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Research in a Community Hospital

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Research in the field of medicine should be recognized as having a wide spectrum. It can range from a simple study to determine the frequency of a clinical event in a group of patients requiring an examining table and clinician, to a very involved study to determine a complex mechanism of a multi-phasic biochemical process, carried out in a highly specialized laboratory, with million dollar computers, elaborate electronic measuring and timing devices, chemical analyzers and a profusion of technicians especially trained to carry out highly specific and intricate techniques. We certainly can recognize which of these research projects has the greatest prestige value and present the highest stature in medical thought. But which of these two extremes are most significant in the ultimate welfare of the patient is impossible for me to establish.

If we agree that significant research can be done by clinical studies of diseased patients, then we have, in each of our community hospitals an already built-in laboratory. May I define a community hospital as one that has a primary responsibility of providing the best facilities and services needed by the staff to care for patients, but is not affiliated with a research institute or university. If our hospitals are providing the needed research, then why is not research apparent? In truth, it is very much present, but is not recognized because it has no formal and descriptive manner of presentation.

The care of patients is not a simple mechanical or mathematical process, but a complex, novel endeavor which calls upon the physician to establish a diagnosis using the symptomatology elicited from the patient, the abnormalities discovered on examination and a careful selection of the appropriate laboratory supplements. Once the diagnosis is established, the proper therapy tailored to each patient's requirements must be instituted.

The physician approaches each patient as an individual problem and is restless when this patient does not present a typical picture. He may be uneasy about the compilation of the data from this patient because several facets of the symptom-finding complex differ from the established natural history of the suspected disease. This compels him to investigate in an effort to explain the cause of the dilemma. He may be unsatisfied with the slow or absent response of this patient to prescribed therapy and must seek an explanation or use an alternative treatment. With this approach, the physician is applying the research principle in his care of the patient. I do not refer to an undisciplined compulsive effort to a poorly evaluated diagnostic problem or an extension beyond one's diagnostic or therapeutic skills, resulting from an expression of ego-centricity and individualism.

The spirit of investigation is the spirit which provokes a clinician to seek the true nature of the problem. Experimentation and research is an intrinsic part of the care of our patient. The formal and more recognized expression of research is merely an extension of these basic practices. This attitude is present within the staff of each of our hospitals. Many discoveries have been and can be made in the smallest hospital when this humble, restless, and passionate concern exists for the patient. There are many so-called facts in medicine which are being and must be corrected. Since the basic requirements for research are present in our Catholic hospitals, why then does such a paucity exist? Research projects should automatically generate out of these principles. Is there a lack of administrative support to productive ideas? Is there an unawareness of the need for extension of these principles? Is a blindness to the value of creative endeavor? Is the obstructionist functioning as an advisor to the administrator dominating the decisions in our hospitals? Is political maneuver blocking the growth of the research ideas? The time has long passed for the beginning of support to research in our hospitals. The rewards from the research are concrete and invaluable. Within the staff, there is an educational enhancement with a distribution of knowledge from these research projects. There is a development of a quantitative approach towards objective criterion and the appreciation for the statistical analysis of data. There is an improvement in patient care. Within the hospital personnel there is a sense of pride in their hospital and its staff. Within the community there is an attitude of confidence in their hospital. The people identify themselves with the hospital and describe it as "our" hospital.

These benefits should adequately compensate for any financial deficit which results from the hospital administration providing a research program. Research programs within a community hospital can vary in degree. It can increase to a very sophisticated level with high overall cost. In this case many research organizations would substantially support the costs of such programs.

A hospital should not embark on a program of research without a clear definition of policy. The lay administration could be very vulnerable to an enthusiastic but poorly prepared research project. The presentation of a clearly defined project should be presented to the appropriately qualified committee before any funds are distributed to the investigator; the project should be clearly defined and the bibliographic background should...

A Successful Hospital Program

MOTHER MARY MICHAEL, C.R.S.M.

Ten years ago Misericordia Hospital embarked on an intensive medical education program. Why did we undertake such an expensive and controversial step? Because of a deep conviction shared by the Board of Managers, the Administrator, the Medical Director, and leading members of the medical staff—a conviction that well-conducted graduate training programs inevitably lead to excellence in all functions of the hospital. This conviction did not develop overnight, but over a period of time covering the transitional post-war years. While working toward replacement of a preceptorship method of surgical training with a formal training program, we came to believe that proper residency programs would improve patient care, including that of private patients, stimulate investigative activities, and better community relations.

The over-all goal of the hospital since its opening in 1918 has been excellence—excellence in all aspects of patient care. Through the years, the academic tradition prevailed—in medicine, in nursing, and among the paramedical groups. Therefore, it came as a shock to the sisters and doctors to learn, through regional meetings of the Catholic Hospital Association in the late 1940's, that Catholic hospitals in general were not meeting the goal of excellence in the medical care of the patient and in the preparation of the medical specialist, despite the devotion and hard work of all concerned, apparent patient satisfaction, new building programs, and ever-increasing student nurse enrollment. The criticism leveled against Catholic hospitals in general was a valid criticism of Misericordia Hospital at the time.

Misericordia had experienced a long tradition of training specialists, particularly in surgery, by the preceptorship method. During the war years with many of the young surgeons away in military service, the Program lagged. After the war, the preceptorship method of training practically disappeared throughout the country and while the debate went on at Misericordia regarding the superiority of the preceptorship method of training, the young men went off to other hospitals to take their residency training. Finally, agreement was reached on the need for establishing formal residency programs and after concerted effort on the part of the surgical staff, provisional approval was obtained from the conference committee on graduate training in surgery. One year later the approval was withdrawn, with a statement that "the educational aspects of the service do not meet the standards of the committee." (Reference to Essentials of Approved Residencies and Fellow...