MAYO CLINIC

May 2003
Volume 78
Number 5

Mayo Clinic Proceedings

Editorial

Rounding Alone: Assessing the Value of Grand Rounds in Contemporary Departments of Medicine

If you don't go to somebody's funeral, then they probably won't come to yours.

Yogi Berra

In this issue of the *Mayo Clinic Proceedings*, Mueller et al[1] present a 5-part strategy designed to strengthen an ailing conference, Department of Medicine medical grand rounds. Their intervention was associated with an increase in attendance by 39%. If there truly is strength in numbers, then the intervention worked: the conference grew stronger. However, I want to know, why did this conference become ill in the first place? I ask because I have seen similar symptoms of involution of medical grand rounds at my own institution, as have others at their institutions.[2,3] How concerned should we be? That depends. If medical grand rounds provides value that otherwise would be lost, then we should be concerned. However, if it is a relic of departments that have evolved along different lines, then let medical grand rounds go. Medical grand rounds at my institution begins at 8:00 AM. Occasionally, on wintry mornings, seated toward the front of the auditorium, surrounded by empty chairs on the left, right, front, and rear, I have found myself wondering, where is everybody? If attendance at grand rounds continues to decline, in a few years will I be rounding alone?

Medical grand rounds is the principal educational conference offered by virtually all departments of medicine.[3] Of course, departments of medicine are organizations. Like all organizations they exist to attract, transform, and allocate resources in a manner that allows members to satisfy their own values, be they materialistic or altruistic, self-serving or derived from some higher calling.[4] Individuals join organizations believing they will be happier, more fulfilled, more challenged, and ultimately more satisfied. As Dwyer[4] explains, organizations do not have missions, values, goals, or objectives, but the members do. Thus, our assessment of the value of medical grand rounds should not be based on whether it adds value for the department, but rather what it provides for the department's members.

An organization contributes value, or capital, for its members via several channels, an important one being social capital. Putnam's recent book, *Bowling Alone: The Collapse and Revival of American Community*,[5] explores the concept of social capital. If tangible assets such as equipment or tools are physical capital and the knowledge and collective skills of the organization's members are human capital, then social capital is the value that accrues from social networks and contacts—all of which can enhance the productivity of individuals and groups. Social capital refers to the ways in which our lives are made more productive through social ties. Without book clubs, the Parent-Teacher Association, church groups, and even bowling leagues, the quality of our lives and even our communal health can diminish.[5]

See also page 549.

Sociologists distinguish 2 kinds of social capital: bonding social capital, such as is found in inward-looking, exclusive groups like fraternal organizations, and bridging social capital, such as is found in more diverse, outward-looking groups like political parties. Putnam[5] says it best, "Bonding social capital contributes a kind of sociologic superglue, whereas bridging social capital provides a sociologic WD-40." The former might be found in the mentoring and collaboration that occur within an academic

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division, while the latter might arise as members of one division interact and learn from another. What form of social capital should we expect from our departments of medicine?

Departments of medicine evolved from the German university system with one professor for each subject to the current forms with hundreds of faculty, some of whom may not have medical degrees. Along the way, departments of medicine have been cleaved by increasingly strong forces of subspecialization and rendered even less recognizable by interdepartmental centers and institutes,[6] to the point at which cardiologists, for example, may have more in common with cardiothoracic surgeons than with rheumatologists. Even greater schisms divide clinicians and researchers, groups that at times can appear to be speaking different languages, moving in seemingly different worlds. The question then arises, do we, or should we, have cohesive departments of medicine? If we do, coming together for grand rounds each week makes sense. But if we have only loosely connected divisions, then members' time might be better spent on other activities, including divisional conferences, even conferences that could be called musculoskeletal or cardiothoracic grand rounds. Drawing on a geologic metaphor in which departments are subjected to inevitable tectonic forces, Schafer[6] concludes that "attempts to keep the traditional administrative land masses of academic medicine intact will likely be counterproductive; indeed we should actively promote the constructive reorganization of academic medicine along the natural fault lines that have been developing. The driving forces for the organization of a school or department should be to optimize the interaction and productivity [ie, social capital] of its constituents, not historical territorial imperatives." In the context of a department of medicine, clearly divisions, centers, and institutes can provide bonding social capital. But what of the bridging social capital that traditionally was provided by medical grand rounds? In contemporary departments of medicine, how valuable is that?

I believe it is invaluable. Admittedly, I view such questions from the perspective of a general internist. What about the majority of my departmental colleagues, most of whom are subspecialists, and many of whom spend a substantial portion of their time doing research? Like general internists, subspecialists are busy and productive people. Their fields are complex. Can they all find value in a departmental medical grand rounds? I believe they can. I remain convinced that there is a core body of knowledge in internal medicine, both clinical and scientific, that all of us need to share and that there is much to be gained by keeping current outside one's field. Moreover, there remains a nexus of crosscutting disciplines and topics, like professionalism, humanism, epidemiology, and health policy that all internists need to learn, relearn, and discuss.[7] Subspecialty divisions should be strong, interdepartmental centers should flourish, but neither divisions nor centers can tend to one of the department's principal functions: teaching students, residents, and faculty how to be internists. Grand rounds should not be the department's only forum for education, and it may not even be its most effective, but it can set the standard and the goals toward which all department members should aspire. Thus, I believe that departments of medicine, through weekly grand rounds, can generate substantial bridging social capital for its members—but only if they attend.

Attendance at grand rounds has 2 faces—supply and demand. Departments of medicine need to emphasize the importance of attendance at medical grand rounds from the top down, and departments need to make medical grand rounds attendance worthwhile. The interventions proposed by Mueller et al make sense. Other authors report similarly positive responses to shortening presentations, using multiple speakers, and covering 2 or more topics in a single session.[8] In addition, both traditional and electronic systems to engage the audience should be explored. Any feature that makes grand rounds more crisp, lively, and interactive should be considered. Department members have a responsibility in this. Much of the success of grand rounds will depend on members' commitment to attend, to participate in the question-and-answer period, and when asked to speak at grand rounds to present a talk that will be of value to the entire department.

In the end, our faculty, as enfranchised members of organizations, will vote with their feet or, in the case of medical grand rounds, with a more posterior part of their anatomy. I hope they choose to come. I do not want to round alone.

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