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Catholic Teaching Hospitals

FRANK B. MCGLONE, M. D.

MANY of the best general hospitals in this country are conducted under Catholic auspices. But proportionately few of those Catholic institutions are conspicuous for their teaching programs. That deficiency is to our discredit and to our disadvantage. To our discredit, because it is in direct contrast to the role which the Church has always played in the propagation of scientific truth; to our disadvantage, because we are thereby ignoring one of the best means at our disposal for insuring the excellence of medical standards in our hospitals for the future.

The tremendous good which is accomplished in our Catholic hospitals—thanks largely to the unselfish devotion of our nursing sisters and hospital chaplains, and to the very practical faith of Catholic doctors and nurses—is nonetheless so common a thing as to be legitimately taken for granted. But it often comes as a surprise to Catholic and non-Catholic alike to discover that the religious concerns of the Catholic hospital tend to improve rather than to dilute the quality of medical care which our patients receive. The ethical codes of our hospitals, for example, are faithfully enforced and have always forbidden those medical abuses which elsewhere are most frequently the obstacles to

proper accreditation. Because our moral standards are so high, we are fortunately free from the beginning of such abuses. Or to put it another way, it is easier to practice good medicine in our hospitals because we are irrevocably committed to a sound morality.

Who else, then, is in better position to train the young physician to the highest medical standards? And what better reason for adopting an educational program than that we are most advantageously situated for the inculcation of what is best in medicine? The hospital, the staff, the trainee, and the patient — all stand to profit from such a program. And conversely, they stand to lose without one.

Our interest in medical education in private hospitals has been inspired by the growth of a fine program in Denver over the past eight years. During that length of time at St. Joseph's Hospital, the house staff has increased from six to twelve interns, with eleven residents on the various services, all actively engaged in teaching or learning the best medicine, surgery, pathology, and obstetrics. The development of the program was slow during the first few years, chiefly because the staff was not eager to participate. Now, however, with a stimulating program well established, teaching

positions are at a premium. The growth of the house staff was likewise very gradual; but with results the measure of accomplishment, the internship and residency appointments have also become highly competitive. The program now extends to the post-graduate level with the institution of the annual St. Joseph's Clinics presented each summer for practicing physicians. It is hoped that our University affiliation will soon provide even more opportunities at the undergraduate level.

It is most gratifying to hear from both medical staff and administration expressions of complete satisfaction at the benefits realized so far from the teaching program which we adopted.

As a result of our experience in developing our own project, the following points are outstanding as the most valuable lessons we ourselves have learned. To begin with, the staff and administration must be genuinely interested in a program which is primarily educational. When the decision is made to establish a training program, the staff must be persuaded that its predominant purpose is educational and not one of service. A program organized on the basis of providing service for the staff and hospital is not usually satisfactory from the educational standpoint. On the other hand, an adequate educational program soon proves its value in providing better service and higher quality patient-care. These statements may seem obvious, but it is amazingly difficult to convince some members of a staff that the interns are students and not employees.

A cooperative administration is another essential. Administration must be willing to face the fact that such a project is expensive. The most important item of expense is the provision of clinic beds for charity patients. For purposes of experience and morale, there must be some patients whom the house staff can consider their own. However, the care of these clinic patients must always be carefully supervised by the teaching staff. An out-patient clinic must also be provided to assure well-rounded service. In Denver we are fortunate to have available the Ave Maria Clinic, maintained by Catholic Charities and staffed by the three Catholic hospitals.

Clinic surgery time must be provided each week; otherwise both the training and morale of the residents again will suffer. And while it is the hospital which must bear the burden of providing beds and surgery time for clinic patients, there are likewise sacrifices entailed for the medical staff. Especially when hospitals are crowded and private cases are seeking admission, staff physicians may object to the use of beds for clinic patients. Further objection may be voiced if clinic surgery is given priority over private cases on the schedule. But it must be the policy of the hospital and operating room to reserve a place on the schedule for clinic cases and to maintain that part of the schedule as rigidly as the rest. In fairness to the attending surgeon as well as to the anesthesiologist, the tendency to postpone clinic surgery in favor of private cases must not be allowed to pre-

vail. Thus the complete cooperation of the entire staff is necessary for a successful teaching program.

Other initial problems can be satisfactorily solved at staff level. Some men want to teach, but are not effectual teachers. Many excellent teachers are skeptical of the value of the program in a private institution. It does not take long, however, to appraise the teaching qualities of the various members of the hospital staff. The house staff is not nearly so impressed by the attending man's medical reputation as it is by his willingness to participate regularly in teaching sessions with small informal groups.

Formal didactics, such as lectures, movies and demonstrations, are of limited value in a good graduate program. They must be supplemented with more realistic methods such as ward rounds, x-ray conferences, clinical pathological conferences, demonstrations of fresh tissue specimens, journal clubs, and so forth. These conferences and rounds must be definitely scheduled and must be attended by those assigned to participate. Difficulties will be encountered in every department—a surgical team has to scrub for surgery, the medical service has its problems with laboratory and autopsy commitments. However, these problems are never insurmountable, and after a period of time a system of rounds and informal conferences can be worked out to everyone's advantage.

A strong educational committee is all-important. Its membership should be relatively stable, once

the personnel have demonstrated their willingness and ability to function. If various members must be rotated, the progress must be a gradual one, so as to assure continuity within the committee. We have found that it is important to have a member of the full-time hospital staff such as a pathologist or radiologist on the educational committee. It is advantageous also to have a separate intern committee that can meet with the interns and help solve some of their problems as well as direct the residents in assignment of duties, scheduling of their assignments and other administrative tasks. The committee should have a representative of laboratory and x-ray, anesthesia, and departments of pathology, medicine, obstetrics, and gynecology. We have also asked these various services to appoint, within their own departments, separate educational committees so that problems related to these departments can be directed to that committee rather than to the head of the department. The chief of a service usually has other duties which weaken his administrative position in the educational structure.

Probably the most important function of the educational committee, from the standpoint of maintaining morale in our program, has been a monthly meeting of a small sub-committee with the house staff. At these sessions problems directed to the house staff from the visiting staff are frankly discussed without personal reference. The house staff men are encouraged to be frank in their criticism and suggestions

regarding their part in the educational program. Providing this opportunity to speak freely and having a committee with authority to be able to give or find direct answers to their problems, has been a very essential part of the program. Insoluble difficulties of the house staff are more easily tolerated when valid reasons are presented by this committee. In addition, a great many suggestions have come from this type of meeting that have been an aid and improved the program from an educational standpoint. Changes in hospital procedures have also *been* initiated as a result, improving the care of patients.

In addition to the above specific functions of the educational committee, the departmentalization of the hospital staff, with further divisions within the departments—such as dermatology, neurology, psychiatry, etc.—create opportunities to utilize the specialty services in the teaching program.

The advantages to the student in the private hospital, whether he be an undergraduate, graduate, or post-graduate, come from the fact that private hospitals provide a wealth of subject matter. With patients available for the teaching program, the student meets with the type of individual and the kind of illness that he will know in private practice. In private in-

stitutions, and particularly in our Catholic hospitals, the student is forcefully taught the importance of good ethical practice. He is taught the economics of medicine and learns through association not to fear the Catholic hospital. He soon learns that he is not restricted in any way that will prevent him from practicing good medicine.

It is, therefore, increasingly important that Catholic hospitals assume an important function in teaching. At the intern and resident levels, our hospitals can and should provide students not only with the best scientific training but also the opportunity to observe the utmost in Catholic medico-moral principles in action. The student who has been part of a good educational program today will need little encouragement to be the teacher of tomorrow.

SUMMARY

1. Private hospitals should play an important role in medical education.
2. Medical students and new graduates should be made aware of the high quality of medicine practiced in our Catholic hospitals.
3. Experience of one large Catholic hospital illustrates the benefits of such an educational program.