THE ADVANTAGES OF COLLEGIALITY*

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A SYMPOSIUM DEVOTED TO COLLEGIALITY is both timely and of great interest. If one believes that American society during recent years has been characterized by a crisis of values with erosion of principles important in the past, it is reasonable to anticipate that the forthcoming decades will see a resurgence of values and that human relationships will become a major theme in our society. If this is the case, human relationships in our academic institutions will become important and vital parts of our progress as scientists, scholars, and physicians. The basis of a university is the community of scholars, and the community cannot act effectively unless it is collegial. Surely human relationships, as evidenced by collegiality, will be a key factor in the success of any kinds of community endeavors, particularly those with which were are engaged as academic physicians. Taken from this standpoint, the advantages of collegiality seem to be self-evident, but we shall try to examine these advantages in a systematic fashion.

ALTERNATIVES TO COLLEGIALITY

The alternatives to a collegial form of endeavor within medicine are several. The model of independence is still seen fairly frequently among physicians involved in solo practice. These "lone wolf" individuals usually are strong characters and aggressively retain their independence. Some investigators are involved in solo research but this has become very much less common and very much more difficult as research technology has expanded.

The apprentice-master model is exemplified by preceptorship in medical education and partnership in medical practice. Some laboratory efforts work in this fashion, bringing in young people as apprentices. Some features of this arrangement continue to be appealing, particularly the mentor-student relationship important to many forms of education in medicine and elsewhere.

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The guild model developed during the Middle Ages was followed by barber surgeons of old and by loosely associated groups of specialists in a limited area of endeavor, a fairly common method of clinical practice today. Narrowly defined research groups fit this model reasonably well, and within these groups, both in practice and in research, one sees the beginning of a feeling of collegiality. They become large enough and have enough self-interest to allow this aspect to develop.

The integrated group model is exemplified by such independent comprehensive clinics as the Mayo Clinic and such comprehensive research agencies as the National Institutes of Health. These groups are large enough and function in a complex enough fashion that there is even more potential for the development of collegiality.

The university-college model consists of multiple academic endeavors within a community of scholars. This is the definition that would apply to an ideal academic medical center where clinicians and research-oriented individuals work side by side in collegial fashion, and allows the fullest potential for the development of collegiality.

The Collegial Group Defined

Definitions of collegiality offered by others in this symposium are quite valid and contain important elements. The first of these is a community endeavor, and this sense of community is philosophical, psychological, and often geographical. It seems that community and collegiality are fairly closely linked.

Shared goals recognized by all members of the collegial group are a common theme and these goals usually have a noble purpose in mind. They embody the professionalism with which physicians approach academic medicine.

Intellectual values in collegial groups are dominant over financial, commercial, political, and ego-serving values, and this also is a part of the definition of professionalism.

Finally, collegial groups within academic medicine tend to have institutional bases, and the institutions themselves provide an important part of the overall collegial environment.

The Evolution of Collegiality in Medicine

It is evident that from an institutional standpoint, early medical schools that developed in the Middle Ages at Salerno, Bologna, Padua, Montpellier, Bruges, and Paris represented the first institutionally based collegial groups within medicine. The Royal College of Physicians was established in England,

and faculties of medicine were established on the continent to provide collegial groups of individuals active in medical practice who had set standards and principles by which they formed their organizations.

If one examines the institutions that developed and fostered collegiality in medicine, one can identify three basic but different institutions.

The institution built around a new idea or a very strong individual who defined a new idea was a common form of development. One example is Edinburgh, where Lister practiced and developed the theory of antisepsis. Here in Scotland a group of pioneering surgeons worked in a collegial fashion to develop this surgical concept and to apply it to many new areas. Sir William MacEwen was an excellent example of how this collegial environment, started by Lister, produced tremendous advances in medicine and did so in a collegial fashion was also fostered by MacEwen. It is of some interest that MacEwen had been offered the chair at Johns Hopkins but refused it because he would have no authority over the school of nursing which he felt was essential for him to develop a collegial environment within the Johns Hopkins Hospital. Other strong individuals who had institutions built about them and their collegial ability to develop a new idea were Louis Pasteur in Paris and Jonas Salk in the United States.

Another type of institution that developed collegiality was that built to serve a common interest. An excellent example of this is the National Hospital at Queen Square in London, where Sir Victor Horsley and his colleagues were able to develop neurosurgery amid a collegial atmosphere that incorporated neurologists and surgeons working together on common problems. The same sort of thing happened in Paris at the Salpetriere and at La Pitie where the famous French clinical neurologists developed their expertise in a collegial fashion, embodying many of the best aspects of a group of brilliant observers working together serving a common interest at a common set of institutions. Another example, in the United States, was that of Edward L. Trudeau and his work on tuberculosis in the Adirondacks. Also in the United States, the New York Neurological Institute developed at the turn of the century and again represented a collegial effort between neurologists and neurosurgeons to move forward with investigation and practice in the common interest of neurologic disease.

The third type of institution within which collegiality developed is that which was created to a new concept. An excellent example of this is the Johns Hopkins Hospital, designed from the outset as a new venture in academic medicine. The hospital was well organized and the faculty consisted of people who were selected because of their potential as young and inspiring investi-

gators, but it was evident from the outset that their major advantage was their ability to work together in a collegial fashion. Sir William Osler was the best known example of this early faculty and his collegiality was emphasized by his development of a group of "latch keyers," colleagues at every level, from medical students through peer professors, who were given keys to his home and were welcome there at any time for collegial discussions. Within the Johns Hopkins milieu developed the roots of American neurosurgery with Dr. Harvey Cushing who worked with Professor Halsted and trained young Walter Dandy in the Hunterian Laboratory of experimental surgery. From this effort came some of the major early advances in neuroscience, an exemplary collegial enterprise until Dr. Cushing decided to go to Harvard. He and Dr. Dandy had a notorious falling out, but Dandy stayed at Johns Hopkins and developed neurosurgery in a parallel fashion there.

Another institution created to a new concept was the Montreal Neurological Institute, funded by the Rockefeller Foundation and built to the specifications of Dr. Wilder Penfield. He created a most collegial environment in Montreal that allowed for the development of the concept of the surgical management of epilepsy. The Mayo Clinic was another institution created to a new concept and it has continued to foster a collegial environment that has led to numerous advances in the practice and science of medicine based on the unique atmosphere provided in a small town in Minnesota.

The Advantages of Collegiality

It appears that collegiality is so important and so beneficial that it hardly is necessary to describe its advantages, but some dispute both the advantage and the necessity of collegiality in medicine.

Collegiality provides for academic interchange and collaboration. This can occur at the level of individual cases, at the level of the development of techniques for surgery, medical care, or research, and most important at the level of ideas where interchange is important to the development and evolution of basic concepts in medicine.

Collegiality fosters interspecialty cooperation and collaboration. Interdisciplinary research has been fruitful and is exemplified by the program project grant concept developed by the National Institutes of Health. There are many examples within institutions of interspeciality cooperation and collegial involvement around a given area such as a spinal injury center or a birth defects center where people from numerous specialties collaborate in an effective fashion.

Collegiality leads to cross-fertilization of ideas and techniques from specialty to specialty and from basic science areas to those of clinical practice.

Collegiality allows a group with a common goal to deal with contention and competition in a constructive rather than a destructive fashion. The collegial group can maintain the positive aspects of contention where honest differences of opinion can lead to the construction of change and where the group can control negative aspects of these important but essential features of group dynamics. Perhaps one of the most important things that a collegial group can do is control threats that might occur from one individual to another or from one faction to another, and the group can also experience the galvanizing effect of dealing with a common threat from without. The management of contention and the ability to deal with competition are features of the collegial group that make it almost essential for effective management in today's academic medical environment.

The collegial group fosters the application of the results of basic research to practical clinical problems. These applications are never easy, and a collegial environment where there is direct interchange and face-to-face relationships occur between people in basic research and clinical practice is critical to the success of this kind of collaboration.

The collegial environment allows for the development of role hybrids. These are the individuals capable of developing new paradigms. They are capable of evaluating what may be missing from the current paradigms under which we complacently operate and it is people who question these and develop new ways to look at nature who are those who can effect true scientific revolutions and the most important breakthroughs in intellectual progress.

These advantages of collegiality need to be emphasized over and over again, and need to be applied to collegial groups at all levels. This includes the professional staff, the trainees and students, and the support staff and extends to include, when appropriate, the patients and the public.

Conclusion

Collegiality has many advantages, and the traditions of collegiality are rich within medicine. One of the best traditional symbols of collegiality in academic medicine is the clinical pathological conference. The clinical pathological conference arose out of a collegial group of physicians, surgeons, diagnosticians, and pathologists gathered around a challenging and instructive problem in medicine. When done properly, such a conference is a beautiful

exercise in collegiality from which every one in the collegial group can learn and use that knowledge to advance his own individual activities. Fostering collegiality with academic medical groups will take more than resurrecting the old clinical pathological conference, but it is a trouble worth taking and one that can lead to lasting rewards.