

Morning Report in Main Wards of Teaching Hospitals: an Evaluation Report

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Abstract

Background and purpose: "Morning Report" is a traditional ritual in medical education programs; it includes a diverse group of teachers and learners with heterogeneous learning goals. We performed a cross-sectional survey of residents, medical students and staffs using a convenience sample.

Methods: A 33-item survey was developed with the assistance of a pilot study and two focus groups. Our participants were from four different educational wards including Surgery, Internal Medicine, Pediatrics and Obstetrics & Gynecology.

Results: 78% of the respondents stated that morning report sessions motivated them for self-directed learning and 70.3% of respondents stated that the format of morning report is good. 57.6% of respondents stated that discussed cases in the morning report are varied, 80% of the respondents experienced lack of appropriate feedback. 56.8% of the respondents stated discussion about the case results in better management of the patient, 39% stated that morning report results in resolving diagnosis problems. 50% of the respondents stated that there are enough communions between attending physician and student. There was not any significant difference between answers of residents, medical students and faculty members. We found considerable non-performance in attends performance in running morning report sessions.

Conclusions: Defining the roles of attends in optimizing learning, such as more attention towards developing problem solving and critical thinking skills and convergence between the attitudes and motivations of the learners and the teachers is strongly recommended.

Keywords: MORNING REPORT, SURVEY, EDUCATION

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Introduction

Morning report is an essential part of medical education programs. The educational conference has many various goals: It is used

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for review of management decisions, examining therapeutic problems, helping the chief of service to keep track of developments, and, most importantly, acting as a case-oriented teaching session.

Morning report has been described as the "intellectual highlight of the day", and is considered as one of the most important academic staff educational activities. It is typically a presentation of a recent clinical case and discussion of the case led by one or more residents with attending physicians,

residents, and medical students participating in the case-based discussion. Its aim is to help supervising the care of patients. The focus of morning report is towards education (1). Morning report at Hormozgan University of Medical Sciences, Bandarabbas is a 50-minute conference held five times per week in which approximately 10% of admissions are selected for presentation. All residents working on ward rotations are required to attend; residents on intensive care unit rotations and outpatient clinic rotations routinely are present. The chief residents or interns read the report and several faculty members, including the chief or associate chief of service, are present. Residents present cases of their choice that were admitted to their inpatient service. Diagnostic dilemmas, difficulties in management, rare illnesses, and unusual presentations of common diseases are preferred cases, and presentation at admission or early in the hospital course is the rule. Case presentations include a complete history and physical and laboratory findings. For diagnostic cases, questions are asked of the presenter followed by a problem-oriented discussion of the case. A differential diagnosis is constructed, and participants arrive at an "initial morning report diagnosis" or a prioritized list of "initial morning report diagnosis".

Morning report has been a cornerstone of residency training programs for many years (1-4). Approximately 98% of plans have a daily morning report. The format of morning report is different among institutions (1, 5). Academic staff, guest attending physicians, program directors, and department chairs may participate in this session with various aims (6).

The content of morning report also has been challenged recently. Morning report has traditionally reflected the inpatient, hospital-based focus of residency training. During the past decade, however, residents have been exposed to more outpatient medical education. Consequently, some educational programs have begun expanding the focus of morning report sessions (7-9). Rather than

concentrating exclusively on the short-term care of newly hospitalized patients, topics such as ambulatory care, evidence-based decision making, and longitudinal care are receiving greater attention (7-10). It has been suggested that more cases be discussed from the point of view of a generalist.

Several studies (1, 11, 12) have examined the goals of the different participants and their attitudes towards morning report. A 1995 study (11) examined residents in one residency program and found that they preferred interactive discussion led by attending physicians with a wide spectrum of knowledge. To evaluate the effect of morning report on education of residents and medical students and for improving of morning report quality we surveyed the attitudes of faculty members, residents and medical student regarding the following aspects of morning report sessions in training hospital main wards: purpose, specialty of the guest attending physician, teaching methods, and content.

Methods

We performed a survey of residents, medical students and staffs using a convenience sample. All faculty members, residents and medical students of main wards including Surgery, Internal medicine, Pediatrics and Obstetrics & Gynecology invited to participate in this study. Anonymous, self-administered questionnaires were distributed among residents, medical students and staffs by each program's chief resident(s) and returned to them, individual responses were kept confidential.

The items were reviewed by the trial management group and piloted through a survey of 25 students, residents and staffs recruited from internal medicine and surgery departments. Questionnaires were assessed for data quality including missing data and response frequencies. The questionnaire also included a question asking them if they would be willing to attend an interview to discuss the questionnaire in more detail. These

cognitive debriefing interviews conducted with five students, were designed to assess whether they had any difficulties with particular items and if there were important areas not covered by the questionnaire.

Focus groups which held with staffs and students in Hormozgan University of Medical Sciences was designed to assess content and face validity, the extent to which the items address the intended subject matter and whether relevant aspects of health and quality of life are adequately covered. The staff focus groups included two GPs and five specialist clinicians. The student focus groups included ten medical students and residents. All focus groups followed a semi-structured topic guide completed the questionnaire.

The 33-item survey was developed with performing of a pilot study and 2 focus groups. Several questions were presented in a multiple-choice or fill-in style. Most were answered on a 5-point scale (ranging from least to most important). The instrument was divided into multiple domains including attitudes, teaching methods, content and management. Respondents were also asked about their demographic characteristics.

A software package, SPSS, version 13 was used for data analysis. Responses to fill-in questions were summarized as means and proportions. Subgroup analysis was performed to investigate possible differences between the diverse groups of respondents.

Results

From a total of 118 respondents there were 25(21.2%) faculties, 60 (50.9%) medical students and 33(28%) residents (Table I). Our participants were from four different educational wards including Surgery, Internal Medicine, Pediatrics and Obstetrics & Gynecology. 54.2 % were female.

Of the respondents, 66.1% stated that they are always present till the end of morning report session and 94.1% of respondents stated that most of the times attending physicians are present till the end of the session. Among different wards only Surgery and Obstetrics

& Gynecology wards had director of morning report sessions.

57.6% of the respondents stated that discussed cases in the morning report sessions are varied, but in Obstetrics & Gynecology ward most of the respondents (17 of 28) stated that cases are repetitive($P<0.001$).

46.6% of respondents stated that problem solving in the morning report sessions is stepwise and organized.

55.1% of respondents stated that discussion and conversation in the morning report is problem-oriented, 28.8% stated that it is unipolar and converts to a lecture and the remainder stated that it is a sparse discussion with frequent disruption.

56.8% of respondents stated that discussion about the case results in better management of the patient, 39% stated that it results in resolving diagnosis problems and 33.9% stated that it results in prolonged theoretical discussion.

59.3% of respondents stated that important points are emphasized in the morning report, but in pediatric ward most of the respondents (23 of 36) stated that important points are not emphasized in the morning report and accessory points are discussed($P<0.001$).

33.9% of respondents stated that key points always are pluralized at the end of the session but in pediatric ward most of the respondents (25 of 36) stated that key points are not pluralized at the end of the session ($P<0.001$).

65.3% of the respondents stated that necessary imaging and laboratory findings are always available at the morning report sessions.

There was not any significant difference between answers of residents, medical students and faculty members.

Of the respondents, 50% stated that there are enough communions between attending physicians and students. 33% of the respondents mentioned lack of positive learning environment and 30.5% lack of enough determinants for case selection as most common obstacles in report setting. To compare the educational importance of morning reports with that of five other

Table 1. Residents, students and staffs surveyed regarding attitudes about morning report in different wards

<i>Ward</i>	Surgery(N)	Pediatrics (N)	Gynecology (N)	Internal Med.(N)
Self-directed learning (Yes)	9	25	25	33
Varied cases (Yes)	6	31	11	34
Key point focus (Yes)	7	13	21	29
Problem oriented discussion (Yes)	7	23	11	11

teaching forums, %29.7 rated morning report less important than inpatient work rounds, %20.3 as equal to seminars, %30.6 more important than independent reading and case conference.

80% of respondents stated lack of appropriate feedback and public humiliation.

78% of the respondents stated that morning report sessions motivated them for self-directed learning and 70.3% of respondents stated that the format of morning report is good. There was no significant difference in distinctive wards.

Discussion

From total of 118 respondents there were 25 staffs, 60 medical students and 33 residents. 60% of respondents stated that important points are emphasized in the morning report and discussion about the case results in better management of the patient, but in pediatric ward most of the respondents stated that important points are not emphasized in the morning report and redundant details are discussed. Of the respondents, 50% stated that there are enough communications between attending physician and student. Most of the respondents stated lack of appropriate feedback and public humiliation and most of them stated that morning report sessions motivated them for self-directed learning.

Leaders of medical training programs are responsible for monitoring patient management and ensuring that house staffs

are exposed to a wide curriculum. However, it is necessary to include input from house staff to optimize the quality of their educational experience. Recent developments in education have placed greater emphasis on assessing the needs of adult learners (13-16). Since most of the students and residents consider morning report as a highly important part of their training; they should be encouraged to appraise its content and structure (2,14,17). The goal was to study house staff from different programs to identify common topics. Despite the fact that the sample contained respondents from various backgrounds, they expressed views about morning report that were considerably similar (18-23).

Morning report allows discussion of diagnostic reasoning as each new piece of information is uncovered. After reviewing their thought processes based on the available information, participants are then asked to identify additional data that they would find useful. In this way, hypotheses are generated and tested in an iterative mode. The students are involved in a more realistic reconstruction of the dilemmas facing the admitting team and can be encouraged to discuss how they would have managed the presenting case. It has been postulated that this approach not only makes discussions more interesting but also encourage clinical problem-solving skills (12, 24, 25). But in this study, 54% of students complained about disorganized discussions, 46% of non-problem-based

discussions and 33% from prolonged theoretical discussions and 40% of inadequate attention to key points.

It is also surprising that 80% of our respondents experienced not only lack of appropriate feedback but also public humiliation. Medical ethics and role modeling are crucial/essential components in the education of any doctor. Future research should address how these important topics might be incorporated into morning report in a more productive and reasonable manner (26).

The environment of morning report tends to be less judgmental than attending rounds; this may improve learning, grasping and retention.¹³ Certainly, students and residents' spectrum of knowledge and the clinical care they provide must be evaluated throughout their training programs. The question is whether morning report is the optimal setting for this evaluation. A 1983 survey of 124 residency programs indicated that the quality of medical care was evaluated to some degree in more than 90% of the departments' morning reports (1).

By participating actively, students develop their ability to "think on their own" and find the solutions (27-29). In contrast to core curriculum lectures, in which learning is generally passive, morning report can provide an environment for active learning through group discussions about interesting cases, diagnostic and management dilemmas, and other relevant issues. However, 60% of the respondents indicated that attending (ward) rounds were the most important setting for the assessment of patient care, and only 12% believed morning report to be the best setting (18).

The study had a limitation. The survey focused only on the traditional inpatient morning report and no outpatient morning report for medical students and residents who are participating in an ambulatory care rotation as other researchers considered (30).

In summary, this study of staffs and students' attitudes emphasizes the importance of morning report as a "teaching" conference

rather than a "work" conference. Residents and students from various training programs had similar expectations for teaching content, methods and types of case presentation.

Conclusion

We found a considerable non-performance in actual performance of attends in running morning report sessions. Defining the roles of attends in improving learning in the morning report exercise, more attention towards developing problem solving and critical thinking skills in student and convergence between the attitudes and motivations of the learners and the teachers to facilitate a positive learning forum, physician training programs to promote problem solving ability, critical thinking and better morning report sessions and educating its basics is strongly recommended.

As physician training in Iran is evolving to prepare specialists for the 21st century, future continuous evaluation of the efficacy of our teaching methods is needed.

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