

Neonatal conference

on

Bedside rounds

by

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Bedside rounds

Potentially ~~bitter~~ practice

Potentially better practice

Bedside rounds as potentially better practice

“To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all”

Sir William Osler, 1903

Bedside rounds as potentially better practice

Evidence

Pubmed: 70 citations (key word search – “bedside rounds”)
(MeSH* word search – “bedside rounds” – no items found)

Level of evidence available : 5 **

* Medical Subject Heading

** Expert opinion without explicit critical appraisal

Alternatives to bedside rounds

- History of 'work room rounds' – relatively new
- Tradition versus science – adaptation for ICU setup
- Tele-round (video-conferencing)¹ – possibility to reality
- Remote communication ² – technological advances
- Practice based or evidence based – care taker convenience

1. Ellison LM, et al : J Am Coll Surg 2004;199:523-30

2 . Halpen NA, Crit Care Med 1995;23:2054-7

Bedside rounds - logistics

- Purpose
- Feasibility in ICU setting
- Advantages / disadvantages
- Clinical skills - reinforcement
- Communication skills - enhancement
- Team interaction - encouragement

Bedside rounds

Purpose:

Obtain information on the patient's current medical status (progress) and to make management decisions (plans)

Following the "Tradition" - Innate inertia to change

Better teaching model (case-based learning)*

More in line with educational needs/ training requirements.

* Irby DM Acad Med 1994;69:947-53

Bedside rounds

Feasibility in ICU setting

Boring – especially if the session is long and unfocused

Space requirements are different in ICU – Equipments / Monitors

Reliance on technology – periodic charting is available at a remote terminal

Noise level – especially applicable to NICU *

Overcrowding – the space between the NICU cots is limited

Infection control policies – isolation rooms

* Phibin MK. Clin Perinatol 2004;31: 331-52

Bedside rounds or besides rounds

Reported observations:

Technological advances has resulted in decline in the bedside rounds ¹

Attendings spend 63% of their time in conference room, 26% in hallway and 11% at the bedside ²

That's besides rounds

1. LaCombe MA, Ann Inter Med 1997;126:217-20

2. Miller M et al , J Gen Intern Med 1992; 7:646-8

Bedside rounds

Advantages (potential)

- Rapport with patient/ mother (NICU)
- Nurse's (RTs / Clinical pharmacist / Dietician) interaction
- Quick exam of positive findings

Disadvantages (potential)

- Faculty time ¹
- Post-call staff - orthostatic consequences
- HIPPA*
- Patient/ parents (NICU) discomfort ²

* Health Insurance Portability and Accountability Act

1. Mooradian NL, Acad Med 2001;76:200

2. Thibault GE, N Engl J Med 1997;336:1174-5

Bedside rounds

Effects on Clinical skills

Demonstration of 'correct' technique of examination – hands-on practice

Immediate feedback setup – errors rectified

Eliciting positive findings – skill reinforced

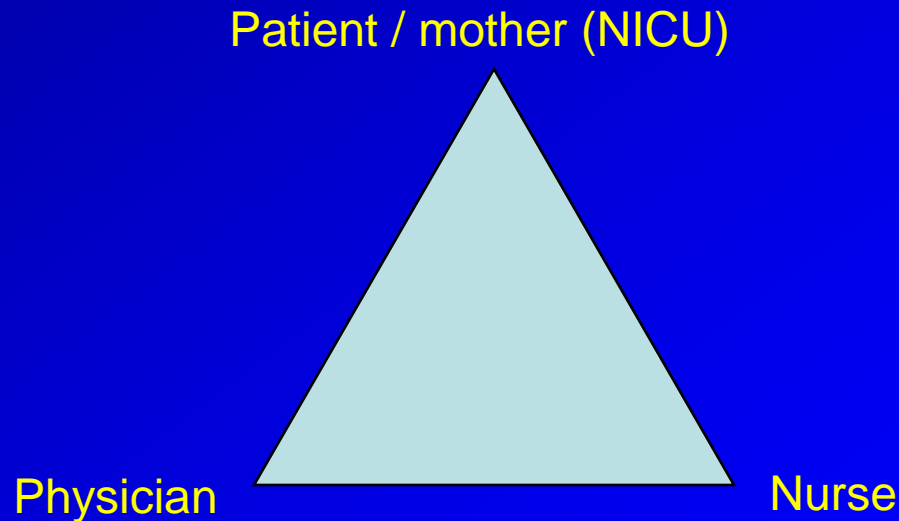
Evidence – Neurology residents has been shown to learn skills better during the bedside rounds *

* Frank SA. Neurologist 2004; 10:216-20

Bedside rounds

Communication skills:

- The importance is well recognized
- Counted as bedside 'manners'
- Communication -Triad : Patient-nurse-physician



Bedside rounds - logistics

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Bedside rounds

Team interaction is better - survey of ICU*

* Dodek PM, Intensive Care Med 2003; 1584-8

Bedside rounds - problem

Break in 'COLD' chain:

Students clinical teaching and learning are increasingly done on manikins and high fidelity **models**

Examination and performance evaluation by MCQs and **simulated** – OSCE stations

Concept of long case/short case presentations is **gone**

Case discussion with differential diagnosis and plan of action **at** the bedside – **disappearing** (replaced by case conferences, grand rounds, or morning reports)

Bedside rounds - problem

- Too much reliance on investigations & technology:
 - Who would like to measure the extent of liver enlargement (hepatomegaly) by palpation when *Ultrasound* can give the exact measurements (and other additional information)
 - Similarly, why exercise on D/D of murmur basing on bedside auscultation when you can get the real diagnosis by *Echocardiogram*
- Mindset :
 - Residents concentration is more on finishing the work – especially when post call - writing good & acceptable progress notes, attend teaching conferences & meetings – **overwhelmed**
 - Attendings concentration is to work on the minute details (medical/legal) plus administrative assignments – **overburdened**

Bedside rounds – Summary

- Pluses & minuses – consider ICU setting
- Evidence – limited papers, level 5 only
- Combining bedside ‘work’ and ‘grand’ round – 4 : 1
- Or ‘work station’ and ‘bedside’ round – 2 : 3 or 3 : 2
- And try to make bitter better

Ramani S. Twelve tips to improve bedside rounds. *Med Teach* 2003;25:112-5