

Junior doctors' perceptions of ward rounds

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Aims

Variation in the structure and perceived effectiveness of ward rounds has been noted by junior doctors in a district general hospital. The RCP/RCN guidance on ward rounds has been reviewed, but variable feedback was received from clinicians. When this notion was explored in greater detail, it became apparent that different individuals had different expectations and perceived purposes from ward rounds.

Methods

A questionnaire was administered to junior doctors in medicine and geriatric care specialties at a London district general hospital, exploring perceptions of purpose, roles within and possible improvements to ward rounds.

Comments were collated and grouped into themes for analysis.

Results

24 responses were received in total (seven FY1 doctors, 11 SHO-equivalent – FY2, core medical trainees, and GP trainees, six specialist registrars).

Purpose of the ward round

The most common reason cited by doctors was to review patients' progress against management plans, identifying deterioration and maintaining progress. Smaller numbers noted an important role in communication with patients.

Roles on the ward round

Junior doctors predominantly see themselves as monitoring patient progress against a consultant-led plan. Some saw junior-led ward rounds as an opportunity to spend more time with patients or developing leadership skills leading their own rounds.

On consultant-led rounds, many doctors (particularly FY1 doctors) describe their role as purely administrative, scribing, sourcing notes and investigation results

Improving ward rounds

Some junior doctors challenged the traditional structure of seeing all patients before commencing on jobs, proposing

a more fluid ward round, allowing focus on the sickest patients, with less time spent with medically stable patients. Many doctors describe a desire for greater teaching on ward rounds, and feel that, due to increased consultant presence, the opportunities for them to examine, diagnose and propose management plans has decreased.

Conclusions

Few doctors described the value of communicating with patients on ward round as a major purpose of the activity. Many doctors question the suitability of the traditional ward round structure, which, as described by one respondent, often feels like 'trying to see as many patients as possible in the shortest pace of time, as safely as possible'.

Some junior doctors feel disempowered by too frequent consultant ward rounds, which, in their view, reduce clinical exposure and development of clinical skills, focusing their attention more on administrative tasks.

Novel structures of ward rounds should be considered to increase junior doctor education and improve patient involvement while maintaining safety and efficacy. ■

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