One of the great honors I have as AAMC president is visiting your campuses, speaking at meetings of our member societies, and personally seeing all the great work you are doing. Since our annual meeting last year in Philadelphia, I have had the privilege of making more than 60 of these visits. I’m heartened and inspired by your progress on so many fronts. But I also hear your concerns—loud and clear!

The pointed questions you and your colleagues ask reflect deep concern about the current and future state of academic medicine. You pose questions like:

- NIH funding is stagnant. Are we about to lose a whole generation of new scientists?
- Beyond NIH, all our funding streams are threatened. Is our basic “business model” still viable?
- Speaking of business, we seem to be forming new clinical partnerships every day. Are we abandoning our core academic mission? And as we partner with community doctors and hospitals, what does it even mean to be a “faculty member?”
- And between Supreme Court decisions and state ballot initiatives rolling back affirmative action, how can we continue to make progress on our commitment to diversity?

Our students ask tough questions, too:

- With tuition so high, will I ever be able to pay off my debt? Can anything be done to reduce the cost of medical education?
- Competition for residency training slots is more intense than ever. What will I do if I don’t get a residency position? What can we do to convince Congress to lift the cap on funding for residencies?
- Is a career as an academic physician even a viable option for me?

As a psychiatrist, I find myself wondering how these deep concerns and daunting challenges are affecting our overall well-being. More and more, in my conversations with our colleagues, issues of stress and burnout come up. A 2012 paper published in JAMA documents this distress. Surveying 7,000 physicians, Shanafelt and colleagues found that nearly half—46 percent—reported at least one symptom of burnout, a significantly higher rate than in the general population. Burnout rates were highest for clinicians on the front line, topping 60 percent for
emergency medicine. Even more concerning is that more than 40 percent of the physicians who responded screened positive for symptoms of depression, and 7 percent reported having suicidal ideation in the last year.

Earlier this fall, like many of you, I was moved by a New York Times opinion piece written by first-year resident Pranay Sinha, titled, “Why Do Doctors Commit Suicide?” The article describes not only burnout and depression, but also the burden of isolation and the pressure for perfection many doctors feel. While most of us would say that medicine is the most gratifying, stimulating, and noble career a person can pursue, many of our colleagues are in genuine distress.

When we allow ourselves to acknowledge this and talk about what is causing this distress, we almost always point to all the changes occurring in health care. Recently, I’ve been reading an AAMC report that describes academic medicine’s struggles to keep pace with this change. Consider a few sentences from the report:

- “The future will see more health care demanded and provided than ever before. More physicians must be trained, and as quickly as possible.”
- “A clear trend of recent decades—and a virtually certain trend in the future—is the continuous rise in costs. All components of health care costs have risen. The cost of educating physicians has grown.”
- “The rise of specialization has resulted in the increasing trend toward team practice involving the contribution of a spectrum of specialists.”
- “Scientific advances have made vital the development of new skills to apply new knowledge.”

Doesn’t that sound familiar? It’s what I hear when I visit your campuses and attend meetings. Actually, these sentences are from an AAMC report published nearly 50 years ago, in 1965. The primary author was Dr. Lowell Coggeshall, a physician leader at the University of Chicago, and his Coggeshall Report was highly influential in reshaping both academic medicine and the AAMC as an association in the years that followed.

Some cynics might ask why, 50 years later, we’re still fighting the same battles. I don’t see it that way. I see the amazing progress academic medicine has made—and continues to make—in improving health over the last 50 years. The challenges evolved, and committed generations of academic physicians made steady progress addressing them. In fact, just about every time our nation has faced a new health challenge, academic medicine has stepped up. Today, I know we all are inspired by the extraordinary efforts of our colleagues at Emory University, the University of Nebraska Medical Center, and Bellevue Hospital Center on the front lines of caring for patients with the Ebola virus. And I am proud of how our broader community is stepping up to help care for additional patients, if necessary.

What drives us forward? What inspires us to take on the most difficult challenges and to keep trying in the face of doubt and even failure? I attribute our progress to an essential quality shared by many physicians and others who choose careers in health care—a quality that makes it possible for us to work on problems that often require decades of effort to solve. That quality is resilience.
Professor Rosabeth Kanter at Harvard describes resilience this way: “Resilience draws from strength of character, from a core set of values that motivate efforts to overcome the setback and resume walking the path to success. Resilience also thrives on a sense of community—the desire to pick oneself up because of an obligation to others and because of support from others who want the same thing.” It’s very simple. Resilient people share a sense of mission and work together to achieve it. Think about it. Resilience is a quality we look for in applicants to medical school and residency programs. Resilience is also a quality we greatly admire in our colleagues. Even outside times of traumatic stress, we demonstrate resilience as optimism, self-confidence, and a willingness to embrace change.

We all have setbacks in our work—the unmatched student, the failed experiment, the death of a patient. Failure is part of our daily lives. But so is our resilience. Each of us in this room has experienced great disappointment. Yet at our best, we return to our work with vigor, propelled by our mission and our colleagues. It is our resilience—as individuals, as institutions, and as a community of academic medicine—that decade after decade has allowed us to accomplish more than we could imagine in the face of seemingly overwhelming challenges. Resilience is why we can look at a report from 50 years ago that listed the deep concerns of our predecessors and see the clear progress they made in the face of those challenges.

Today, I see signs of our resilience at work when I visit your institutions and speak to your leadership, your faculty, and your students and residents.

On the individual level, I see scores of scientists demonstrating resilience through their continued perseverance in spite of historically low NIH acceptance rates. Take the example of physician scientist Dr. Talene Yacoubian, an assistant professor at the University of Alabama at Birmingham. She studies Parkinson’s disease, a neurodegenerative disorder projected to double in prevalence by 2040. Despite the critical need to develop effective neurotherapies, Dr. Yacoubian was denied R01 funding three times. When I asked her why she continued to apply, she described a consistently supportive chair, a department that encouraged her to persevere, and a personal motivation—a mission as it were—to help her patients. Dr. Yacoubian crafted a fourth proposal, which was funded this spring. That’s resilience.

On the institutional level, academic medical centers aren’t retreating in the face of all the changes around them. They are seizing the opportunity to reinvent themselves and create a sustainable model for the future. For example, when Dr. Jeff Balser, the leader of the Vanderbilt University Medical Center, learned his institution faced a projected deficit of $250 million by the end of fiscal year 2015, he knew that long-term sustainability would require tough choices. So while he and his colleagues reduced operating costs, they simultaneously forged new partnerships to strengthen their system, as well as their ties to their community. Because of these efforts, today Vanderbilt is in a much stronger financial position and is hitting its financial targets in a very competitive market. Perhaps even more important, Jeff tells me that the shared experience brought many people in his institution closer together because they communicated repeatedly and broadly in a way that built a sense of shared purpose that renewed Vanderbilt’s commitment to their patients, their own faculty and staff, and the region. That is resilience.
As a community of academic medicine, I don’t think there is any better sign of our resilience than the strong commitment so many of you have made to create a more positive environment for our learners and the patients they will serve. When you do that, you show the courage to change culture that Dr. Betz described earlier. I also see resilience in our collective efforts to transform education and to improve clinical quality and safety. Over the last few days at the AAMC Medical Education Meeting, I have had the privilege of learning more about the innovative work you and your colleagues are doing across the continuum because of your commitment to prepare our learners to enhance the health of patients.

So let’s circle back. Why are the rates of burnout and signs of depression so high among physicians? I don’t believe it is because we have lost our resilience. I think it is because some of us have lost sight of our shared commitment to our mission, and that many of us have become isolated and are not reaching out to each other to create networks of support. AAMC data from our Faculty Forward initiative show that two of the most significant drivers of faculty satisfaction are connection to institutional mission and interaction with colleagues. Unfortunately, it seems to be a short path to burnout and depression if we allow ourselves to lose these connections.

I know many people in this room feel very, very challenged these days. That is why it is so important to come together as a community this week and throughout the year. Together, we draw renewed strength from one another and use that strength to face the challenges we share and the obstacles we must overcome. Collectively, we are able to see how, time after time, over many decades, we have risen above these obstacles as we strive to fulfill our shared commitment to educate tomorrow’s doctors, discover tomorrow’s cures, and provide our patients today with the best medical care possible. That is our resilience at work.

Dr. Marty Seligman, in his book *Flourish*, describes resilience as, “the glue that holds groups together, provides a purpose larger than the solitary self, and allows entire groups to rise in challenges.”

As a community, now is the time to draw on our resilience by remembering our shared purpose and committing to support one another more strongly than ever.

So as you leave here today, ask yourself:

- Do we still feel connected to our mission? Does it still inspire us, or are we focused mostly on advancing our individual objectives?
- Are my colleagues and I taking the time to talk honestly about our work and the stress we feel and give each other support? Or does the fog of daily demands isolate us?
- If we have lost that connection to our mission, or if we feel isolated, what steps can we take to energize our commitment to our shared purpose and to each other?

Over the years, academic medicine has epitomized resilience, and I am more convinced than ever we will continue to thrive if we rise together to meet the challenges ahead. Thank you!