

## You Trained at Mayo Clinic? Wow!

Mark A. Warner, MD



From the, Mayo Clinic College of Medicine and Department of Anesthesiology, Mayo Clinic, Rochester, MN.

Imagine the conversations at weekend bridge clubs, garden parties, and coffee shop counters in small towns across this country:

“My Dr Steinbrecker trained at the Mayo Clinic.”

“My Dr Zeller spent 2 weeks observing surgery at the Mayo Clinic.”

“My Dr Elliott went to a training course at the Mayo Clinic.”

These were more than statements—they were proud pronouncements, often accompanied by accolades.

As a boy growing up in rural western Ohio, it was clear to me that physicians in our small city, a county seat in a dairy heartland, were respected by most as stalwart citizens and revered by many for their extraordinary skills. They still made house calls; they prescribed sulfa drugs and penicillin; they cast broken bones; they delivered our best friends' baby sisters and brothers; and they operated and removed or repaired just about anything that might ail a person. In my mind's eye, I still perceive it as a near-idyllic medical environment in which the physicians were highly supportive of the citizenry and vice versa.

As kids, my brothers, friends, and I all knew of townsfolk who were sick. Small towns are like that. If people were really sick, they would go to one of Dayton, Ohio's, big hospitals or, perhaps, even over to Ohio State University in Columbus. But if they were really, really sick or no one knew what was wrong with them, they would mystically disappear for a few weeks—to somewhere called “the Mayo.” Most of us kids did not know much about “the Mayo” or that it was more than 600 miles away. However, we did know that when someone went there, it was extra special and triggered adult discussions, often after we kids were otherwise occupied and supposedly out of hearing range.

“Trained at the Mayo” was a mark of distinction that signified quality and judgment among physicians in my small city and countless other towns like them. I had faith that Mayo Clinic-trained physicians were excellent; almost everyone surely seemed to think

so. Yes, I suspect that other physicians were also of excellent quality. However, Mayo-trained physicians, even those who had been to Mayo for the briefest epochs, were perceived to heft more authority, speak more articulately and with greater eloquence, and serve more often as community leaders. Whether real or perceived, being a Mayo-trained physician was unique, special, and, to young kids, awe-inspiring because we could sense it from our parents and other adults who were credited with having great insights about such things.

### What Makes a Mayo Education Special?

Staff who work at Mayo Clinic, whether they are physicians, scientists, other health professionals, or administrative and support personnel, know that they are responsible for teaching others. It does not matter what positions they hold; we have nearly 60,000 staff members and employees who understand that one of the expectations they carry is to train their successors and others to be better than they themselves are.

This sense of responsibility is not serendipitous; it springs from a culture inspired by Drs Will and Charlie Mayo (the Mayo brothers), and it is carefully, thoughtfully, and proactively passed along. Each orientation of new Mayo staff members includes historical vignettes, aphorisms, and specific conversations about continuing education to improve themselves and shouldering responsibility to train others, whether the trainees are potential colleagues, successors, or not.

The Mayo brothers, together, were a remarkable force. By all accounts, they were great surgeons. They were visionaries, creating the multidisciplinary team model for health care delivery and leading national and international efforts to organize and improve medical care. They put their personal and institutional resources into basic and clinical research, firmly committed to advancing the science and application of medicine. Plus, in arguably their greatest moment, they gave a remarkable proportion of their personal wealth to a foundation that endowed medical education and research. The foundation, the Mayo Foundation for Medical

Education and Research, remains intact today and continues to support their vision to improve patient care in perpetuity.

This dedication to medical education did not happen by chance. Indeed, they developed the idea of sharing their knowledge with others over decades of clinical practice. They tested how to best teach others. For physicians, they first invited direct observation of their practices, and, subsequently, they selected individuals to join with them as trainees or, in Mayo parlance, fellows. For other health care providers, they imagined the type of colleagues they needed to work on multidisciplinary teams and then simply created the training programs that these colleagues needed.

One excellent example of how the Mayo brothers used education to build the workforce needed in their practices relates to their desire for safe, effective, and efficient delivery of anesthesia to their patients. During their second decade in practice, ether anesthesia was common but was difficult to deliver appropriately, and no group seemed interested in administering it. A simple solution: they taught Edith Graham, a nurse (and later Mrs Charlie Mayo), to provide anesthesia to their patients. She and subsequent nurses that she trained delivered ether anesthesia, again and again, in the rapidly growing Mayo surgical practice. With oversight by the Mayo brothers, these nurse anesthetists attained a level of competence, success, and safety that far surpassed the world's best previously reported results. As the brothers increasingly operated on sicker patients, they soon recruited physicians to organize anesthesia services and to oversee the care of their sickest patients. With their foresight, they, in essence, created and supported one of the earliest training programs in nurse anesthesia. This program, still in existence today, has the longest history of continuous service of any nurse anesthesia training program. Their recruitment of physicians to oversee anesthesia services provided by nurses and to introduce regional anesthesia (ie, neuraxial and peripheral nerve block with local anesthetics) also supported the developing specialty of anesthesiology.

### **The Surgeons Club as Their Model**

The Mayo practice of the 1880s and 1890s thrived, in part, because of the drive of the brothers to gain new knowledge. For example,

they sequentially enrolled in postgraduate courses at the New York Polyclinic for Practitioners, where they learned from Dr Arpad Gerster, one of America's leaders in aseptic surgery, who incorporated the newly advocated ideas on antiseptics espoused by Drs Joseph Lister and Louis Pasteur. These courses, augmented by observations they made during visits to leading US and European surgical practices, supported the remarkable survival outcomes they established back in Rochester.

The Mayo brothers knew that they could improve. Consequently, they soon began making separate annual trips to teaching clinics and hospitals around the world. Although they benefited from these trips, they also recognized that the teaching quality varied greatly from site to site. They noted that some physicians were reluctant to share their full knowledge. In response, the Mayo brothers vowed that they would share everything they knew with visitors. As the number of observing physicians in Rochester grew during the 1890s and early 1900s, the brothers introduced a variety of improvements that aided teaching, including adding adjustable mirrors over their operating room tables to allow better views of the surgical field by visitors, using movable operating stands that could be positioned to allow better views, and creating a Surgeons Club.

The International Surgeons Club started in 1906 to support the increasing number of physicians who came to Rochester to watch the brothers operate.<sup>1</sup> The brothers provided initial funds to rent downtown rooms in which visiting physicians could meet in the evenings and review what they had learned each day. The brothers and other Mayo physicians would gladly accept invitations from the Club's members to present lectures on topics in their fields. Hundreds of physicians from around the world were members, and, from 1908 through 1916, the usual number of visiting physicians in Rochester each day ranged from 6 to 30. During several of these years, more than half of the visitors came from cities along the American east coast or internationally. With the establishment of a formal Mayo graduate school of medicine in 1915, the educational activities available for visiting physicians diffused to various clinical and biomedical science departments, and the Surgeons Club eventually disbanded.

Download English Version:

<https://daneshyari.com/en/article/10165863>

Download Persian Version:

<https://daneshyari.com/article/10165863>

[Daneshyari.com](https://daneshyari.com)