



*As far as I knew,
this person could
just as well have
been employed in
Outer Mongolia.*

Towers and moats

Stuart E. Mirvis, MD, FACR

Although I relate the following comments from personal experience, I have perceived from numerous conversations over many years with faculty at other institutions that the issue discussed is universal within large academic medical centers.

After giving a lecture about 7 years ago, I was stopped outside the lecture hall by a young radiologist. She had a question about a certain computed tomography (CT) procedure I had mentioned in my talk. I answered her question as best I could and then asked her how she did the study in her department. Much to my embarrassment she said, "What do you mean? I am in your department." I did not recognize her or her name. She had been on the department faculty for 2 years at that point.

More recently, one of the faculty in our section got into a rather acrimonious discussion with another physician about why a certain CT study had not yet been reported. They had exchanged names before things became heated. Ultimately, it came out that the two were both radiologists in our department who had apparently never met, or if so, did not recall each other. One was about to take over reading cases for affiliated community radiology departments and was concerned that one or two CTs were "left" unread before his coverage shift was to start.

My wife and I were having dinner with good friends. They mentioned the name of someone they knew who worked in my

department, but as far as I knew, this person could just as well have been employed in Outer Mongolia. Clearly, my lack of recognition was confusing to them.

At an event to which the entire department is invited, like the annual graduation party, I do not recognize about half the people in the room, at least a quarter of whom are faculty or fellows working in the department. I cannot attribute this to introversion (something no one has ever accused me of), faulty memory, or lack of attention skills. If I ask any of my section colleagues or faculty from other sections I do know well, they all have the same sense that they may be at the wrong party given all these strangers.

When I started in practice as an academic radiologist, there were 16 other faculty in the department. For better or worse, I knew them all quite well. I knew who was married, who had children, what their hobbies were, what their habits were, and who to steer clear of. This was true because I had done residency and fellowship in the same department, but I believe everybody was very familiar with all their colleagues, except the 1 or 2 typical recluses.

Over the years, the staff has swelled to about 60, and we have moved physically farther away from one another. Our section is quartered in another building rather distant from the main department. I think I know where the mammographers work, but have never actually been there. I doubt the folks in Nuclear Medicine know where our section

Dr. Mirvis is the Editor-in-Chief of this journal and a Professor of Radiology, Diagnostic Imaging Department, University of Maryland School of Medicine, Baltimore, MD.

works or perhaps even that we exist. Besides physical separation, our subspecialties have become more narrowly focused providing less overlap between the types of cases interpreted by the various sections. Case material is chopped up rather finely to make sure each body part gets assigned to the right place. As emergency radiologists, our section covers many subspecialties, so we probably exchange opinions more with other sections than they do among themselves.

So why does this happen, and what difference does it make? OK, gone are the days when we had an official department welcoming party at the beginning of each academic year. Not everyone came, but many did, and you always got to meet a few new staff and usually their families. Now, new faculty members are asked to stand up at the first staff meeting of the year, their names and sections are mentioned, and they sit down. Not a lot of detail there. The section heads meet regularly, but there are few opportunities for other faculty to hang out together. Staff meeting attendance can be pretty spotty. The Christmas party is still the best venue to meet each other, but once the music starts, having a conversation becomes challenging. I used to think the idea of faculty retreats was pretty phony and forced, catching colleagues (or not) as they fall backwards to develop trust. Now, I wonder if retreats would in fact be a good idea.

My sense is that subspecialty sections maintain a low-level, or not so low, animosity towards other subsections for a variety of real or perceived reasons. Salary (that information gets out), workload, academic productivity, equipment, space, number of fellows, reputation, recognition, and so on are among many of these factors. The notion that different sections are the “other people,” the “outsiders” whose interests are not aligned with ours, takes hold. Sections evolve into little fiefdoms with

towers and moats surrounding them. It is never a good thing when the interests of individual sections compete with the interests of the entire department. The best way to verify this phenomenon in academic departments is to ask residents who hear a lot about politics as they rotate through various sections. With a lack of personal interaction, common goals, mutual respect and support, the entire enterprise suffers, and the potential for departmental success recedes. This situation is not pervasive, but probably exists to some extent in most, especially large, academic departments.

While some types of competition among department sections may have positive overall effects, my belief is, to the extent that such smoldering antagonism exists, it stifles collaboration, wastes energy, impairs and delays achieving department objectives, and sours the work atmosphere. I do not know the best solution to this problem; maybe consultation with a social psychologist is one answer. I do believe that being well acquainted with co-faculty and the types of challenges and circumstances they face in their particular work would move those people from the “them” into the “us” category.

More opportunities for social- and work-related interaction should help. Perhaps each faculty member should spend a few days a year working or observing in another section. Emphasizing shared goals, collaborative research, involvement of all faculty members interacting on a variety of committees, and creating incentives for cooperation to achieve specific operational improvements would help resolve divisive issues. At least for some people, just getting together routinely at “happy hour” might suffice.

The construction of towers and moats within departments reflects human nature, but they can be torn down and filled in only if we admit they’re there.

**APPLIED
RADIOLOGY**

R A D I O L O G I C A L C A S E

Call for Radiological Cases

Applied Radiology is once again accepting radiological cases
for publication in the journal either in print or online.

Visit <http://www.appliedradiology.com/Author-Guidelines.aspx> to download
information about our criteria and about how to submit your case for review.