

INSTITUTIONAL FACULTY EXCHANGE*

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Faculty exchange is a practice which I think everyone here is familiar with. The Institute of Hygiene has on a number of occasions participated in some such program and the College of Medicine has benefited from the services of a number of distinguished professors, a practice which by my definition is a modification of inter-institutional faculty exchange. Expressed in its barest fundamental, the practice consists in nothing more than that a faculty member in one institution is sent to another, and in exchange, the latter institution sends to the former, one from its corresponding faculty ranks. This may be carried on at any level from department head to residents; and such is being carried on in places abroad. In any case, the guest faculty member is expected to do exactly the same work that he is doing in his mother institution except that will be doing it under a different set of circumstances and academic climate prevailing in the host institution. There may very well be exceptions, but I believe that in general both institutions profit from the exchange, if only as a result of the exchange of ideas at least among the faculty members in the specialty field covered by the program.

The Visiting Professor's program as has been practiced is a rather unilateral set-up because one institution becomes the beneficiary of the services of a faculty member from another without its sending in exchange one from its own staff. You will realize, however, that even in this set-up the exchange of ideas also takes place to a greater or lesser degree. The desirability of the practice can hardly be questioned. Its applicability and implementation is, of course, another mat-

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ter. From the financial angle alone, it becomes apparent that we can hardly afford being engaged in the unmodified faculty exchange program. Certainly, it will be next to impossible for our faculty member to say abroad on the salary he receives here; and it will be sheer folly to imagine that the exchange faculty member will be happy with a salary which is less than what he receives in his mother institution, an amount which we are not in a position to offer. In the case of visiting professors, the problem does not arise for the simple reason that their salaries and probably all their expenses are paid for by some philanthropic foundation. Obviously, however, it is a set-up which is beyond our control and like all windfalls, when the next one will come is as unpredictable as the weather.

What makes the implementation of the program more difficult is the fact that the people involved are usually of professorial ranks and therefore those of the higher salary bracket. Under these circumstances, it is obvious that an unmodified inter-institutional faculty exchange though very useful is a luxury we can hardly afford. At this juncture, I think it would not hurt us one bit if we pause and take a look. Let us examine the local scene, recognize our needs and shortcomings and then find out if in some way or another a modified form of faculty exchange will be applicable here. The proposal I wish to make is being offered in the light of these considerations.

You will find it surprising, I trust, that my proposal should be concerned primarily with the clinics, at the resident level, to be specific, in which ranks it was my good fortune to be identified for seven and a half years. It is a program I would have welcomed during that time and I believe would be as welcome to the present incumbents. Throughout these years and to this day, we are completely dependent upon scholarships and fellowship grants which are so few and to the less fortunate so inaccessible. My proposal has nothing to do with the present set-up in so far as the exchange professors and the visiting professors are concerned, nor is it concerned with the scholarships and fellowships which are offered to us from time to time. We are certainly together in our

earnest hopes that we may have more of these windfalls and handouts.

My proposal is something in addition to this, something we can control and implement. One year's stay in an acceptable teaching hospital in the United States may be considered a part of our residency training program. All of us who have served residencies abroad can confirm my statement that we can guarantee the material and there is no difficulty at all in securing a residency in the department or hospital in which we have worked. This hardship of the program will certainly be even more ameliorated if the resident concerned is given the glamorous appellation of a visiting resident physician and if preliminary arrangements are made on an institutional level. Furthermore, if carried on at this level, another problem becomes automatically solved, the problem of whether this or that hospital is acceptable or not. I propose that this assignment be made in the fourth year of our five-year residency program or at the fifth year, if we are a bit apprehensive that the three-year previous training will not be adequate to prepare a potential exhibit of our clinical acumen in an ambassador of good will, and if we are willing to lengthen the resident's stay to six years. It follows that after this year's study or stay abroad, the resident is better prepared to serve as the senior resident of the department concerned.

The benefits to be derived from the program are surprisingly numerous. First, that the institution will benefit follows, if we accept the original thesis that the exposure of our staff to other ideas and its broadening effect on academic vision will ultimately redound to the benefit of the institution that he serves. There is very little doubt in my mind also that the other members of the staff will find application for and usefulness of at least some of the fresh ideas that the resident is bound to bring home with him. Needless to say, the resident concerned will be benefited most of all. Also, the realization that his institution is exerting extra efforts for his training is bound to instill in the resident a real feeling of loyalty, a plus value in the institution's ledger.

The first lively, almost solitary, effect it will have on the resident is the inescapable realization that a resident's job

here, as the Dean said in a jest, is "chicken" compared to a resident's job over there. That will be a resident with a full-time job, but with the possible exception of the chief resident, private practice cannot be engaged in at the same time. Incidentally, in the United States, even the chief residents are not allowed to practice privately.

Second, the fact that a position awaits him here is an incentive for him to return: At least part of the hesitancy to send some people abroad is the thought that they might not return to serve the institution afterwards. On the other hand, members of the staff are equally apprehensive to go abroad if they are not assured of a place upon their return. Nurses, in their desire to improve themselves, may find themselves in second rate hospitals and should they succeed in getting into good hospitals, they may end up with a training but without a job, holding the bag so to speak. They would be like the Jew who did not believe in heaven or hell and on whose death a sympathetic mournful friend remarked, 'Oh, Sam, all dressed up and no place to go'. There are other incentives for them to return and deterrents to their staying away but shortage of time will not allow me to expand on them now.

There is yet another benefit that may result from the plan. If I am informed correctly, there are a number of hospital residencies that are still unfilled and have been unfilled for quite sometime now. I feel that with such an inviting residency set-up, we will have more qualified applicants for these positions. This plan is my proposal. I believe that it will be to the greater advantage of our institution, if we are to exploit more fully the principles of inter-institutional faculty exchange. We can dream of times when we can afford more exchange professors and hope that we may receive more visiting professors, but we can always send our own visiting residents.

Inter-institutional faculty exchange with local universities arises as the next logical question. I have no doubts it is also desirable to a certain degree, but strange as it may seem, it is beset with greater difficulties and complications. I am not even sure that such a set-up will be acceptable in the professorial ranks in the basic courses for reasons which

are not really so imponderable. And even in the clinical courses, as I see it, except for solitary appearance in conferences and other group discussions, no arrangement can be done which is mutually satisfactory. And at the resident's level, I am afraid that exchange residents or visiting residents would not be practicable. The "why's" and "wherefore's" of this training is, I believe, best gleaned from the fact that the desire of other local universities to send their interns to our hospital is equalled only by the feeling of frustration we would have with the thought of sending our interns to theirs.