

From the Editor Collaboration

Warren Bennis and Patricia Ward Biederman's best-selling book, *Organizing Genius: The Secrets of Creative Collaboration* (1), is a collection of carefully told stories about world class creative collaborative efforts, including the Palo Alto Research Center (PARC), Apple, the Skunk Works, and the Manhattan Project. Each produced phenomenal results. The authors provide a wealth of valuable insights, including 15 basic lessons from these successes and opportunities. This book exposes the power of creative collaborative groups. The quintessential example of collaboration from our field is the pioneering effort of Sir Alfred Blalock, a brilliant surgeon and researcher; Helen Taussig, a gifted cardiologist, and Vivian Thomas, a technician with the extraordinary ability to design instruments and to refine the surgical procedures invented in the animal laboratory. Together, their collaborative genius addressed the complex pathophysiology of insufficient pulmonary blood flow by changing the the path of blood flow in children. Their work paved the way for future innovative surgical techniques and technological advances, including cardiopulmonary bypass.

More recently, collaborative efforts are emerging to address the enormous and complex dilemma of finding direction in the vast breadth and variable quality of the published literature on clinical care and interventions. One of the visionaries who recognized this growing problem was Archie Cochrane. In 1979, he wrote, "It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials (2)." His work provided a model for clinicians to use as they work together to improve health care decision-making globally, through systematic reviews of the effects of health care interventions.

There have been several recent collaborative groups that have sought to synthesize the published literature related to cardiac surgery. The American College of Cardiology and the American Heart Associations collaborated to publish guidelines for coronary artery bypass surgery in 1999 (3) and subsequently updated them in 2004 (4). More recently, Shann and an international multidisciplinary group that included perfusionists, surgeons, epidemiologists, and anesthesiologists, published guidelines related to preventing brain injury during routine cardiopulmonary bypass (5). The guidelines include a summary of the literature and eight specific recommendations, along with classification of the recommendation and the evidence. Last year, the Society of Cardiovascular Anesthesiologists and the Society of Thoracic Surgeons assembled a task force of 17 surgeons and anesthesiologists that synthesized >750 published studies on blood conservation and transfusions in cardiac surgery to arrive at a highly organized summary of 56 specific recommendations for clinicians (6).

What is the value of these collaborative guidelines and how

should we use them? The guidelines provide clinicians with succinct recommendations, along with a rating of the strength of the scientific underpinnings of each recommendation. They are of value for the assessment of practices, and they identify areas where the evidence is limited and where more well-designed trials are needed.

In this issue, we publish the work of Diodato and colleagues from the Northern New England Cardiovascular Disease Study Group. The authors used registry data to prospectively measure regional perfusion practice related to the guidelines published by Shann and colleagues. Their preliminary report clearly identifies areas where practices in the region were in agreement with the recommendations and areas where there were gaps between the guidelines and local practice. These gaps identify areas where there are perhaps opportunities for improvement or perhaps the need for further study to understand the dissonance. Likewise, this guidelines may be used for assessment at a single center or globally.

The time is ripe for professional societies to work collaboratively in an effort to provide information that will provide practical and sound guidance for clinicians.

"None of us is as smart as all of us."

Warren Bennis

Robert C. Groom, MS, CCP
Editor-in-Chief

Editor's note: Robert Groom is a member of the Northern New England Cardiovascular Disease Study Group and co-author of the paper by Diodato and colleagues. Peer review and editorial decision on this paper was assigned to Julie Wegner, CCP, PhD.

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