communities beyond your walls. More medical schools and teaching hospitals have become important anchor institutions — proactively listening to and partnering with their communities. Your work to revitalize neighborhoods is helping the homeless leave the streets and bringing grocery stores to food deserts. Our AAMC member institutions are hiring and training new employees and supporting 6.3 million jobs nationwide.<sup>7</sup> That is a real community commitment.

Turning to medical education, my predecessors all focused on improving the curriculum and experimenting with new modes of teaching and learning. Today, the educators in this room have taken us to a whole new level. We no longer view students as empty vessels to be filled with facts. Collectively we are seeing a profound transformation — a paradigm shift — to learning and assessment based on competencies. Those assessments are defining entrustable activities and milestones of advancement. They no longer rely solely on a time-based progression and traditional fact-based exams. And we have “flipped” the classroom. Lecture halls are giving way

to flexible spaces as we engage in more interactive, problem-based learning. And we are finally taking interprofessional education seriously.

In addition, technologies ranging from simulation labs to virtual reality tools are enhancing learning. As artificial intelligence progresses, the use of an interactive “digital assistant” at the side of every physician is within sight. These advances free the physician from being a clerk at the computer, offloading routine tasks and allowing a full focus on the relationship with the patient. Done right, technology could help us recapture the humanism and empathy at the core of our profession.

On the research front, Dr. Cohen’s farewell address celebrated the completion of the human genome project, opening a new world of science. That science now is yielding astounding advances, such as CRISPR gene editing, immunotherapy, and massive data networks that combine and analyze staggering amounts of clinical and research information. These fundamental discoveries of our scientists are translating into real-world solutions. Cancer death rates continue to decline thanks to breakthroughs in research, early detection, and more targeted treatments developed in academic centers. And a recent analysis showed that every drug approved in the United States between 2010 and 2016 can be traced back to NIH studies — many on our campuses.<sup>8</sup> Supporting all this, advocacy by the AAMC and its partners over the past three years has put research funding back on a trajectory of meaningful, sustainable growth.

Turning to our fourth domain — diversity, inclusion, and equity — Drs. Cooper, Petersdorf, and Cohen were passionate in their aspirations, but they all recognized how far we still had to go to reach our goal. Thanks to them and to all of you, we have made real gains over the years. But we now may face the toughest part of our climb.

On the positive side, when I visit an academic medical center today, I see a living commitment to diversity and a degree of inclusiveness that, sadly, is not seen in many other segments of our polarized society. Our learners, faculty, staff, and patients reflect the full range of Americans, including veterans, Medicaid recipients, people with disabilities, immigrants — people of all races and sexual orientations.

Similarly, we are making progress in diversifying our student applicant and matriculant pools by embracing holistic review in admissions. In 2017, and again this year, women surpassed men as medical school matriculants for the first time. In particular, black women have boosted their numbers significantly as medical school graduates.<sup>9</sup>

But we need to acknowledge that real obstacles lie ahead on key policy fronts. The AAMC is continuing to advocate, both in the courtroom and in the court of public opinion, for the ability of medical schools to select and prepare future physicians to care for an increasingly diverse patient population — physicians who will tackle our nation’s unacceptable health disparities. The AAMC will remain a clear voice about the important role of immigrants in our nation, many of whom have made valuable contributions at our institutions. And we will not forget the Dreamers and their aspirations.

I would argue that, in our nation, no one sees the social determinants of health and the disparities that result more clearly than we do. We must be relentless in surmounting the obstacles still in our path, from unconscious bias to overt harassment to gender- and race-based gaps in salary equity. We must find ways to bring more black males, American Indians, and Alaska Natives into medicine. I think you agree that seeking equity in the health professions and equity in health care is a climb worth making.

While we can be proud of progress in clinical care, education, research, and diversity, inclusion, and equity, there is one threat that could stop us in our tracks. We cannot climb mountains if we are not strong, if we have lost our resilience. I am talking about the threat to our personal well-being.

Despite our advanced degrees, the rigors of training and caring for others can take a toll on us. Today, more than half the physicians in this country are experiencing symptoms of burnout — an increase of 9% over a four-year period.<sup>10</sup> It is sad when the joy of practicing medicine fades for a physician. It is tragic when as many as 400 physicians, including some of our learners, die from suicide each year.<sup>11</sup>

Becoming a physician does not make one immune to workplace burnout or the closely related problems of anxiety, depression, substance abuse, and other disorders that often follow burnout. If anything, the high stress levels of the academic and clinical environment may put us more at risk. This problem has been with us for years, but we have been in denial. With the establishment of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience, strongly supported by the AAMC, we are finally making progress in finding solutions that can make the environment of care and learning more supportive of our well-being.<sup>12</sup>

We need to acknowledge that burnout, depression, and suicide among physicians are not the failures of those individuals. Twenty years ago, the report entitled *To Err Is Human* helped us see quality and safety issues not as causes for blame but as systems problems.<sup>13</sup> Twenty years later, I say, “To Care Is Human.” And humans working in complex, high-pressure environments are vulnerable.

Today, I want to make a personal plea. In my first year of medical school, during a brutal winter quarter of gross anatomy and never seeing the sun, I — like too many students — became burned out. Then I hit the wall. I regret that only now, in my last annual meeting speech, am I telling you about my own struggles. My anxiety and depression were on the verge of derailing my career aspirations. My fear of being judged negatively and the dark shadow of stigma nearly kept me from seeking help. But an extraordinarily empathic student affairs dean steered me to the treatment I needed. As a result, I am blessed to stand here today.

Many of you have a story like mine. We need to tell our stories and beat back the stigma that causes so many of our learners and colleagues to suffer in silence. Speaking out and erasing the stigma around seeking help is a most worthy mountaintop to reach.

Before I close, there is one more part of our journey that I want to call out. Throughout my tenure, many of you have heard me talk about the importance of culture. In every campus I visit, I see the many ways you are changing our culture. It has been incredibly gratifying for me to see how our community is moving from its culture of independent silos to cross-cutting collaborations. How much of our work is now the result of high-performing teams as opposed to independent individuals. How we are moving from academic medicine being perceived as the problem in our health care system to being innovative leaders in developing solutions. How we are shifting the paradigm for choosing the next generation of physicians to one that values humanistic qualities as much as academic competencies.

Perhaps nothing has the power to shape culture more than a leader. Each of my predecessors was an exceptional leader. During difficult times, effective leaders who set a positive tone are critical in guiding success. The leaders we need not only will seek excellence in our core missions but also will remain true to our core ethical principles. They will strive to create a culture of respect and inclusion while compassionately recognizing that we all are human and vulnerable. We need to develop and embrace these leaders at all levels of our organizations.

Dr. Cooper closed his final speech at the AAMC annual meeting in 1985 with a wish that in 30 years, a young medical scholar or educator, perhaps someone in the audience that day, would be standing on the same podium and once again saying, “We have lived through one of the golden ages of medicine.”<sup>14</sup> When I look out from the new heights we have reached in our missions, I certainly can say that today. And now my wish is that when one of my successors stands here 30 years from now, she or he will be able to say the same thing.

There is no way I can adequately express how grateful I am for having had the opportunity to work for and represent you for 13 years. I deeply appreciate the unwavering support you have given me, and more important, your abiding commitment to advancing the health of all. Please know that I will always remain fully committed to doing my part. Together, we will continue climbing mountains, however high they prove to be.

Thank you from the bottom of my heart!

#### Notes

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