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**Literature search results**

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**Search details**

Effectiveness of ward rounds, new ways of running a ward round, efficiency of ward rounds.

**Resources searched**

NHS Evidence; CINAHL; EMBASE; HMIC; MEDLINE; Google

*Database search terms*: “ward round” “teaching round”

*Google search string*: effective OR efficient OR guideline OR best practice AND ward round

**Summary**

I have arranged the research results under the following headings for clarity:

Organisation & Administration of Ward Rounds
Evaluation & Discussion of Ward Rounds
Initiatives & Innovations
Attitudes to Ward Rounds (Staff and Patients).
Guidelines

NHS Institute for Innovation and Improvement: Releasing Time to Care: The Productive Ward programme comprises 13 modules which are designed for self directed learning at ward level, and two additional guides (Executive Leader's Guide and Project Leader's Guide) which, combined with the other modules provide a no nonsense structure for implementing the Productive Ward.

The Ward Round Module aims to: ensure clarity of outcome and clear planning from ward rounds while making the ward round quicker and more consistent.

The Module and the Leader's Guide are attached with these search results.


Evidence Summary

Multidisciplinary Ward Rounds: A Resource. New South Wales Department of Health

In the report of the Special Commission of Inquiry – Acute Care Services in NSW Public Hospitals (the Garling Report), Peter Garling SC noted that “generally speaking, allied health professionals are not included in ward rounds. This appears to be due, in part, to the hierarchical structure of the health professions, and partly to the fact that allied health professionals are so over-stretched that they are unable to dedicate the required time to a ward round”.1 Development of this document has been informed by consultation with medical, allied health, nursing, administration, clinical risk and governance and NSW Department of Health staff. In addition, a comprehensive literature search that examined thirty seven articles was undertaken and several Multidisciplinary Ward Rounds (MDWR) in practice were observed.


Examples of Best Practice

NHS Institute for Innovation and Improvement – Dr Gordon Caldwell

Dr Gordon Caldwell has created a post take ward round instant assessment and feedback process which is working well at Worthing Postgraduate Medical Centre.

Follow the link to read the case study.

www.foundationprogramme.nhs.uk/pages/trainers/sharing-best-practice#Feedback-process

Report of Findings from Visit to Worthing Hospital to see Dr Gordon Caldwell’s Post Take Ward Round Process Delivering Safer Care

http://www.carebydesign.org/blog/ward-round-process-delivering-safer-care

Proactive Ward Round in Luton June 2008

Follow the link to read the case study.


NHS Institute for Innovation and Improvement – Beccy McGeehan

I have been programme coordinator for Releasing Time to Care - the Productive Ward. As part of this wards and their staff are asked to measure the amount of time spent undertaking different activities. This initially is to calculate the direct care time for one of their average staff nurses. They also measure the time taken to undertake different ward processes enabling them to reduce the "waste" within that process to make it more effective, reducing the time it takes. This time can then be reinvested in patient care. This particular ward have also used video to measure and share their current state for processes
enabling them to make powerful improvements as a team from the ward domestic to the consultants. The most powerful improvement this ward made was undertaken by timing and filming the ward round.

Follow the link to read the case study.

http://tinyurl.com/7oubpuy

Teaching and Learning ‘At the Bedside’

Dr Deborah Gill MBBS MRCGP MMed ILTM Senior Lecturer in Medical Education, Academic Centre for Medical Education, Royal Free and University College Medical School

This paper was first written in 2003 as part of a project led by the London Deanery to provide a web-based learning resource to support the educational development for clinical teachers. It was revised by Judy McKimm in 2007 with the introduction of the Deanery’s new web-based learning package for clinical teachers. Each of the papers provides a summary and background reading on a core topic in clinical education.

Follow the link to read the case study.

www.faculty.londondeanery.ac.uk/e-learning/explore-further/teaching_and_learning_at_the_bedside.pdf

Modelling of the Ward Round Process in a Healthcare Unit Abid Ali Fareedi, Vladimir Tarasov,
School of Engineering, Jönköping University, Jönköping, Sweden

Follow the link to read the case study.


MEDIC WARD Tool at Portsmouth Hospitals NHS Trust

A tool designed in conjunction with the Hospital at Night scheme at PHT to increase ward round effectiveness and patient safety by acting as a trigger, ensuring reliable coverage of daily management aspects with the aim to provide complete team led management plans, reduce rate of failure to identify patient safety risks and ultimately reduce on-call job pressure by early identification of issues by the team. MEDICSWARD is a management mnemonic highlighting essential and often poorly addressed areas of patient care that should be reviewed daily. If used correctly it may also reduce job frequency through the hospital at night system as well as encouraging thorough documentation of management plans.

Follow the link to read the case study.


Published research

Organisation and Practice of the Ward Round

Title: Quality and safety at the point of care: how long should a ward round take?

Citation: Clinical Medicine, February 2011, vol./is. 11/1(20-2), 1470-2118; 1470-2118 (2011 Feb)

Author(s): Herring R, Desai T, Caldwell G

Institution: Worthing Hospital, Western Sussex NHS Trust. roselle.herring1@btinternet.com

Language: English

Abstract: In April 2009 a 'considerative checklist' was developed to ensure that all important aspects of care on a team’s routine and post-take general internal medicine ward rounds had been addressed and in order to answer the question: How long should a ward round take, when conducted to high standards of quality and safety at the point of care? The checklist has
been used on 120 ward rounds: 90 routine ward rounds and 30 post-take ward rounds. Overall, the average time per patient was 12 minutes (10 minutes on routine rounds and 14 minutes on post-take rounds). The considerative checklist has encouraged and enabled documented evidence of high quality and safe medical care, and anecdotally improved team working, communication with patients, and team and patient satisfaction.

**Country of Publication:** England

**Publication Type:** Journal Article, Review

**Source:** MEDLINE

**Title:** The ward round - Pulling together

**Citation:** Australian and New Zealand Journal of Psychiatry, May 2011, vol./is. 45/(A40), 0004-8674 (May 2011)

**Author(s):** Kirszenblat J.

**Institution:** (Kirszenblat) Alfred Hospital, Melbourne, Australia

**Language:** English

**Abstract:** The consultation-liaison ward round is a hallowed hospital tradition. This paper examines the ward round from a number of perspectives including contemporary models of learning based on principles of computational and cognitive science, and Wilfred Bion's theory of groups and group experiences. The aim of the paper is to demonstrate that the ward round is a legitimate object for study. The paper will show that: (a) the ward round can be conceptualised as a model of thinking that has important implications for clinical work; (b) the ward round is a key activity that transforms novice psychiatrist trainees into expert psychiatrists; (c) the ward round is a political arena that encloses professional tensions, power relationships and ideological tensions and their current states of play within an hospital; and (d) the ward round is an indispensable collective activity with roots in evolutionary biology and it is the most important activity conducted by a consultation-liaison service because of its clinical, political and ethical dimensions.

**Conference Information:** Royal Australian and New Zealand College of Psychiatrists, RANZCP Annual Congress 2011 Darwin, NT Australia. Conference Start: 20110529 Conference End: 20110602

**Publisher:** Informa Healthcare

**Publication Type:** Journal: Conference Abstract

**Source:** EMBASE

**Title:** Teaching on the AMU ward round.

**Citation:** Acute Medicine, 2011, vol./is. 10/3(133-5), 1747-4884;1747-4892 (2011)

**Author(s):** Cooper N

**Institution:** The Leeds Teaching Hospitals NHS Trust, St James’s University Hospital, UK. nicola.cooper@leedsth.nhs.uk

**Language:** English

**Abstract:** AMU ward rounds can be busy, and many consultants feel they are 'too busy to teach'. Yet the AMU is a rich learning environment. If we take the starting point that teaching is not the same as learning, how can consultants facilitate learning during a busy AMU ward round? Opportunistic teaching requires some planning but can easily be incorporated in to the business of the working day. Good educational practice requires some knowledge however. This article aims to give physicians some understanding and tips on teaching on the AMU ward round.

**Country of Publication:** England

**Publication Type:** Journal Article

**Source:** MEDLINE
Title: Giving a grand rounds presentation.

Citation: Journal of Palliative Medicine, December 2010, vol./is. 13/12(1477-84), 1557-7740:1557-7740 (2010 Dec)

Author(s): Morrison LJ, Portenoy R

Institution: Department of Medicine, Section of Geriatrics, Baylor College of Medicine, Houston, Texas 77030, USA. lmorriso@bcm.edu

Abstract: Giving a Grand Rounds presentation provides the hospice and palliative medicine subspecialist with the occasion to participate in a time-honored and respected event. It remains an opportunity to promote the discipline, support institutional culture change, and favorably influence the attitudes, knowledge, skills, and performance of colleagues. For those pursuing academic careers, it also is a chance to establish academic currency and develop teaching and presentation skills. In most academic settings, the format of Grand Rounds has shifted over time from a patient and problem-based discussion to a didactic, topic-focused lecture. A body of literature questions the value of this shift toward a more passive learner. Limited evidence prevents a definitive answer but many advocate for the integration of more interactive methods to improve the effectiveness of Grand Rounds. This article provides a flexible framework to guide those preparing to give a Grand Rounds and those teaching and supporting others to do so. To do this well, adult learning principles must be thoughtfully incorporated into a presentation style and method appropriate to the venue. The approach emphasizes learner-centeredness, interactive strategies, and evaluation. Room for creativity exists at every step and can add enjoyment and challenge along the way.

Country of Publication: United States

Publication Type: Journal Article, Research Support, U.S. Gov't, P.H.S.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

Title: Relationships of the location and content of rounds to specialty, institution, patient-census, and team size.

Citation: PLoS ONE [Electronic Resource], 2010, vol./is. 5/6(e11246), 1932-6203:1932-6203 (2010)

Author(s): Priest JR, Bereknyei S, Hooper K, Braddock CH 3rd

Institution: Seattle Children's Hospital, Seattle, Washington, USA. James.Priest@seattlechildrens.org

Abstract: OBJECTIVE: Existing observational data describing rounds in teaching hospitals are 15 years old, predate duty-hour regulations, are limited to one institution, and do not include pediatrics. We sought to evaluate the effect of medical specialty, institution, patient-census, and team participants upon time at the bedside and education occurring on rounds.METHODS AND PARTICIPANTS: Between December of 2007 and October of 2008 we performed 51 observations at Lucile Packard Children's Hospital, Seattle Children's Hospital, Stanford University Hospital, and the University of Washington Medical Center of 35 attending physicians. We recorded minutes spent on rounds in three location and seven activity categories, members of the care team, and patient-census. RESULTS: Results presented are means. Pediatric rounds had more participants (8.2 vs. 4.1 physicians, p<.001; 11.9 vs. 2.4 non-physicians, p<.001) who spent more minutes in hallways (96.9 min vs. 35.2 min, p<.001), fewer minutes at the bedside (14.6 vs. 38.2 min, p = .01) than internal medicine rounds. Multivariate regression modeling revealed that minutes at the bedside per patient was negatively associated with pediatrics (-2.77 adjusted bedside minutes; 95% CI -4.61 to -0.93; p=.001) but positively associated with the number of non-physician participants (0.12 adjusted bedside minutes per non physician participant; 95% CI 0.07 to 0.17; p = <.001). Education minutes on rounds was positively associated with the presence of an attending physician (2.70
anatomy of the ward round: the time spent in different activities.

Country of Publication: United States
Publication Type: Journal Article, Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available in fulltext at National Library of Medicine

Title: Anatomy of the ward round: the time spent in different activities.
Citation: ANZ Journal of Surgery, December 2010, vol./is. 80/12(930-2), 1445-1433;1445-2197 (2010 Dec)
Author(s): Creamer GL, Dahl A, Perumal D, Tan G, Koea JB
Institution: Department of General Surgery, Auckland City Hospital, Grafton, New Zealand.
gowananddiane@gmail.com
Language: English
Abstract: BACKGROUND: The ward round, central to inpatient care, has not been well studied. One recent trend is for hospitals to run at capacity by placing 'overflow' patients into 'outlying' beds. Bed occupancy rates are increased and ward rounds may require visits to many wards. The present study aims to identify the time spent in different activities on general surgical ward rounds, with particular reference to the impact of outlying patients.METHODS: For 4 days, the morning ward round was observed. Activity was timed to the second. The resulting data were analysed to compare outlying wards, acute wards and home ward patients.RESULTS: Seven hours and 7 min of ward rounds were documented. One hundred ten consultations were observed. Four hours and 4 min were spent at the bedside (58%). Sixty-six minutes were spent in transit between wards. The average times spent at the bedside and in patient discussion were similar for the different ward types. The mean average time per patient was nearly doubled for outlying patients compared with home wards (5:40 min versus 2:57 min, respectively). Although patient discussion and consultation were longer for outlying patients, most of the increased time was related to time travelling between wards (2:16 min average per patient consultation).CONCLUSION: Most of the time spent on surgical ward rounds is in patient contact. Travel time to outlying patients for morning ward rounds is more than an hour per week.

Country of Publication: Australia
Publication Type: Journal Article
Source: MEDLINE

Title: 'Team Teach': a novel approach to ward round teaching.
Citation: Medical Education, May 2010, vol./is. 44/5(499), 0308-0110;1365-2923 (2010 May)
Author(s): Crawshaw A
Institution: Oxford Centre for Respiratory Medicine, Churchill Hospital, Oxford, OX3 7LJ, UK.
anjalicrawshaw@me.com
Language: English
What was done A new teaching tool was designed and utilised on business ward rounds in a busy district general hospital. The team starts the ward round together. At certain cases or after discussion points, team members at different stages of training leave the round in pairs. The senior trainee teaches the more junior about the case or condition. Uncertainties are reviewed using resources available on the ward (Internet, pocket textbooks) and the senior
trainee ensures the junior has learned five key points. The pair rejoin the ward round and the junior trainee teaches these key points to the whole team. Higher-level discriminators can be discussed with the senior trainee taking the lead in answering. More than one pair can be involved in separate learning activities at any one time.

Country of Publication: England
Publication Type: Journal Article
Source: MEDLINE
Full Text:
Available in fulltext at EBSCO Host

Title: The art of the ward round.
Citation: British Journal of Hospital Medicine, May 2009, vol./is. 70/5(M71-3), 1750-8460:1750-8460 (2009 May)
Author(s): Ahmed A, Rutter P, Neequaye S
Institution: Wexham Park Hospital, Slough.
Language: English

Ward rounds are an essential part of hospital practice, providing regular contact between doctors, nurses and their patients. The ward round allows evaluation of the patient and planning of his/her care as well as valuable social interaction. The most valued trait of a foundation doctor is organization, and this is most applicable in the planning and execution of the ward round. The following gives undergraduates or newly qualified doctors a taster of what to expect, as well as some advice on how to be prepared.

Country of Publication: England
Publication Type: Journal Article
Source: MEDLINE
Full Text:
Available in fulltext at EBSCO Host

Title: 'The productive ward round': a critical analysis of organisational change
Citation: International Journal of Clinical Leadership, 2008, vol./is. 16/4, 1757-297X
Author(s): Grant, Paul
Language: English

Abstract: The 'Productive Ward' project is based on an initiative from the USA. 'Transforming Care at the Bedside', which aims to use 'lean' methodology, borrowed from the Toyota corporation, to maximise the efficiency and productivity of patient care in a very pragmatic manner. The authors study utilises the McKinsey 7S model to critically analyse the implementation of this type of transformational change. Doctors may agree that their working practices are outmoded and inefficient, but bringing about change will be difficult if the culture and attitudes of doctors are not acknowledged. There are significant areas of non-alignment (structure, shared values and style) that may be barriers to change unless they are appropriately addressed. Ultimately, this will be difficult because the way in which the ward round is currently designed is for the convenience of doctors. The productive ward vision is designed for the convenience of nurses. The authors perhaps need to find some common ground whereby it is actually modelled on the convenience of patients, but without some stark changes in medical culture this will be hard to bring about. Cites numerous references.
Publication Type: Article
Source: HMIC
Title: Anatomy of the ward round.

Citation: European Journal of Internal Medicine, July 2008, vol./is. 19/5(309-13), 0953-6205;1879-0828 (2008 Jul)

Author(s): O'Hare JA

Institution: Department of Medicine, Mid-Western Regional Hospital, Dooradoyle, Limerick, National University of Ireland (Cork), Ireland.

Language: English

Abstract: The ward round has been a central activity of hospital life for hundreds of years. It is hardly mentioned in textbooks. The ward round is a parade through the hospital of professionals where most decision making concerning patient care is made. However the traditional format may be intimidating for patients and inadequate for communication. The round provides an opportunity for the multi-disciplinary team to listen to the patient's narrative and jointly interpret his concerns. From this unfolds diagnosis, management plans, prognosis formation and the opportunity to explore social, psychological, rehabilitation and placement issues. Physical examination of the patient at the bedside still remains important. It has been a tradition to discuss the patient at the bedside but sensitive matters especially of uncertainty may better be discussed elsewhere. The senior doctor as round leader must seek the input of nursing whose observations may be under-appreciated due to traditional professional hierarchy. Reductions in the working hours of junior doctors and shortened length of stay have reduced continuity of patient care. This increases the importance of senior staff in ensuring continuity of care and the need for the joint round as the focus of optimal decision making. The traditional round incorporates teaching but patient's right to privacy and their preferences must be respected. The quality and form of the clinical note is underreported but the electronic record is slow to being accepted. The traditional multi-disciplinary round is disappearing in some centres. This may be regrettable. The anatomy and optimal functioning of the ward round deserves scientific scrutiny and experimentation.

Country of Publication: Netherlands

Publication Type: Journal Article, Review

Source: MEDLINE

Title: Teaching on a ward round.

Citation: BMJ, 2008, vol./is. 337/(a1930), 0959-535X;1468-5833 (2008)

Author(s): Ker J, Cantillon P, Ambrose L

Institution: Clinical Skills Centre, University of Dundee, Ninewells Hospital, Dundee DD1 9SY. j.s.ker@dundee.ac.uk

Language: English

Country of Publication: England

Publication Type: Journal Article

Source: MEDLINE

A deliberate and planned approach to bedside teaching will make learning more effective

Teaching on a ward round has been compared to walking a tightrope. A clinical teacher has to balance the differing needs of undergraduate and graduate learners while providing a comprehensive and safe clinical service. Teaching in the presence of patients is an additional tension because the patient plays a central role and also is the most attentive member of the audience. Ward round teaching remains a powerful teaching context in medicine as it provides an authentic experience of the complexity of patient care and professional practice.1 2 The enduring value of the ward round lies in its potential to model professionalism, enhance clinical reasoning,3 and demonstrate the cultural norms of medical practice.4 5

We have developed six questions that can routinely be used to plan and deliver effective bedside teaching on ward rounds (fig 1↓). The questions are derived from empirically based theories of experiential and situated learning.6 7 8

Full Text:
Title: A survey of ward round practice.

Citation: Psychiatric Bulletin, 2005, vol./is. 29/5(171-173), 0955-6036

Author(s): Hodgson, Richard, Gayathri, B., Jamal, A.

Language: English

Abstract: AIMS AND METHOD: A postal questionnaire was sent to consultant psychiatrists in the West Midlands to establish their current ward round practice. This questionnaire addressed ward round etiquette, practical issues and educational function. Consultants received only one mailing. RESULTS: A total of 96 (out of 139) consultants replied (69 per cent response rate). The majority of consultants saw patients on the ward round (97 per cent) and all consultants introduced both themselves and team members to the patient; 72 per cent explained the purpose of the ward round. A median of seven professionals attended the ward round with psychology (6.5 per cent) and pharmacy services (0 per cent) being underrepresented. When consultants added comments, the recurrent themes were that ward rounds were an effective use of professional time but were often daunting for patients. CLINICAL IMPLICATIONS: Our results indicate some uniformity in the conduct of ward rounds. The lack of representation at ward rounds for certain professional groups may adversely affect the range of opinions and therapies for patients. Changes could be made to incorporate the views of users, which would make ward rounds more productive for users and professionals. 11 refs. [Abstract]

Publisher: 2005

Source: HMIC

Full Text: Available in fulltext at Highwire Press

Title: Structuring ward rounds for learning: can opportunities be created?

Citation: Medical Education, May 1998, vol./is. 32/3(239-43), 0308-0110;0308-0110

Author(s): Stanley P

Institution: School of Education, University of Cambridge, UK.

Language: English

Abstract: This paper explores the ways in which ward rounds can be conducted to maximize educational opportunities, as part of a project to improve the effectiveness of on-the-job training (OJT) for hospital doctors. Ninety ward rounds taken by 24 trainers in the Anglia region were observed. Each observation produced a note of the ward round's structure and routines and of the contributions made to it by trainers and trainees. Teaching was a feature of all ward rounds and different types of rounds were valued for different reasons. A range of ward round structures was observed and, within each, a range of routines for conducting the round. Ward round structures fell into four categories, with almost three-quarters of trainers making no use of either pre- or post-round meetings. Where such meetings took place, however, opportunities for OJT were created and, in some cases, optimized through routines to encourage trainee contributions. Discussion time away from patients structured into ward rounds enabled trainers and trainees to take advantage of many opportunities to learn from service. Although unplanned and unsystematic opportunities for OJT do arise, far more reliable are those created through systematic planning and preparation. Trainers have choices to make about how they conduct ward rounds and by choosing to make use of pre- and/or post-ward round sessions, valuable opportunities for OJT can be created.

Country of Publication: ENGLAND

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host
Available in fulltext at EBSCO Host

**Evaluation & Discussion**

**Title:** Active learning on the ward: outcomes from a comparative trial with traditional methods.

**Citation:** Medical Education, March 2011, vol./is. 45/3(273-9), 0308-0110;1365-2923 (2011 Mar)

**Author(s):** Melo Prado H, Hannois Falbo G, Rodrigues Falbo A, Natal Figueiroa J

**Institution:** Instituto de Medicina Integral Professor Fernando Figueira-IMIP, Recife, Pernambuco, Brazil. heglamelo@imip.org.br,

**Language:** English

**Abstract:** CONTEXT: Academic activity during internship is essentially practical and ward rounds are traditionally considered the cornerstone of clinical education. However, the efficacy and effectiveness of ward rounds for learning purposes have been under-investigated and it is necessary to assess alternative educational paradigms for this activity.

OBJECTIVES: This study aimed to compare the educational effectiveness of ward rounds conducted with two different learning methodologies.

METHODS: Student subjects were first tested on 30 true/false questions to assess their initial degree of knowledge on pneumonia and diarrhoea. Afterwards, they attended ward rounds conducted using an active and a traditional learning methodology. The participants were submitted to a second test 48 hours later in order to assess knowledge acquisition and were asked to answer two questions about self-directed learning and their opinions on the two learning methodologies used.

RESULTS: Seventy-two medical students taking part in a paediatric clinic rotation were enrolled. The active methodology proved to be more effective than the traditional methodology for the three outcomes considered: knowledge acquisition (33 students [45.8%] versus 21 students [29.2%]; p=0.03); self-directed learning (38 students [52.8%] versus 11 students [15.3%]; p<0.001), and student opinion on the methods (61 students [84.7%] versus 38 students [52.8%]; p<0.001).

CONCLUSIONS: The active methodology produced better results than the traditional methodology in a ward-based context. This study seems to be valuable in terms of the new evidence it demonstrates on learning methodologies in the context of the ward round. Copyright Blackwell Publishing Ltd 2011.

**Country of Publication:** England

**Publication Type:** Comparative Study, Journal Article

**Source:** MEDLINE

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**Title:** Ward rounds: missed learning opportunities in diagnostic changes?

**Citation:** The clinical teacher, March 2011, vol./is. 8/1(17-21), 1743-4971;1743-498X (2011 Mar)

**Author(s):** Bhangu A, Hartshorne G

**Institution:** Department of Surgery, George Eliot Hospital, Nuneaton, UK. aneelbhangu@doctors.org.uk

**Abstract:** BACKGROUND: The introduction of the European Working Time Directive has resulted in the on-call general surgery junior doctor regularly missing consultant-led post-take ward rounds (PTWRs). This study aimed to determine the frequency with which the admission diagnosis was changed on the PTWR, and thus whether an educational opportunity for trainees is missed.

METHODS: Prospective observational study of consecutive admissions to a general surgery department over a 4-week period was conducted. Patients with exacerbations of known conditions were excluded.

RESULTS: Fifty-two included patients were admitted by seven general surgery juniors, and 27 per cent (14/52) of diagnoses were changed on the PTWR. There were two ‘major’ diagnostic changes: peritonitis and ischaemic bowel. Patients whose diagnoses were changed by the consultant were no more likely to be older (p = 0.575) or have differing white cell counts (p = 0.471), C-reactive proteins (CRPs; p = 0.643) or amylase levels (p = 0.666) than those whose initial diagnosis was agreed with. Thirty-five per cent of patients (18/52) had further investigations ordered at the PTWR. These included nine ultrasound scans, four computed tomography scans, three abdominal or chest X-rays, two flexible sigmoidoscopies and one barium enema. In one case, a serum amylase was
ordered. **CONCLUSIONS:** The rate of incorrect diagnoses by on-call surgical juniors is high, and educational feedback to these doctors is important. The PTWR represents a strong educational opportunity that is missed if admitting junior doctors are not present. These results should be taken into account for any specialty that uses junior doctors to admit patients who are then reviewed by a consultant on a PTWR. Copyright Blackwell Publishing Ltd 2011.

**Country of Publication:** England

**CAS Registry Number:** 9007-41-4 (C-Reactive Protein), EC 3-2-1 (Amylases)

**Publication Type:** Journal Article

**Source:** MEDLINE

**Title:** Handover rounds in Irish hospitals.

**Citation:** Irish Journal of Medical Science, March 2011, vol./is. 180/1(27-30), 0021-1265;1863-4362 (2011 Mar)

**Author(s):** Murphy JN, Ryan CA

**Institution:** University College Cork, Cork, Ireland. murphyjennifern@gmail.com

**Language:** English

**Abstract:** BACKGROUND: With the increasing complexities in medicine and the reduction in working hours, shift work patterns are emerging for hospital doctors and with them the possibility for discontinuity of patient care and negative outcomes for patient safety. AIMS: The purpose of this study was to evaluate the prevalence, format and structure of formal handover rounds in Irish hospitals in four different specialties. METHODS: A 26-item questionnaire was sent to 61 participants in 26 hospitals. RESULTS: Just over a quarter of respondents (28%) reported formal handover rounds. Respondents from Obstetrics and Gynaecology were more likely to report handover rounds (80%). Prominent features of handover include frequent consultant (100%) and post-call staff (73%) attendance. CONCLUSION: This study confirms that handover rounds are not universal in Irish hospitals. While this does not imply that patient safety is compromised, the need for effective and comprehensive handover is a critical aspect of patient care.

**Country of Publication:** Ireland

**Publication Type:** Journal Article, Multicenter Study

**Source:** MEDLINE

**Title:** An ethnographic study of attending rounds in general paediatrics: understanding the ritual.

**Citation:** Medical Education, November 2010, vol./is. 44/11(1105-16), 0308-0110;1365-2923 (2010 Nov)

**Author(s):** Balmer DF, Master CL, Richards BF, Serwint JR, Giardino AP

**Institution:** Department of Pediatrics, Columbia University Medical Centre, New York, New York, USA. db2595@columbia.edu

**Language:** English

**Abstract:** OBJECTIVES: Teaching at the bedside during attending rounds is considered to be fundamental to medical education. We conducted an ethnographic case study to investigate such teaching in general paediatrics as a social phenomenon and to explore change over time in both the meaning of rounds and the context in which rounds take place. METHODS: We conducted a case study from January to August 2006 on a 22-bed general paediatric unit in an urban children's hospital and focused our observation on interns, senior residents and attending physicians. We observed the medical team during its normal activities on the study unit and conducted semi-structured interviews with a sample of attendings, interns and senior residents. We compiled a list of codes that emerged from patterns in the data and constructed a rich description of rounds according to the principles of inductive analysis. RESULTS: Four themes emerged from the data: (i) attending rounds are a pervasive and routine part of clinical education; (ii) interns, senior residents and attending physicians hold assumptions about what
should happen on rounds; (iii) tension exists between interns', senior residents' and attending physicians' assumptions about bedside teaching during rounds and the reality imposed by contextual factors, and (iv) bedside teaching during rounds is impacted, but not prohibited, by contextual factors.

CONCLUSIONS: Our case study provides evidence that bedside teaching during rounds is a pedagogical ideal entrenched in medical education. Participants readily acknowledged teaching at the bedside during rounds as something they perceived should happen, although, in actuality, it was infrequently achieved. This study revealed a telling inconsistency in language and behaviour: ‘bedside rounds’ was embedded in the participants’ ordinary language, but the activity was not necessarily part of their ordinary behaviour. We propose that the practice of bedside teaching is best explained as a ritual. Considering bedside teaching as a ritual helps to explain why rounds are sacrosanct and helps to develop more appropriate expectations for rounds. Copyright Blackwell Publishing Ltd 2010.

Country of Publication: England
Publication Type: Journal Article
Source: MEDLINE
Full Text:
Available in fulltext at EBSCO Host
Available in fulltext at EBSCO Host

Title: Ward rounds: the next focus for quality improvement?.
Citation: Australian Health Review, May 2010, vol./is. 34/2(193-6), 0156-5788:0156-5788 (2010 May)
Author(s): Bradfield OM
Institution: PO Box 2085, Preston, VIC 3072, Australia. owenbrad@yahoo.com.au
Language: English
Abstract: The Garling Report, published in November 2008, was a public inquiry into the provision and governance of Acute Care Services in New South Wales Public Hospitals. Garling’s 139 recommendations, aimed at modernising clinical care and equipment, include better supervision of junior staff, multidisciplinary teamwork, structured clinical handover and improved culture within health services. Garling also made specific recommendations about ward rounds, arguing that they should be daily, supervised and multidisciplinary. Given the importance of ward rounds in planning and evaluating treatment, implementation of these recommendations will require further evidence, engagement of senior clinicians and cultural change. This article discusses some of the barriers to Garling’s recommendations.

Country of Publication: Australia
Publication Type: Journal Article
Source: MEDLINE

Title: Innovation in clinical learning for the acute hospital environment: nursing grand rounds.
Citation: Nurse Education Today, November 2010, vol./is. 30/8(737-41), 0260-6917;1532-2793 (2010 Nov)
Author(s): Gardner G, Woollett K, Daly N, Richardson B, Aitken LM
Institution: School of Nursing and Midwifery, Queensland University of Technology, Victoria Park Rd, Kelvin Grove, QLD 4059, Australia.
Language: English
Abstract: The literature reports that workload factors affect nurses’ ability to fully engage in continuing professional development. Hence the work environment in acute care calls for innovative approaches to achieve continuous development of nursing practice and work satisfaction. This study employs a one group pre-test post-test design to test the effectiveness of nursing grand rounds on nursing worklife satisfaction and work environment in an acute surgical ward. The effect of nursing grand rounds was measured using the Nursing Worklife
Satisfaction Scale and the Practice Environment Scale. There was no change between pre- and post-test on these measures but trends were evident in some component scores. Statistical results were inconclusive but observational data indicated that nursing grand rounds was found to be feasible, well attended with tested processes for implementation in an acute care environment. Copyright Copyright 2010 Elsevier Ltd. All rights reserved.

Country of Publication: Scotland

Publication Type: Clinical Trial, Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Title: The return of bedside rounds: an educational intervention.

Citation: Journal of General Internal Medicine, August 2010, vol./is. 25/8(792-8), 0884-8734;1525-1497 (2010 Aug)

Author(s): Gonzalo JD, Chuang CH, Huang G, Smith C

Institution: Division of General Internal Medicine, University of Pittsburgh, Pittsburgh, PA, USA.

Language: English

Abstract: BACKGROUND: Bedside rounds have decreased in frequency on teaching services. Perceived barriers toward bedside rounds are inefficiency and patient and house staff lack of preference for this mode of rounding. OBJECTIVES: To evaluate the impact of a bedside rounding intervention on the frequency of bedside rounding, duration of patient encounters and rounding sessions, and patient and resident attitudes toward bedside rounds. DESIGN: A pre- and postintervention design, with a bedside rounding workshop midway through two consecutive internal medicine rotations, with daily resident interviews, patient surveys, and an end-of-the-year survey given to all Medicine house staff. PARTICIPANTS: Medicine house staff and medicine patients. MEASURES: Frequency of bedside rounds, duration of new patient encounters and rounding sessions, and patient and house staff attitudes regarding bedside rounds. RESULTS: Forty-four residents completed the bedside rounding workshop. Comparing the preintervention and postintervention phases, bedside rounds increased from <1% to 41% (p < 0.001). The average duration of walk rounding encounters was 16 min, and average duration of bedside rounding encounters was 15 min (p = 0.42). Duration of rounds was 95 and 98 min, respectively (p = 0.52). Patients receiving bedside rounds preferred bedside rounds (99% vs. 83%, p = 0.03) and perceived more time spent at the bedside by their team (p < 0.001). One hundred twelve house staff (71%) responded, with 73% reporting that bedside rounds are better for patient care. House staff performing bedside rounds were less likely to believe that bedside rounds were more educational (53% vs. 78%, p = 0.01). CONCLUSIONS: Bedside rounding increased after an educational intervention, and the time to complete bedside rounding encounters was similar to alternative forms of rounding. Patients preferred bedside rounds and perceived more time spent at the bedside when receiving bedside rounds. Medicine residents performing bedside rounds were less likely to believe bedside rounds were more educational, but all house staff valued the importance of bedside rounding for the delivery of patient care.

Country of Publication: United States

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in fulltext at National Library of Medicine

Title: Teaching and learning in morbidity and mortality rounds: an ethnographic study.

Citation: Medical Education, June 2010, vol./is. 44/6(559-69), 0308-0110;1365-2923 (2010 Jun)

Author(s): Kuper A, Nedden NZ, Etchells E, Shadowitz S, Reeves S

Institution: Division of General Internal Medicine, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada. ayelet94@post.harvard.edu
Abstract: OBJECTIVES In keeping with the current emphasis on quality improvement and patient safety, a Canadian division of general internal medicine began holding weekly morbidity and mortality rounds (M&MRs) with postgraduate trainees. Grounded in the medical education and social sciences literatures about such rounds, we sought to explore the teaching and learning processes that occur in M&MRs in order to understand their role in, and contribution to, the current medical education context. METHODS We conducted an ethnography of these M&MRs. We observed the rounds, conducted interviews with both staff doctors and residents and triangulated the resultant data. Concurrent, iterative data collection and analysis enabled sampling to saturation. RESULTS Staff doctors had differing understandings of the role of M&MRs and valued different kinds of teaching. They did not think they were teaching medical content knowledge at these rounds, but rather that they were role-modelling six skills, attitudes and behaviours, including 'identifying and addressing process and systems issues affecting care'. Residents primarily wanted to learn content knowledge and tried to extract such knowledge out of the rounds. They did recognise and value that they were learning about process and systems issues. They also agreed that staff doctors were role-modelling other things, but had varying perceptions of what those were; most did not value this role-modelled learning as much as they valued the acquisition of content knowledge. CONCLUSIONS These M&MRs were effective forums for addressing patient safety and quality improvement competencies. They carried none of the negative functions attributed to such rounds in the sociology literature, focusing neither on absolving responsibility nor on learning socially acceptable ways to discuss death in public. However, this study revealed a marked disjunction between the teaching valued by staff doctors and the learning valued by their trainees.

Country of Publication: England

Publication Type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host

Title: Patterns of interaction during rounds: implications for work-based learning.

Citation: Medical Education, June 2010, vol./is. 44/6(550-8), 0308-0110;1365-2923 (2010 Jun)

Author(s): Walton JM, Steinert Y

Institution: Department of Paediatrics, University of Alberta, Edmonton, Alberta, Canada. jennifer.walton@ualberta.ca

Language: English

Abstract: OBJECTIVES In-patient rounds are a major educational and patient care-related activity in teaching hospitals. This exploratory study was conducted to gain better understanding of team interactions during rounds and to assess student and resident perceptions of the utility of this activity. METHODS Data were collected by a non-participant observer using a novel, personal digital assistant (PDA)-based data collection system. Medical students and residents completed surveys related to the utility of rounds for patient care, education and ward administration. Analyses included descriptive and correlational statistics and the use of social network analysis to describe and measure patterns of interaction. RESULTS Eighteen different rounds were observed. On average, rounds were 106 minutes long and included discussion of 22.1 patients. Three different patterns of verbal interaction were observed. In most cases, the attending physician was most talkative and many students and residents spoke infrequently. More time was devoted to patients discussed earlier in the round, regardless of diagnosis. Observed teaching was primarily factual and teacher-centred. Attending physician-dominated sessions were rated more highly for educational utility than those that were more interactive. CONCLUSIONS In-patient rounds are an example of an opportunity for powerful work-based learning. In this study, we used a novel method of observational data collection and analysis to examine this activity and found that it may not always live up to its educational potential. Rounds are time-consuming and are generally dominated by the attending physician. Individuals who are not directly involved in a case are often minimally involved. Participants felt that rounds were most useful for patient care and,
contrary to expectations, students and residents viewed attending physician-dominated sessions as more educational. To improve the educational impact of rounds, the order of patient discussion should be planned to highlight specific teaching points, preceptors (teaching staff) should ensure that all team members are actively engaged in the process and learning should be made explicit.

**Country of Publication:** England

**Publication Type:** Journal Article

**Source:** MEDLINE

**Full Text:**
Available in *fulltext* at EBSCO Host
Available in *fulltext* at EBSCO Host

**Title:** Improving grand rounds.

**Citation:** Connecticut Medicine, January 2010, vol./is. 74/1(42), 0010-6178;0010-6178 (2010 Jan)

**Author(s):** Volpintesta EJ

**Language:** English

**Country of Publication:** United States

**Publication Type:** Journal Article

**Full Text:**
Available in *fulltext* at EBSCO Host

**Title:** The effectiveness of grand rounds lectures in a community-based teaching hospital.

**Citation:** Journal of Surgical Education, November 2009, vol./is. 66/6(361-6), 1878-7452;1878-7452 (2009 Nov-Dec)

**Author(s):** Agee N, Komenaka IK, Drachman D, Bouton ME, Caruso DM, Foster KN

**Institution:** Department of Surgery, Maricopa Medical Center, Phoenix, Arizona 85008, USA.

**Language:** English

**Abstract:** OBJECTIVE: The purpose of this study was to determine the effectiveness of weekly didactic grand rounds presentations.DESIGN: From 26 consecutive grand rounds presentations from July 2007 to March 2008, 2 questions were created from each lecture. A 52-question multiple choice test was administered 2 weeks after the completion of the last presentation.SETTING: A tertiary care institution with an accredited surgical residency program.PARTICIPANTS: Attending surgeons, residents, midlevel providers, and medical students participated in the multiple choice test.RESULTS: A total of 58 participants completed the test. The mean score was 41.5% (range, 12-69%). The senior residents had the highest mean score on the test with 51.0% (p = 0.021). With regard to global versus specific questions, there was no significant difference between the mean percentage of correct answers (41.7% vs 41.3%, respectively, p = 0.79). The great majority (76.5%) of participants indicated that they preferred to have grand rounds given by "distinguished guest speakers." The mean score on presentations by guest speakers, however, was slightly lower than for other presenters (40.7% vs 42.2%, p = 0.37). Questions from presentations by resident physicians were answered correctly significantly more often than presentations by attending surgeons (45.9% vs 39.6%, p = 0.001). Trauma and burn are considered areas of focus for this surgical residency. There was no significant difference between mean score on topics related to trauma and burn compared with other topics (40.6% vs 41.8%, p = 0.50). Attendance had very little correlation with scores on the test (correlation coefficient, 0.004).CONCLUSIONS: Approximately 40% of material presented at grand rounds was retained within a 9 month period. Although this number seems low, this information was recalled without preparation. Despite the preference for distinguished guest speakers, there was no significant additional gain in knowledge from their expertise. Presentations from senior residents were the most successful in conveying
Title: Improving medical grand rounds: barriers to change.

Citation: Connecticut Medicine, October 2009, vol./is. 73/9(545-51), 0010-6178;0010-6178 (2009 Oct)

Author(s): Van Hoof TJ, Monson RJ, Majdalany GT, Giannotti TE, Meehan TP

Institution: University of Connecticut School of Nursing, 231 Glenbrook Road, Unit 2026, Storrs, CT 06269-2026, USA. tom.vanhoof@uconn.edu

Language: English

Abstract: BACKGROUND: Grand rounds programs may not be consistently structured to bring benefit from evidence-based practices of effective continuing medical education. In order to make improvements in this common educational forum, educational leaders need to consider and possibly overcome some barriers as perceived by planners, presenters, and participants. Research on perceived barriers to improving grand rounds is lacking.

METHODS: Using an instrumental case-study approach, the investigators sought to describe perceived barriers to improving a Medical Grand Rounds program held at an academic medical center in the Northeast. Perceived barriers were identified by program planners, presenters, and participants. The study used qualitative data collected from each group via key informant interviews and a focus group to assess barriers in relation to five evidence-based practices: needs assessment, multifaceted intervention strategy, sequencing, interaction, and commitment to change. The study used an intensive, inductive approach to analyze data to determine barrier themes from each group.

RESULTS: Studied during 2007, program constituents of Medical Grand Rounds suggested a variety of important barriers. Understanding such barriers informs some recommendations to improve the program and possibly other programs similar to it.

CONCLUSION: This study has identified important barriers to improving a specific grand rounds program and discusses the implications of such barriers on recommendations for improvement.

Country of Publication: United States

Publication Type: Journal Article

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host
prescription/docummentation and (V) team communication.

RESULTS: For the three patient scenarios, 64.3% of the domain-specific learning goals were attained for the domain "information gathering", 79.4% for "communication with patient", 62.6% for "focused physical examination", 48.9% for "chart reviewing/ prescription/ documentation" and 86.0% for the domain "team communication".

CONCLUSION: Final year students' ward round skills appear to be insufficient with a central deficit in reviewing charts and initiating appropriate prescriptions and documentation. Ward round training which eases the transition from observing ward rounds to conducting them on one's own is urgently required.

Country of Publication: England
Publication Type: Evaluation Studies, Journal Article, Research Support, Non-U.S. Gov't
Source: MEDLINE
Full Text: Available in fulltext at EBSCO Host

Title: Alphabetical prejudice in team discussions (or would Zebedee ever get seen on a ward round).
Citation: Disability & Rehabilitation, October 2006, vol./is. 28/20(1299-300), 0963-8288;0963-8288 (2006 Oct 30)
Author(s): Singh R, Philip A, Smith S, Pentland B
Institution: Scottish Brain Injury Rehabilitation Service, Astley Ainslie Hospital, Edinburgh EH9 2HL, UK. rajiv.singh@lpct.scot.nhs.uk
Language: English
Abstract: PURPOSE: To ascertain whether the order in which patients are discussed in a team meeting determines the time spent on discussion.
DESIGN: Prospective study over 18 consecutive multidisciplinary team meetings.
SETTING/SUBJECTS: Multidisciplinary team meetings on a Brain Injury Rehabilitation Unit, Edinburgh.
MAIN OUTCOME MEASURE: Time spent discussing each case.
RESULTS: Patients discussed early on received 3-4 minutes more discussion time than those later on. This was highly significant on a one-way analysis of variance (P < 0.001).
CONCLUSIONS: Preferential treatment of patients who come at the start of the team meeting is a real phenomenon. Such alphabetical prejudice, where it exists, should be addressed.

Country of Publication: England
Publication Type: Journal Article
Source: MEDLINE

Title: Do post-take ward round proformas improve communication and influence quality of patient care?
Citation: Postgraduate Medical Journal, November 2004, vol./is. 80/949(675-6), 0032-5473;0032-5473 (2004 Nov)
Author(s): Thompson AG, Jacob K, Fulton J, McGavin CR
Institution: Derriford Hospital, Derriford Road, Plymouth PL6 8DH, UK. andrew.thompson2@phnt.swest.nhs.uk
Language: English
Abstract: The post-take ward round is a critical time for reviewing the initial history, examination and results, and the stage at which further treatment and investigations will be determined. However documentation of this ward round is often inadequate, so the benefits of decision making are lost. The documentation of 95 ward rounds was assessed for key items of information before and after the introduction of a proforma sheet. The introduction of the proforma led to a significant improvement in the documentation of a diagnosis, management plan, prophylaxis for deep vein thrombosis, and resuscitation status (p<0.05), which will have a significant impact on patient care.
Title: Validation of a checklist to assess ward round performance in internal medicine.

Citation: Medical Education, July 2004, vol./is. 38/7(700-7), 0308-0110;0308-0110 (2004 Jul)

Author(s): Norgaard K, Ringsted C, Dolmans D

Institution: Department of Endocrinology, Hvidovre Hospital, Copenhagen Hospital Corporation, Denmark. Kirsten.Noergaard@hh.hosp.dk

Language: English

Abstract: BACKGROUND: Ward rounds are an essential responsibility for doctors in hospital settings. Tools for guiding and assessing trainees' performance of ward rounds are needed. A checklist was developed for that purpose for use with trainees in internal medicine.OBJECTIVE: To assess the content and construct validity of the task-specific checklist.METHODS: To determine content validity, a questionnaire was mailed to 295 internists. They were requested to give their opinion on the relevance of each item included on the checklist and to indicate the comprehensiveness of the checklist. To determine construct validity, an observer assessed 4 groups of doctors during performance of a complete ward round (n = 32). The nurse who accompanied the doctor on rounds made a global assessment of the performance.RESULTS: The response rate to the questionnaire was 80.7%. The respondents found that all 10 items on the checklist were relevant to ward round performance and that the item collection was comprehensive. Checklist mean-item scores differed between levels of expertise: junior house officers 1.4 (1.0-1.9); senior house officers 2.0 (1.5-2.9); specialist trainees 2.5 (1.8-2.8), and specialists 2.7 (2.3-3.5); median (range) (P < 0.001). A significant correlation was found between global observer scores and nurse scores (r = 0.56, P < 0.001).CONCLUSION: The checklist, developed for assessing trainees' performance of ward rounds in internal medicine, showed high content validity. Construct validity was supported by the higher scores of experienced doctors compared to those with less experience and the significant correlation between the observer's and nurses' global scores. The developed checklist should be valuable in guiding and assessing trainees on ward round performance.

Title: Evidence-based medicine: a new ritual in medical teaching.

Citation: British Medical Bulletin, 2004, vol./is. 69/(179-96), 0007-1420;0007-1420 (2004)

Author(s): Sinclair S

Institution: School for Health, University of Durham, Queen's Campus, Stockton-on-Tees TS17 6BH, UK.

Language: English

Abstract: Western medicine is a diverse social and cultural system which responds in different ways to internal and external pressures. The Evidence-Based Medicine (EBM) movement has, despite some resistance from the rofession, led to the introduction of EBM into many areas of medicine, including medical training. Using material from teaching sessions for junior psychiatrists in England, I argue that EBM's novelty and potential challenge to established medical practice has been absorbed and accommodated within ordinary professional life by ritualizing EBM teaching in the familiar form of a traditional teaching ward round, with the
difference that a published paper is 'presented' rather than a patient. These ritual occasions have the further effects of preventing any debate about EBM (partly because of the lack of immediate clinical application) and of limiting thought outside the paradigm of EBM and, indeed, of Western medicine itself.

Country of Publication: England
Publication Type: Journal Article, Review
Source: MEDLINE
Full Text: Available in fulltext at Highwire Press

Title: Ideal ward round making in neurosurgical practice.
Citation: Neurology India, September 2000, vol./is. 48/3(216-22), 0028-3886;0028-3886 (2000 Sep)
Author(s): Pathak A, Pathak N, Kak VK
Institution: Department of Neurosurgery, Postgraduate Institute of Medical Education and Research, Chandigarh, 160012, India.
Language: English
Abstract: The success of a perfect ward round lies in the role of the consultant leading the 'round making group' (RMG) as well as the hallmark of effective questioning and participation of each member. Twelve senior consultants with more than 10 years' experience in neurosurgical practice at three different university hospitals were observed during round making by a participant observer. Observations were made on the group climate of the RMG, the leadership pattern and language expressed by the clinician conducting the round and the effectiveness in his performance as a leader during clinical discussions. The group climate showed evidence of good productivity and flexibility with 92% and 75% consultants, pleasantness of climate was above average with only 50% (6/12) and poor objectivity with 42% (5/12) consultants. Forty two percent of the consultants were not always very well comprehensible, while only 50% (6/12) spoke exactly fitting the occasion. Only 33% (4/12) of the consultants used humour effectively, while 42% (5/12) spoke unnecessarily in between discussion and were poor in introducing the problems of patient to the round making group. Ward round making in neurosurgical practice needs a holistic approach with motivation, planning, leadership skills and structured curriculum to fulfill its objectives.

Country of Publication: INDIA
Publication Type: Journal Article
Source: MEDLINE

Title: A review of a surgical ward round in a large paediatric hospital: does it achieve its aims?.
Citation: Medical Education, May 2000, vol./is. 34/5(398-403), 0308-0110;0308-0110
Author(s): Birtwistle L, Houghton JM, Rostill H
Institution: Clinical Psychology Department of Birmingham Children's Hospital NHS Trust, Birmingham, UK.
Language: English
Abstract: The review which this paper outlines aimed to explore whether the ward round of the surgical team at Birmingham Children's Hospital achieved its objectives and to investigate the attitudes of medical and nursing staff, patients and their parents towards the round. Initial open-ended interviews generated themes from which questionnaires were constructed and administered to 16 members of the surgical team, 30 nurses, 14 patients and 24 parents. The surgical team generally felt that the round plays a valuable role whereas the nursing team expressed dissatisfaction with many aspects of the round. The majority of the surgical and nursing team thought that the round should change from its present form and a number of suggestions were made as to how changes in the round could improve the quality of the teaching experience and promote quality in patient care. Patients tended to express rather
neutral feelings towards the round although a significant minority of parents expressed concerns over confidentiality and the level of anxiety felt by children. It is hoped that the results of this review will be used to inform changes in the way the round is carried out. A further review will be initiated in the future to evaluate the efficacy of any such changes.

Country of Publication: ENGLAND

Publication Type: Journal Article

Source: MEDLINE

Full Text:
Available in fulltext at EBSCO Host
Available in fulltext at EBSCO Host

Title: The clinical epidemiology ward round: can we teach public health medicine at the bedside?

Citation: Journal of Public Health Medicine, December 1998, vol./is. 20/4(377-81), 0957-4832;0957-4832 (1998 Dec)

Author(s): Stone DH

Institution: Department of Child Health, Yorkhill Hospital, Glasgow.

Language: English

Abstract: BACKGROUND: The clinical epidemiology ward round (CEWR) is an educational tool for integrating the teaching of epidemiology with clinical paediatrics. It aims to facilitate the acquisition of the knowledge, skills and attitudes that promote the effective application of epidemiological insights into routine clinical practice. This paper describes experience of the CEWR in a UK medical school and initial student responses to it.METHODS: Since 1995, the CEWR has formed an integral part of the clinical teaching given to all final phase medical students during their eight-week child health course at the University of Glasgow. It took place in a general paediatric ward of the Royal Hospital for Sick Children, Glasgow. Groups of up to seven students were taught by a clinical epidemiologist with a strong research interest, as well as clinical experience, in child health. Each round lasted approximately 90 minutes and the teaching style was informal and interactive. At the end of the child health course, students were asked a series of questions relating to the CEWR's educational objectives.RESULTS: The evaluation indicated that the CEWR had been well received by students, 85 per cent of whom said it was an excellent or good idea in principle, and 71 per cent of whom said it worked well in practice. Most students seemed unconvinced about its role in reinforcing epidemiological knowledge or in clinical skill development.CONCLUSION: The CEWR requires further development but offers a potentially inexpensive, effective and enjoyable vehicle for integrating the teaching of two previously separate components of the curriculum.

Country of Publication: ENGLAND

Publication Type: Journal Article

Source: MEDLINE

Initiatives

Title: Virtual ward round.

Citation: Studies in Health Technology & Informatics, 2011, vol./is. 169/(213-7), 0926-9630;0926-9630 (2011)

Author(s): Storck M, Uckert F

Institution: Institute of Medical Informatics, University of Munster, Germany.

Abstract: "Virtual Ward Round" is a web-based blended learning tool. The program simulates hospital ward rounds. Within a virtual environment, students make diagnosis and order treatments. Tutors prepare cases easily to ensure realistic cases directly linked to the corresponding classes. The program "Virtual Ward Round" will hopefully be enrichment to the curriculum-based teaching.
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<td><strong>Title:</strong> Use of check-and-challenge for a medical ward-round checklist improves patient safety</td>
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<td><strong>Citation:</strong> European Journal of Internal Medicine, October 2011, vol./is. 22/(S92), 0953-6205 (October 2011)</td>
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<td><strong>Author(s):</strong> Thomson P., Chima N., Bisset L., Thomson. G.</td>
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<td><strong>Institution:</strong> (Thomson, Chima, Bisset, Thomson.) Department of Endocrinology, King's Mill Hospital, Sherwood Forest Hospitals, Nottinghamshire, United Kingdom</td>
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<td><strong>Language:</strong> English</td>
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<td><strong>Abstract:</strong> Background: Emergency medical admissions to our hospital are reviewed within 8 hours by a consultant led ward-round. Omission of important actions on this ward-round can compromise patient safety. Based on the success of the WHO Surgical checklist, we investigated whether a medical ward-round checklist, completed by a team member who was empowered to challenge the ward-round leader, could reduce omissions on the post take ward-round. Methods: We identified actions which improve reliability and developed a checklist of these to be used as each patient is reviewed by the consultant (Fig 1). We initially conducted an observational study of 26 patients for whom the checklist was not used and compared this with 57 patients using a checklist check-and-challenge approach where the consultant was challenged to complete all items not done. Results: Reliability improved significantly when a team member was empowered to challenge using the checklist. All domains improved, especially discussion with nursing staff (61.5% vs. 96.5%). Conclusion: A checklist, combined with empowerment of a team member to challenge the ward round leader, improved completion of key actions and thus safety and reliability. It may be particularly beneficial in improving communication with nursing staff on the ward round. (Figure Presented).</td>
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<td><strong>Conference Information:</strong> 10th Congress of the European Federation of Internal Medicine Athens Greece. Conference Start: 20111005 Conference <strong>Publisher:</strong> Elsevier</td>
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<td><strong>Publication Type:</strong> Journal: Conference Abstract</td>
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<td><strong>Title:</strong> Including pharmacists on consultant-led ward rounds: a prospective non-randomised controlled trial.</td>
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<td><strong>Citation:</strong> Clinical Medicine, August 2011, vol./is. 11/4(312-6), 1470-2118;1470-2118 (2011 Aug)</td>
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<td><strong>Author(s):</strong> Miller G, Franklin BD, Jacklin A</td>
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<td><strong>Institution:</strong> Pharmacy Department, Imperial College Healthcare NHS Trust, London. <a href="mailto:gavin.miller@imperial.nhs.uk">gavin.miller@imperial.nhs.uk</a></td>
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<tr>
<td><strong>Language:</strong> English</td>
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<td><strong>Abstract:</strong> This study aimed to compare interventions made by pharmacists attending consultant-led ward rounds in addition to providing a ward pharmacy service, with those made by pharmacists providing a ward pharmacy service alone. A prospective non-randomised controlled study on five inpatient medical wards was carried out at two teaching hospitals. A mean of 1.73 physician-accepted interventions were made per patient for the study group, compared to 0.89 for the control (Mann Whitney U, p &lt; 0.001) with no difference between groups in the nature or clinical importance of the interventions. One physician-accepted intervention was made every eight minutes during the consultant-led ward rounds, compared to one every 63 minutes during a ward pharmacist visit. Pharmacists attending consultant-led ward rounds in addition to undertaking a ward pharmacist visit make significantly more interventions per patient than those made by pharmacists undertaking a ward pharmacist visit alone, rectifying prescribing errors and optimising treatment.</td>
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Title: Structured interdisciplinary rounds in a medical teaching unit: improving patient safety.

Citation: Archives of Internal Medicine, April 2011, vol./is. 171/7(678-84), 0003-9926;1538-3679 (2011 Apr 11)


Institution: Division of Hospital Medicine, Northwestern University Feinberg School of Medicine, 211 E Ontario St, Seventh Floor, Chicago, IL 60611, Language: English

Abstract: BACKGROUND: Effective collaboration and teamwork is essential to providing safe hospital care. The objective of this study was to assess the effect of an intervention designed to improve interdisciplinary collaboration and lower the rate of adverse events (AEs). METHODS: The study was a controlled trial of an intervention, Structured Inter-Disciplinary Rounds, implemented in 1 of 2 similar medical teaching units in a tertiary care academic hospital. The intervention combined a structured format for communication with a forum for regular interdisciplinary meetings. We conducted a retrospective medical record review evaluating 370 randomly selected patients admitted to the intervention and control units (n = 185 each) in the 24 weeks after and 185 admitted to the intervention unit in the 24 weeks before the implementation of Structured Inter-Disciplinary Rounds (N = 555). Medical records were screened for AEs. Two hospitalists confirmed the presence of AEs and assessed their preventability and severity in a masked fashion. We used multivariable Poisson regression models to compare the adjusted incidence of AEs in the intervention unit to that in concurrent and historic control units. RESULTS: The rate of AEs was 3.9 per 100 patient-days for the intervention unit compared with 7.2 and 7.7 per 100 patient-days, respectively, for the concurrent and historic control units (adjusted rate ratio, 0.54; P = .005; and 0.51; P = .001). The rate of preventable AEs was 0.9 per 100 patient-days for the intervention unit compared with 2.8 and 2.1 per 100 patient-days for the concurrent and historic control units (adjusted rate ratio, 0.27; P = .002; and 0.37; P = .02). The low number of AEs rated as serious or life-threatening precluded statistical analysis for differences in rates of events classified as serious or serious and preventable. CONCLUSION: Structured Inter-Disciplinary Rounds significantly reduced the adjusted rate of AEs in a medical teaching unit.

Country of Publication: United States

Publication Type: Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text:
Available in fulltext at Highwire Press

Title: Implementation of a considerative checklist to improve productivity and team working on medical ward rounds.

Citation: Clinical Governance, 2011, vol./is. 16/2(129-136), 1477-7274

Author(s): Herring, Roselle, Caldwell, Gordon, Jackson, Steve

Language: English

Abstract: PURPOSE: In the changing environment of the National Health Service (NHS) medical ward rounds have become increasingly complex. With complexity comes the inevitable risk that things will go wrong. Serious failures in care can have important consequences for individual patients, their families, cause distress to health care staff and undermine public confidence in the NHS. The paper's aim is to introduce the concept of a medical ward round considerative checklist to improve ward round processes, effectiveness, reliability and efficiency, aid team working and foster better communication. DESIGN/METHODOLOGY/APPRAOACH: The checklist includes aspects of ward round preparation, the consultation, progress assessment, discharge planning and handover. It is a "considerative checklist" as it not simply checking if an essential component has been done but
rather that it has been considered, discussed, action identified and communicated effectively and involves an “at the point of care check and correct” process. FINDINGS: The introduction of the checklist has provided a systemic approach to medical ward rounds, provided reassurance that quality care is given, aided active participation from all health care professionals and reignited team work. It has streamlined handover, improved patient and professional communication, improved medical documentation and provided an audit tool for ongoing improvement. RESEARCH LIMITATIONS/IMPLICATIONS: The diversity of general medicine makes standard measures of quality of care such as length of stay, morbidity and mortality outcomes hard to measure; however, qualitative data can be obtained. ORIGINALITY/VALUE: The authors have developed a systemic ward round approach which ensures attention to quality and safety at the point of care, encourages team working and improvements can be documented. **Source:** HMIC

**Title:** Does a post-take ward round proforma have a positive effect on completeness of documentation and efficiency of information management?

**Citation:** Health Information Journal, 2009, vol./is. 15/2, 1460-4582

**Author(s):** Wright, Daniel N

**Language:** English

**Abstract:** Record in progress

The post-take ward round (PTWR) involves the assessment of the latest intake of patients into the hospital. At a busy 400-bed city hospital it had been noted that PTWR notes had, in some cases, become overly brief and uninformative. Previous research had shown that proformas can improve the completeness of the records. So a new proforma was designed and introduced. Its impact on completeness of information was assessed by carrying out an audit of PTWR notes both with and without the proforma. The results showed statistically significantly improvements in documentation when the proforma was used. They also showed an improvement in areas of efficiency of record management: for example, the proforma reduced the time taken to retrieve information from the notes, and most users said it saved them time recording in the notes and assimilating information and helped them to speed up patient transfers. Cites 16 references. [Journal abstract]

**Publication Type:** Article

**Source:** HMIC

**Title:** Innovative solutions: optimal patient outcomes as a result of multidisciplinary rounds.

**Citation:** DCCN - Dimensions of Critical Care Nursing, July 2009, vol./is. 28/4(171-3), 0730-4625;1538-8646 (2009 Jul-Aug)

**Author(s):** Wilson FE Jr, Newman A, Ilari S

**Institution:** Oncology/Cardiac Telemetry, Norton Hospital, Louisville, KY, USA. frankwilson911@hotmail.com

**Language:** English

**Abstract:** Multidisciplinary rounds have been shown to improve patient outcomes. The use of a standardized tool in one institution led to a pharmacy cost savings of more than 50,000 dollars and a decrease of 1.5 days for patients receiving mechanical ventilation.

**Country of Publication:** United States

**Publication Type:** Journal Article

**Source:** MEDLINE

**Title:** Using post-take ward rounds to facilitate simple discharge.

**Citation:** Nursing Times, May 2006, vol./is. 102/18(28-30), 0954-7762;0954-7762 (2006 May 2-8)

**Author(s):** Lees L, Allen G, O’Brien D

**Institution:** Heart of England NHS Foundation Trust, Birmingham.
Abstract: This article discusses the evolution of simple discharge/transfer destination labels into a post-take ward round form. The aim was to improve the clarity of the management plan and discharge/transfer decisions including an estimated length of stay on the post-take ward rounds taking place on the emergency admissions ward.

Country of Publication: England

Publication Type: Evaluation Studies, Journal Article

Source: MEDLINE

Title: A teaching ward round in infectious diseases - a pilot module.

Citation: Australian Family Physician, May 2006, vol./is. 35/5(357-8), 0300-8495;0300-8495 (2006 May)

Author(s): Senanayake S, Bowden F, Ironside J, Robertson T

Institution: The Canberra Hospital, ACT. sanjaya.senanayake@act.gov.au

Language: English

Abstract: The ongoing care of patients requires close communication between general practitioners and hospital specialists. In 2005, the General Practice Liaison Office and Department of Infectious Diseases at The Canberra Hospital designed a pilot module to promote interaction between GPs and hospital specialists and to provide an educational opportunity for GPs to be updated on the hospital practice of managing infectious diseases. The simplicity of the module is the key to its generalisability outside Canberra and Australia.

Country of Publication: Australia

Publication Type: Journal Article

Source: MEDLINE

Title: Does a Post-take Ward Round Proforma Lead to Sustainable Improvements in Quality of Documentation for Patients Admitted to the Medical Assessment Unit?.

Citation: Acute Medicine, 2006, vol./is. 5/3(108-11), 1747-4884;1747-4884 (2006)

Author(s): Kamara A, Henderson S, Rodrigo C, Dulay J

Institution: Southampton University Hospitals NHS Trust Tremona Road Southampton SO16 6YD.

Language: English

Abstract: This study assessed the quality of post-take ward round (PTWR) documentation, specifically looking at twelve criteria, in the medical assessment unit (MAU) prior to, 3-months and 2-years after introducing a PTWR proforma. 216 case records were analysed; 40 prior to, 40 three-months and 146 two-years after introducing the PTWR proforma. There was a significant improvement in eight criteria three-months after introducing the PTWR proforma. These improvements were sustained two-years later and significant improvements made in a further 3 criteria (1 at p < 0.05 and 2 at p < 0.01).

Country of Publication: England

Publication Type: Journal Article

Source: MEDLINE

Title: Improving medication management for patients: the effect of a pharmacist on post-admission ward rounds.

Citation: Quality & Safety in Health Care, June 2005, vol./is. 14/3(207-11), 1475-3898;1475-3901 (2005 Jun)

Author(s): Fertleman M, Barnett N, Patel T
**Institution:** Northwick Park Hospital, Harrow HA1 3UJ, UK.

**Language:** English

**Abstract:** PROBLEM: Medication management in the NHS has been highlighted by the UK Department of Health as an area for improvement. Pharmacist participation on post-take (post-admission) ward rounds was shown to reduce medication errors and reduced prescribing costs in the USA and in UK teaching hospitals, which can contribute to improved medication management. We sought to demonstrate the problem in our hospital by collecting data on prescribing practice from three consecutive general medical post-take ward rounds.

**SETTING:** Northwick Park Hospital, a district general hospital in north-west London, which provides acute medical services to a population of 300,000.

**STRATEGY FOR CHANGE:** A pharmacist was invited to become a member of the post-take ward round team that reviewed medical patients admitted within the preceding 24 hours. Patients also continued to receive care from a ward-based pharmacist. Patient notes were analysed for cost of drugs on admission and discharge, discrepancies between admission drug history and pharmacist history, number of admission drugs stopped before discharge, and pharmacist recommendations. Pharmacist recommendations and actions were classified using a National Patient Safety Agency risk matrix.

**EFFECTS OF CHANGE:** Discrepancies between the admission and the pharmacist-derived drug history were noted in 26 of 50 in the pre-intervention group and 52 of 53 in the intervention group. The annual drug cost per patient following discharge increased by £181 in the pre-intervention group and by £122 in the intervention group. Five pre-admission drugs were stopped in three pre-intervention patients saving £276 per annum, while the 42 drugs stopped in 19 intervention patients saved £4699 per annum. No ward-based pharmacist recommendations were recorded in the pre-intervention group.

**LESSONS LEARNT:** The presence of a pharmacist on a post-take ward round improved the accuracy of drug history documentation, reduced prescribing costs, and decreased the potential risk to patients in our hospital. As a result of this work a full-time pharmacist has now been funded to attend daily post-take ward rounds on a permanent basis.

**Country of Publication:** England

**Publication Type:** Journal Article

**Source:** MEDLINE

**Full Text:** Available in fulltext at National Library of Medicine

**Title:** Comparison of student learning in the out-patient clinic and ward round.

**Citation:** Medical Education, May 1994, vol./is. 28/3(208-12), 0308-0110;0308-0110 (1994 May)

**Author(s):** Davis MH, Dent JA

**Institution:** Centre for Medical Education, University of Dundee, UK.

**Language:** English

**Abstract:** In undergraduate medical education there is a trend away from ward-based teaching towards out-patient and community-based teaching. To study the potential effects of this altered emphasis on student learning, a pilot group of final-year medical students at the University of Dundee was asked to keep individual structured log-books. These contained details of patients seen during their 3-week orthopaedic attachment in both a ward and out-patient setting. A comparison of perceived learning in the two settings showed that students learned more from attending an out-patient clinic than a ward round, but did not make full use of the learning potential of either. The setting did not particularly influence the balance of learning as categorized here but only the ward round supplied experience of surgical complications. The amount of learning taking place in an out-patient clinic was influenced by student ability, measured by examination performance, but not by clinic work-load. The implications of increased use of out-patient clinics and the advantages and disadvantages of the approach employed are discussed. It is concluded that in the situation studied student learning in the outpatient setting is as good as or superior to the ward setting but should not
totally replace it.

**Country of Publication:** ENGLAND  
**Publication Type:** Journal Article  
**Source:** MEDLINE

'Ow n Space' Ward Rounds: a model for debate  
Sue Addison, Geraldine Strathdee, Paul Calammus, Karen Pavey, Bromley, Oxleas NHS Trust  
This article presents one London acute psychiatric in-patient ward's attempts to change practice to better meet the needs of patients and to function more effectively and efficiently. The initiative was awarded the Oxleas Innovative Practice Award 2000. We would be interested to engage in a debate with other acute ward services and share ideas about how to organise the major clinical decision-making event of the week: the ward round.  

**Attitudes to Ward Rounds**  
**Title:** Doctors' concerns of PDAs in the ward round situation. Lessons from a formative simulation study.  
**Citation:** Methods of Information in Medicine, 2011, vol./is. 50/2(190-200), 0026-1270;0026-1270 (2011)  
**Author(s):** Alsos OA, Dabelow B, Faxvaag A  
**Institution:** Norwegian University of Science and Technology, Trondheim, Norway. ole.andreas.alsos@idi.ntnu.no  
**Language:** English  
**Abstract:** BACKGROUND: Healthcare professionals in hospital care increasingly use small-screen handheld computers. Studies that have investigated doctors' concerns about handheld usage have mainly focused on technical, organizational and performance issues. Very few have looked at the effects of Personal Digital Assistants (PDAs) on the interaction between physician and patient. OBJECTIVE: The aim of this study was to explore the effects of PDA usage on the physicians' prescription work, their concerns about using it in point-of-care situations, and the effects on the patient-physician dialog. Methods: We used a qualitative and comparative approach where 14 physicians each carried out four simulated ward rounds in which they modified the medication of patient actors using a paper-based medical chart and three versions of a PDA-based system. We analyzed ward round video recordings, semi-structured interviews with the doctors, and focus group using approaches based on ethnomethodology and grounded theory. RESULTS: Physicians used PDA and paper differently. Physicians' actions, as well as their non-verbal communication, were less transparent and clear for the patient when using a PDA. Doctors were worried about distractions from the handheld device and about a negative impact on the physician-patient conversation. In general, physicians were more comfortable with paper, but preferred PDA because it offered an undo function and reduced the need to memorize drug names and dosages by providing concrete alternatives in the user interface. CONCLUSIONS: Despite the many benefits, PDA usage at the point-of-care comes with the increased risk of distractions for physicians and can cause a negative patient experience. Designers of point-of-care systems need to be aware of, and address, the problems with handhelds and learn from the attributes and access capabilities of paper charts.  
**Country of Publication:** Germany  
**Publication Type:** Journal Article, Research Support, Non-U.S. Gov't  
**Source:** MEDLINE
Title: Once-a-week psychiatric ward round or daily inpatient team meeting? A multidisciplinary mental health team's experience of new ways of working.

Citation: International Journal of Mental Health Nursing, April 2010, vol./is. 19/2(119-27), 1445-8330;1447-0349 (2010 Apr)

Author(s): Fiddler M, Borglin G, Galloway A, Jackson C, McGowan L, Lovell K

Institution: School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK.

Language: English

Abstract: Evidence indicates that while service users are dissatisfied with current ward round practices, studies of how professionals experience this practice are sparse. This study highlights staff view of the once-a-week psychiatric ward round compared to a reformed ward round taking place every weekday. Interviews were conducted at one acute psychiatric ward in north-west England. Our analysis revealed a core theme, 'forming a new way of working', which could be understood from three themes. The theme, 'bound by tradition', emphasized how the traditional ward round represented a double-edged sword: it provided a safe structure, but it also highlighted a shared awareness of an urgent need to leave old ways of working behind. The process of change became discernable in the themes 'juggling the change' and 'light at the end of the tunnel', which showed that restructuring the traditional ward round was both possible and valued. We found that staff views on ward rounds are more complex than had been earlier understood, but new ways of working can be implemented, if the impact of tradition, the process of change, and the time to bed down are taken into account.

Country of Publication: Australia

Publication Type: Comparative Study, Journal Article, Research Support, Non-U.S. Gov't

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

Title: Factors affecting patients satisfaction with the psychiatric ward round: retrospective cross-sectional study

Citation: Psychiatric Bulletin, 2009, vol./is. 33/8, 0955-6036

Author(s): Lawrence, Peter, Labib, Zaki, Brownell, Lisa

Language: English

Abstract: A questionnaire was distributed to patients in a psychiatric hospital in Birmingham, UK, to identify the factors that affect their satisfaction with the ward round. The questionnaire was completed by 42 patients (53% response rate). Waiting time was the only variable to be significantly correlated with total score of patient satisfaction. Regression analysis also identified diagnosis and patients meeting their consultant before the first ward round as significant predictors of patient satisfaction. The clinical implications were reducing waiting time and ensuring that the consultant meets the patient before the first ward round would make a significant improvement to the in-patient experience, without causing much disruption to standard clinical practice. Cites six references. [Journal abstract]

Publication Type: Article

Source: HMIC

Full Text: Available in fulltext at Highwire Press

Title: Assessing senior house officers' perceptions of learning.

Citation: Archives of Disease in Childhood, December 2008, vol./is. 93/12(1022-6), 0003-9888;1468-2044 (2008 Dec)
Author(s): Mayell SJ, Shaw NJ
Institution: Liverpool Womens Hospital, Liverpool, UK.
Language: English
Abstract: OBJECTIVE: To identify trainers', senior house officers' (SHOs) and their nursing colleagues' perceptions of learning in a neonatal unit. DESIGN: Three questionnaires were administered to staff of the neonatal intensive care unit. The first one asked consultants about activities that trainees are exposed to, a second explored the views of other permanent staff regarding the value of the educational activities available for trainees and a third explored the perception of the SHOs of their learning experiences. SETTING: Regional neonatal intensive care unit. RESULTS: Permanent clinical staff felt that the consultant ward round, emergency management, protected teaching, practical procedures and informal discussion were the most valuable learning experiences. Trainees felt that consultant and handover ward rounds were important and formal protected teaching less so. CONCLUSION: A mismatch of perception of learning experiences was identified in the department. These mismatches can be addressed by acknowledging the importance of when the trainees perceive they learn best and improving the learning experience in situations where they do not.

Country of Publication: England
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available in fulltext at Highwire Press

Title: Postgraduate trainees' assessment of the educational value of ward rounds in obstetrics and gynaecology.
Citation: Journal of Obstetrics & Gynaecology, October 2008, vol./is. 28/7(671-5), 0144-3615;1364-6893 (2008 Oct)
Author(s): Qureshi NS, Swamy NN
Institution: Royal Surrey County Hospital, Guildford, UK. nsq@doctors.net.uk
Language: English
Abstract: Ward rounds have been regarded as a traditional forum for the teaching and training of trainees. The aim of this research project was to look at what role ward rounds play in the medical education of trainees in obstetrics and gynaecology. A questionnaire comprising 10 statements devised around the theme of quality of medical education and the overall experience of ward rounds was distributed at the Specialist Registrars monthly training days. A total of 46 completed questionnaires were received. The ward rounds took place at least twice weekly at the Welsh Deanery hospitals, however, none of the trainees regarded these ward rounds as 'teaching' ward rounds. A total of 32 (70%) of the trainees disagreed or were uncertain that they learnt something new on ward rounds each day and 34 (74%) of trainees agreed or strongly agreed that in the presence of a consultant, SpRs are not given a chance to lead a ward round. The educational role of the ward rounds does not seem fully utilised in the Welsh Deanery Hospitals and needs to be developed further to suit the needs of junior doctors.

Country of Publication: England
Publication Type: Journal Article
Source: MEDLINE
Full Text: Available in fulltext at EBSCO Host

Title: Survey of patients' preference for the location of rehabilitation ward rounds.
Citation: Journal of Rehabilitation Medicine, August 2008, vol./is. 40/8(678-80), 1650-1977;1651-2081 (2008 Aug)
**Abstract:** OBJECTIVE: To survey inpatients in a rehabilitation hospital regarding their preference for ward rounds to be conducted at the bedside or in a consulting room. DESIGN: Before-after trial. Patients were seen on ward round at the bedside during one week and then in a consulting room the following week. Patients were asked about their preferred setting and their reasons for their preference. PATIENTS: Rehabilitation inpatients (n=45) in Melbourne, Australia with predominantly acute neurological and orthopaedic impairments. METHODS: Age, gender and impairment category of respondents were noted. Ward round preference was analysed assuming a binomial distribution. RESULTS: A statistically significant number (p=0.04) of patients preferred to be seen in the consulting room (n=29, 64%). There were 13 (29%) who preferred the bedside and 3 (7%) indicated no preference. There was no influence of gender (p=0.1) or impairment category (p=0.3) on preference, but younger patients preferred the consulting room (p=0.03). CONCLUSION: Most rehabilitation patients in hospital would rather attend a ward round held in a consulting room than at the bedside. The consulting room has many advantages over the traditional bedside location for ward rounds in a rehabilitation hospital.

**Country of Publication:** Sweden

**Publication Type:** Clinical Trial, Comparative Study, Journal Article

**Source:** MEDLINE

**Title:** Staff attitudes to a daily otolaryngology ward round.

**Citation:** Journal of Laryngology & Otology, December 2004, vol./is. 118/12(963-71), 0022-2151;0022-2151 (2004 Dec)

**Author(s):** Montague ML, Lee MS, Hussain SS

**Institution:** Department of Otolaryngology, Ninewells Hospital and Medical School, Dundee, Scotland, UK.

**Language:** English

**Abstract:** This survey investigates the attitudes of medical and nursing staff towards the daily otolaryngology ward rounds in a teaching hospital. Initial, open-ended questionnaires generated themes from which a structured questionnaire was constructed. Respondents indicated on a Likert scale the extent to which they agreed or disagreed with statements concerning their attitudes towards the ward round. Thirty-five members of staff were surveyed. The overall response rate was 74.3 per cent (n = 26). The majority of staff agreed that the ward round was a constructive use of their time and served to promote team spirit. It allowed for adequate communication between medical and nursing staff but there was uncertainty about the provision of adequate patient communication. The nursing staff agreed that the ward round provided a valuable learning experience. There was uncertainty about this among the medical staff. There was agreement in both groups that patients find the ward round to be reassuring. A significant majority of staff expressed concerns over maintenance of patient confidentiality. These findings could be used to inform changes in the departmental ward round structure. Specific attention should be directed to discussing sensitive issues in a more private setting and maximizing educational opportunities for junior medical staff.

**Country of Publication:** England

**Publication Type:** Journal Article

**Source:** MEDLINE