

EDITORIAL

Making Rounds: Our Profession's Finest Tradition

John F. Kennedy said, "Success has many fathers, failure is an orphan." So it is with making rounds. Some claim that bedside teaching rounds for medical students began in 1543 at the University of Padova, Italy by Giovanni Battista De Monte and was further developed in 1658 at Leiden University, Netherlands, by Franz de le Boe.¹

Others assert that the origin of rounds can be traced to the 17th century at the Hospital de la Charite in Paris.² In North America, most physicians acknowledge that "ward rounds" were popularized by Doctor William Osler at Johns Hopkins Hospital who popularized bedside teaching in the late 19th century.² The Hopkins origin of "rounds" is further identified by the recognition that the Johns Hopkins Hospital had a circular ward where Osler made his "rounds" to see patients.³

In the modern era, "rounds" have evolved into several formats. First, "pre-round rounds" occurred to collect clinical data before making bedside rounds with the chief resident prior to going to the operating room. Second, "attending rounds" usually based in some form on the Osler paradigm would occur on a regular basis. Third, "grand rounds" usually a weekly or monthly event were held in an amphitheater or auditorium with the entire department; medical students, residents and attendings in attendance. Now with the advent of Zoom and similar electronic advances, the urology department at U.C. Irvine has initiated, "Grandest Rounds" which are broadcast extramurally to physicians outside the institution.

As mentioned, the legendary Sir William Osler at Johns Hopkins Hospital is credited with the promulgation of attending rounds in North America. In fact, in his 1905 farewell address to the Johns Hopkins staff, he remarked that he thought that his greatest accomplishment in the field of medical education was, "teaching medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do."¹

In contemporary times, most institutions have both attending walk rounds on the floors and then a more formal weekly or monthly "grand rounds" in the hospital lecture hall that may be devoted to challenging case presentations or review of a clinical topic.

In my own experience, my chief of urology was Doctor Ben Gittes. Each Saturday morning, Ben and the other attendings would meet with all of the urology residents on the highest floor in the hospital where there was an in-patient on that particular day. The choice to begin rounds on the highest floor was not arbitrary. By doing that, the cadre of urologists could proceed from floor to floor via the stairwells, thereby avoiding the need to waste time waiting for the elevators.

Ben was a genius at extemporaneously getting to the quiddity of a clinical quandary and to effortlessly recall publications relevant to the matter being discussed. Residents were eager to benefit from his knowledge and wisdom and would appear at 8 a.m. on a Saturday morning. It was never explicitly stated, but scrub suits were not permitted. Everyone, including those who had been on-call the night before were expected to be showered,

shaven and dressed with a shirt and tie. This was the era when urology was still a male-dominated specialty. In the decade of the 1980s, there was only one female urology resident who came through the residency program. So "shaven" was not chauvinistic, it was reality. Residents did not have the money for wardrobes, so most would wear a blue blazer with their shirt and tie. Saturday morning urology rounds with Ben Gittes soon became known throughout the hospital as "Blue Blazer" rounds.

After "Blue Blazer" rounds, the entourage would walk over to the 5th floor conference room in Countway Library at the medical school where community urologists from the region would join the residents and academic attending staff to listen to three case presentations. Complimentary coffee and donuts were provided by pharmaceutical representatives at the rear of the conference room.

Times change and so do "grand rounds". A few years ago, the UC Irvine faculty, led by Doctors Landman and Clayman inaugurated "Grandest Rounds" which can be accessed via the Internet and incorporate many state of the art media presentations.

The medical profession and clinical practice continue to evolve as does our didactic teaching and grand rounds. That continuum began in Europe, continued through Osler and remains vibrant today whether it be in person or virtually is part of the fabric of our profession. It is a tradition of which we should all be quite proud-making rounds.

Kevin R. Loughlin, MD, MBA

*Vascular Biology Research Laboratory
Boston Children's Hospital
300 Longwood Avenue
Boston, MA, USA*

References

1. Bassetti S, Arpagaus A, Gssi F et al. The medical ward round: evidence, pitfalls and tips. *Eur J Intern Med* 2025;138(2):29–34. doi:10.1016/j.ejim.2025.05.004.
2. The enduring legacy of grand rounds. [cited 2025 Nov 15]. Available from: medlink.com
3. Arora V. Rounds: are we spinning our wheels? The hospital leader, official blog of SHM. [cited 2025 Nov 15]. Available from: <https://blog.hospitalmedicine.org/about/>.