

Sounding Board

The Graying of Grand Rounds

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Franz J. Ingelfinger, M.D.

Once upon a time, Grand Rounds, so popular and populous that they came to be held in a hospital's auditorium or similar facility, were well organized, decorous, stately and punctual exercises. The chief and other leaders of the service occupied the front rows, and behind them, in hierarchical tiers, sat staff, house officers, students and others. At the appointed hour, the case presentation began, and the patient's story was then unfolded, usually by a house officer or student so intimately acquainted with the facts that reference to written work, numbers or notes was unnecessary. Frequently, a diagram on the blackboard, or projected by a slide, would offer the audience an overview of the patient's course. The invited speaker would then discuss the patient's problems from a variety of viewpoints, ranging from possible malfunction of an enzyme system, through the implications of a certain cardiac sounds, to the consequences of domestic strife. Although honorific, a seat in the front row also imposed its obligations: emendations and possibly contradictions were expected from the service leaders. Comments and questions from the back were also encouraged. Above all, the exercise was formal, focused in its purpose, and dedicated to solving the patient's problems and to teaching the audience. Interruptions or diversions, except for real emergencies, were not tolerated. Nor was inappropriate noise conspicuous.

At present – but varying from place to place – Grand Rounds begin three, eight or 12 minutes behind schedule. Obviously, members of the audience will in turn arrive five, 10, or 15 minutes late. The progressive spiral of tardiness is inexorable once it is under way. Staff participation is spotty, and case presentations are haltingly delivered with the aid of notes.

Except for a few loners scattered in the front, the vast majority of the audience congests in the back rows, perhaps to escape a discourse that they find tedious, perhaps to respond more readily to urgent calls they will receive, or perhaps to express an egalitarian disdain of courtesy. The rear rows, some are cynical enough to suggest, also offer easy egress to those who wish to take care of other matters once their attendance has been recorded for so-called “continuing-education” credits. Whatever the reason, the distribution of the audience imperils the speaker's communication. Instead of live bodies in immediate proximity, he or she is confronted by rows of empty seats. The listeners, precipitated as if by centrifugation in the rear, must be reached via the microphone rather than by eye-to-eye contact, and the stimulus that the speaker receives from a responsive audience is dampened by the oppressive void that separates the providers and consumers of communication.

But the most erosive feature of today's Grand Rounds is the devastating din, with its most relentless component, the insistent beeper. At intervals of 90 ± 15 (1 S.D.) seconds, someone's beeper growls and squeals, to be followed by a croaking voice demanding the attention of this or that member of the audience. The one being summoned, as a rule, is slow in turning off the infernal device, and seats rattle and bang as he leaves the auditorium. “In the recognition of thyroid dysfunction,” the speaker says,

“the most crucial...” – “Beep, blap, wheep,” erupts some beeper, and whatever is “most crucial” in the speaker’s mind remains a mystery forever to those who entered the hall to hear ideas, not cacophony. In some hospitals, moreover, the individual “beeper” is supplemented by a general loudspeaker system that accompanies the progress of Grand Rounds with an audible but unintelligible background obligato.

Noises extraneous to the auditorium’s wall contribute to the acoustic tumult. Somehow, in spite of the limitations imposed by determinations of need and by alleged near-bankruptcy, our hospitals seem to build or renovate incessantly. Pile drivers thump and pneumatic drills disintegrate surfaces laid down, it seems, but a few weeks earlier. Or in some adjoining room, hammers and circular electric saws bang and reverberate in recurrent bursts. Beep, thump, rat-a-tat-tat and buzz obliterate whatever wisdom or folly the speaker chooses to advocate.

Many of the acoustic distractions of Grand Rounds could be eliminated by insistence on, and firm adherence to, due process. Rigorous punctuality, once instituted, perpetuates itself. Calls via beepers can be screened to filter out all but essential messages. The extraneous noises of construction are less subject to control, but if the economic pinch is really so serious, and hospital expenditures will be capped, perhaps these unhappy financial constraints will achieve not only cost containment but, as a silver lining, noise containment.