Introduction

The term “ward round” was introduced by Franciscus Sylvius in 1660 and immortalised by Sir Lancelot Spratt in the film “Doctor in the House” (1954). This style of ward round has largely been assigned to history, recently becoming a more patient centred event. Ward rounds can be an excellent educational tool providing opportunities to learn history taking, examination, communication, organisation and an opportunity to “Demonstrate the art of medicine”. For post graduate teaching the ward round has been shown repeatedly to be an important source of learning. Grant (1989) suggested that 58% of Senior House Officers rely mostly on consultant lead ward rounds for their learning experiences. Recent implementation of the Foundation Program Curriculum (2007) persistently suggests that “most learning will take place in clinical areas”, and reflects the growing importance of on the job training. Observations over the last ten years has lead me to believe that the opportunity to use ward rounds as an educational tool has been eroded, this was reflected by Qureshi (2008) who surveyed registrars and found that “The educational role of the ward rounds does not seem fully utilised”. Over recent years both the role of the junior doctor and educational theory has changed beyond recognition, but are the educational opportunities provided by ward rounds being recognised and utilised?

Aim

To discover what limits the educational value of current ward rounds, then to develop realistic suggestions, for both learners and teachers, to optimise the educational value of ward rounds.

Objectives

1. Discover what Foundation Year one and two doctors, and Specialist Registrars think about the education value of current WRs.
2. Discover what FY and SpRs perceive to be the hindrances to learning on WRs.
3. Discover what FY and SpRs perceive can be improved.
4. Suggest ways in which the educational value of WRs can be maximised.

Method

Foundation Years doctors were considered to be the learners and Medical SpRs the teachers. After preliminary face to face discussions I developed an anonymous questionnaire that was distributed to all FY doctors and medical SpRs based at Southampton General Hospital.

Follow up small group sessions were then conducted to interrogate deviant responses, and gain deeper meaning to the answers given.

Results

62% (33/53) FY response rate.
45% FY
43% male

37% (10/27) SpR response rate.

Current Ward Rounds

<table>
<thead>
<tr>
<th></th>
<th>Ward rounds per week</th>
<th>Mean cumulative time spent on WRs per week (hrs)</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>11.0</td>
<td></td>
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</tbody>
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Ward rounds have been a good opportunity to learn...

<table>
<thead>
<tr>
<th></th>
<th>FAVOURABLE</th>
<th>UNFAVOURABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>Neither</td>
<td>63%</td>
<td>64%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>54%</td>
<td>50%</td>
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</tbody>
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Comments

“…very few consultants take any real opportunities to teach on WRs…”
* “…just one opportunity was enough to make you feel you were really gaining something from the WR…”
* “…generally too rushed…”
* “…varies with consultant, some good, some disinterested…”
* “Not enough time”.
* “…Ward rounds just generally slotted in”.

“Post take WRs are not good because of the situation, you are either starting or finishing a shift”.
* “…do not appreciate teaching after a night shift…”
* “Slow and steady WRs with interested Ds are best”.
* “Seem to teach more with medical students”.

Conclusions

1. Learners often look for the acquisition of knowledge when judging the educational value of ward rounds. Only on deeper questioning, did students acknowledge learning attitudes and skills. These elements are not always consciously taught.
2. The main hindrances to learning were the lack of time, excessive patient numbers and disinterested teachers.
3. To improve the educational value of ward rounds it is important to know those who are being taught and their “learning objectives”. Utilise interesting and helpful patients, encourage participation and use the “spare time” between patients positively. Use time away from the bedside for presentation and feedback.
4. Characteristics that are important in a good teacher are those which create a safe and friendly environment, enthusiasm and a good role model. These encourage participation, questioning and the flow of thoughts and ideas.

References