

Clinical Ward Rounds—Challenges and Opportunities

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Abstract

Hospitalised patients' needs are complex and the ward environment is demanding of time and resources that must be optimised. Clinical ward rounds in hospitalised patients are fundamental to patient care. Ward rounds in recent years have undergone changes which have contributed to reduced professionalism and opportunities to learn as well as increased distrust of patients of the care they receive. Calls for a revival of the traditional ward rounds have been sounded which we must contextualise in modern settings. This commentary calls for a clearer definition of the purpose of ward rounds, outlines the roles and responsibilities of those involved in rounds, defines a 4-step process in the conduct of a ward round, and seeks support from hospitals' management in the facilitation and implementation of these.

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Introduction

Doctors must provide safe and quality care in a respectful and empathetic manner weaved within a holistic perspective. The patients' needs are complex and the ward environment is demanding of time and resources that must be optimised.

Clinical ward rounds in hospitalised patients are fundamental to patient care as they provide a dynamic vehicle to optimise the coordinated care that includes discharge planning by a multidisciplinary team.

The wards provide a rich learning real-life environment for healthcare professionals. Ward rounds can provide an excellent opportunity to demonstrate and inculcate values, knowledge and training for junior staff. A well-conducted ward round can improve patient care, provide immense learning opportunities, and inspire the next generation of healthcare professionals.

Historical Background

Ward rounds are a routine in hospitals around the world. The traditional ward round used to be conducted

in a coordinated hierarchical fashion with strict rules and rituals. There were stereotypic roles where the doctor had a masculine role of curing patients and the nurse a feminine role of caring.¹ The most senior doctor conducted a ward round in an authoritarian manner with little room for conflicting views. Humiliation during ward rounds, particularly of junior staff, was recognised as part of learning.

The ward rounds of yesteryears conducted by doyens such as Professor Seah Cheng Siang and Professor GA Ransome were renowned for their educational value, demonstration of diagnostic skills by a master clinician, the inspiration it created for the juniors, and the “wow” factor.

Grand rounds, where selected cases were brought to a centralised venue with clinicians discussing the case, were also held regularly. A grand round is a form of teaching round meant for education and sharing of experiences and it should continue in our environment. While grand rounds continue to be an avenue of education involving patients selected from the ward, these would not be discussed in this commentary which explores issues related to clinical ward rounds.

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Problems Within Current Ward Rounds

It is common to find bewildered patients who sense an impersonal approach of healthcare professionals displaying a paucity of eye contact. Doctors and nurses are increasingly perceived as being preoccupied with computer screens, figures and charts, leading patients to believe that they are inconsiderate and uncaring with a mislaid sense of purpose in the profession. It adds to the distrust of healthcare professionals and contributes to a negative impact on clinical and emotional outcomes of patients.

Nurses play a vital and central role in the process of ward rounds² yet their accompaniment has become increasingly invisible; this can be attributed to both nursing and doctor factors.³

Considerable variability exists in both the purpose and conduct of ward rounds. Succumbing to the pressures of service loads, wards rounds have not infrequently been substituted by “walk” rounds, “dashing” rounds, “board” rounds, “simulated” rounds, or “paper”/“PowerPoint” rounds. Routines of questionable relevance have crept into medical records, with less emphasis on clinical examination and greater reliance on investigations.

Ward rounds may be negatively perceived as “mundane and boring” or positively as “interesting and educational” depending on their conduct. It has been observed that the use of bedside rounds for clinical education has been underutilised—it is estimated that less than 25% of patient encounters occur at the bedside⁴⁻⁷ despite the fact that ward rounds help achieve clinical competence.⁸⁻¹¹

Recent reports have suggested a gradual erosion of “good ward rounds” and have proposed a revival of the traditional ward round which has to be contextualised in the modern setting.¹²⁻¹⁴

A Proposal for Improvement

The author proposes a framework for the improvement and enhancement of (general) ward rounds for public hospitals in Singapore in 4 specific areas.

1. Clearer Definition of the Purpose of Ward Rounds

A ward round must be clearly distinguished from a clinical review of individual patients which are additional to rounds. Ward rounds are conducted in a coordinated manner by teams on a regular basis. Clinical reviews are for patients who require specific resolution of medical problems, for example, someone admitted for abdominal pain and needs a review to examine a changing clinical state. It would be expected that with a well-conducted ward round, clinical and social problems can be anticipated, well-delineated, and managed. The patient and the team must be clear of the treatment plans which must be well-coordinated.

The 10 important roles of ward round are summarised in Table 1.

2. Roles and Responsibilities

A ward round needs an adequate groundwork (pre-ward round) as well as a follow-up of plans and decisions made during the round (post-ward round). Different members of the multidisciplinary team have their own roles in each of the 3 phases outlined in Table 2.

3. A Structure and Process to a Ward Round

A structure and process of the necessities in ward rounds are summarised in Figure 1. Teaching can and must occur at every level. Consultants have to facilitate their work based on thinking aloud, demonstrating, generating questions, getting team members to research on doubts, and encouraging observations (clinical signs).¹⁴

Patients appreciate a simple greeting that acknowledges and emphasises their existence. Self or proxy introduction can help avert the frequent complaint that doctors lack eye contact as they are too preoccupied with computer screens. The clinical assessment is best led by a senior doctor for new patients aided by his registrar or senior resident and must incorporate a succinct problem summary presented by the junior staff. Any subjective complaints by a patient can thus be ascertained. A relevant and appropriate clinical examination documents the objective findings. An input from the junior staff (including nurses) on updates records the new developments that have occurred since the previous round.

The team should anticipate short- and long-term problems of the patient as well as conduct regular reviews of any monitoring or therapeutic interventions. The need

Table 1. Ten Important Roles of Ward Rounds

Roles
Define and refine a clinical diagnosis in a timely fashion.
Review of patients' progress.
Decision on need for monitoring parameters (reduce waste, save time).
Decision and review on lines (intravenous plugs), instrumentation (urinary catheters, drainage tubes). This will indirectly reduce infections.
Prescribing, deprescribing and dose modification that includes modalities (intravenous vs oral).
Decision on the extent of care and where appropriate on the futility of treatment.
A multidisciplinary input forum.
Formulation of discharge plans.
Communication of diagnosis and plans to patients/relatives.
Teaching and training.

Table 2. Roles and Responsibilities during the Different Phases of Ward Rounds

Pre-Ward Round	Ward Round Proper ^{†,‡}	Post-Ward Round
Relevant investigations update by junior doctors.	Doctor: leads the round, updates the patient and team, and reviews all information.	Ensure follow-through of decisions.
Ensure follow-through of decisions.	Senior nurse: updates on current status and performs safety checks (e.g. fall risk, infection control), assists in communicating patient needs. Junior nurses are encouraged to present findings.	Divide jobs amongst team members.
Junior staff get relevant input from other team members unable to attend rounds (e.g. social worker).	Pharmacist: reviews medications, adherence, side effects.	Consents, further tests, individual reviews.
Person leading the round assigns tasks* to all attending and ensures rounds do not stretch and impact on ward routines.	Allied health professionals: update care and discharge planning.	Alert those absent in regard to multidisciplinary team.
	Carers/advocates: participate in bedside discussions when a patient wishes.	Disease notification.
		Written summaries of discussion may be helpful for patients. [‡]
		Patients or carers may follow-through in-depth discussion.
		Clinical review of selected patients.

*Carpenter J. Doctors and nurses: stereotypes and stereotype change in interprofessional education. *Journal of Interprofessional Care* 1995;9:151-61.

[†]Lees L. The nurse's role in hospital ward rounds. *Nurs Times* 2013;109:12-4.

[‡]Royal College of Physicians and Royal College of Nursing. Ward rounds in medicine: principles for best practice. Available at: <http://www.rcplondon.ac.uk/resources/ward-rounds-medicine-principles-best-practice>. Accessed on 9 January 2013.

and frequency of monitoring parameters such as blood pressure, pulse oximetry, input and output, and glucometer monitoring, require evaluations at every round. Its cessation will help reduce resource wastage, patient inconveniences, and make the patient feel less sick. Team members should raise their concerns if the patient is deemed to warrant closer monitoring in a different setup like a high dependency unit; if the decision is postponed, it must be clearly documented and a decision made on who should review the patient and at what time intervals.

A review of the need for intravenous lines, urinary catheters and drainage tubes would help reduce hospital-acquired infections and patient discomfort. Deprescription must be routine for resolved symptoms (e.g. antipyretics, anti-emetics, laxatives) or when drugs are deemed to provide no therapeutic benefit to the patient. A pharmacologic review must include route of administration and discussions on futile or risky interventions.

Communication with patients must convey the clinical impressions, evaluation of plans, goals of therapy, and patient education as well as set realistic expectations for the patient's hospital stay. The patient must be given good assurance that the team knows what they are doing, has definite plans, and allows them to clarify issues and express wishes.

The most senior doctor must lead the management plan while junior staff must clearly understand the reasons for requesting tests. An atmosphere of academia may prevail where junior staffs are allowed to clarify the rationale for these decisions. The juniors could be given learning tasks based on clinical assessments and investigations. Ward rounds provide an excellent educational tool to teach and learn the art of obtaining a history of clinical examinations, as well as communication and counselling skills by the consultant and registrar/senior resident.

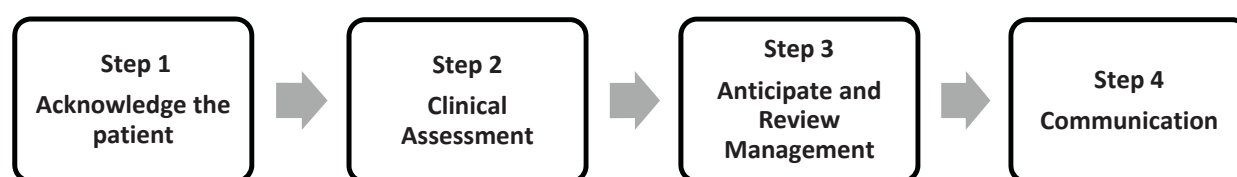


Fig. 1. The 4-step structure and process of a ward round.

A defined flow of the ward round must be decided by the entire team. This allows for routine tasks (e.g. patient showering) to be performed prior to or post rounds as well as ensuring that there is sufficient time to get “missing patients” back for review during rounds. Patients who are not reviewed or missed during the ward round must have a separate clinical review at the earliest appropriate opportunity by at least the registrar or senior resident. Where a patient is moved to a new setting, there must be a thorough documentation and handover for transfer of care.

4. Hospital Support

A successful ward round structure and support with facilitation from hospital administration will enhance patient experience, facilitate speedy discharge, avoid harm, and improve team communication. Five areas where hospital administration can enhance this support¹² are:

- a) Efforts to minimise “patient overflows” in the ward environment which have rushed ward rounds with time wasted in searching to find patients.
- b) Avoidance of multispecialty wards with its inevitable “multiple simultaneous ward rounds”. This will help promote greater nursing participation.
- c) Encouragement of multidisciplinary team members’ attendance at ward round.
- d) Information systems should be tweaked to support and assist healthcare workers to support efficient ward rounds. The group from Jonkoping University in Sweden¹⁵ have discussed this in great detail and it would be valuable to borrow some of their concepts.
- e) Ward round practice should be incorporated in new staff inductions.

Conclusion

A well-run ward round is good for both patients and clinicians. It provides a daily reminder to healthcare professionals of why they chose a caring profession in the first place.¹⁶ They must work collectively to coordinate and enhance the value of good patient care. The juniors learn by seeing numerous patients with different pathology particularly when taught by an experienced consultant who are also role models. It provides one of the best opportunities to integrate theoretical knowledge with practical skills. The motivation that a well-conducted round provides to juniors cannot be overstated.

When deciding on planned management strategies, consultants can gain much from succinct summaries with a multidisciplinary input of the problems presented. Nursing and other paramedical staff can learn about their patients and be enlightened by participating in patient care through their inputs.

The patients gain by listening to the multidisciplinary teams and learning about their own illness as well as correcting any misinformation that may be inadvertently presented.

It offers an excellent prospect for holistic medical education and training including the “soft skills” of communication, ethics, patient safety and professionalism. Moreover, the bedside clinical round provides a perfect environment to demonstrate teamwork.

It is time the clinical ward round shifts from a ritual to an optimised and efficient care process.

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