



The purpose of ward rounds

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Abstract

Ward rounds are a highly important forum for collaborative medical reasoning. Despite being prevalent for over a century, they are under-researched. In particular, no clear and comprehensive statement of the purpose of ward rounds exists in the literature. This letter provides such a statement. Having the purpose of ward rounds clearly described helps to provide a foundation for evaluating the effectiveness of rounds and suggesting ways in which rounds can be improved.

Keywords Collaboration · Medical reasoning · Teamwork · Ward rounds

It is said that ward rounds are to physicians as operating theatre sessions are to surgeons [1]. Anyone who doubts the massive importance of ward rounds is advised to consult Caldwell [2], which in 2013 estimated the direct staffing costs of rounds to be 250 million pounds per year in London alone. Hence, it is surprising to note, as most papers concerning rounds do, that ward rounds are under-researched [3].

The purpose of ward rounds is a fundamental question which has not been clearly answered in the literature. Papers commonly list a few purposes, mostly related to patient care. These can be collated into a definitive statement which follows a logical flow through the clinical treatment and care process. Thus, ward rounds are to:

1. *Collect, share and integrate information.* Giri et al. [4], in surveying ICU practitioners, found data gathering to be the second most prevalent response. Summarising health data was one of six goals listed in NSW Department of Health [5]. Sharing information is commonly listed as a purpose of rounds and the ward round may be the only opportunity for practitioners to get together to do this. The round presents an opportunity to conduct a physical examination with relevant practitioners present [6] as well as for the team to together hear the patient's story [7].

2. *Understand the case and review progress.* The ward round is an opportunity to understand the case through reviewing progress compared to the predicted trajectory [8]. Giri et al. [4] found that team consensus was an objective, noting the importance of constructing shared mental models. The assessment and review of patients was reported by all respondents in one study to be central to the definition of the round [9]. Similarly, Catangui and Slark [7] referred to the requirement to jointly interpret the patient's concerns, NSW Department of Health [5] to discussing patient progress and Cohn [10] to reviewing medications and assessing coping.
3. *Form, review, refine or change a diagnosis.* Literature also points to the centrality of forming a diagnosis or a differential diagnosis in rounds [10], with Stickrath et al. [11] reporting over 90% of patient visits reviewed diagnostic study findings. Herring et al. [6] referred to revising the clinical diagnosis as a primary purpose. Royal College of Physicians and Royal College of Nursing [8] noted that diagnoses are formed, changed or refined in rounds.
4. *Make decisions.* A further purpose of ward rounds is to facilitate collective decisions. Gonzalo et al. [12] referred to combined decision-making reached through consensus. These decisions may concern treatment options, patient management and future investigations [6, 8]. Birtwistle et al. [13] pointed out that larger groups, such as grand rounds, focus more on education whilst smaller rounds focus more on decision-making.
5. *Construct a plan.* Constructing a treatment or management plan is often cited as the most important purpose of rounds. Giri et al. [4] found the primary purpose of

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rounds was to develop a plan of care. Plans are often centred on discharging the patient [6, 8]. The literature review of Walton et al. [14] found that, except for teaching rounds and reviews of the ward, the six other identified types of rounds all had planning patient care as a purpose.

6. *Make arrangements to carry out the plan.* Once the plan has been made, its execution must be organised. The Royal College of Physicians and Royal College of Nursing [8] report referred to arranging discharge, but other aspects of the plan also need to be arranged. NSW Department of Health [5] listed one goal of the round to be clarifying the responsibilities of team members in relation to the plan's implementation. One subtheme of rounds found by Giri et al. [4] concerned allocating tasks for the following 24 hours.
7. *Ensure practitioners are on the same page for the plan.* Another important purpose is to ensure that practitioners hold a consistent view of the case, particularly regarding their involvement in the patient's care. Gonzalo et al. [12] noted that rounds help develop teams, fostering the link between communication and decision-making, thus enhancing patient care. Giri et al. [4] reported comments about practitioners agreeing on and understanding the plan. NSW Department of Health [5] identified clarifying responsibilities in relation to the plan's implementation and Birtwistle et al. [13] referred to ensuring that weekend staff are aware of the patients' requirements.
8. *Communicate with the patient and others.* The round is also to communicate with patients and families, one reason being to address concerns and anxieties [4]. In Pucher et al. [9], almost two thirds of the respondents believed that patient communication was an expectation. As Swenne and Skytt [15] noted, the round is one of the most important forums for communication between patients and caregivers. Patients' involvement is required for issues such as treatment compliance [5]. Ward rounds provide opportunities to develop trust and rapport between practitioners, patients and families, which can assist with recovery [8].
9. *Check safety.* The ward round is also an evaluative forum where problems or errors may be noticed. Rounds ensure that patients are considered by practitioners on a regular basis [10]. The Royal College of Physicians and Royal College of Nursing [8] report specified active safety checking as part of the standard process to address the problem of errors. This responds to contemporary issues concerning continuity of care, multiple treating practitioners and rising case complexity.

In addition to the above clinical practice dimension, purposes exist on three other dimensions. Education, in the form of registrar, intern or student training, has historically been a central motivation for rounds, to which may be added the

professional development of fully fledged practitioners and the education of patients and other stakeholders. Each of the nine clinical purposes listed above presents an opportunity for all to learn through round interactions. For example, registrars can scrutinise their diagnostic or planning decisions with consultants and consultants can reflect on their own practices through these exchanges.

Another dimension is administrative purposes. As Cohn [10] notes, organisational benefits must underpin the existence of rounds otherwise it is difficult to see how they continue to be so widely practiced. Rounds are an integral part of a system of hospital care which aims for all patients to receive a thorough service within resource constraints. A timely documentary trail of important information, such as medications or care plans, occurs through the process of ward rounds. Hospital bed availability is managed and care teams are coordinated through rounds. Accountability is effected through practitioners playing out their ward round roles.

Sociological purposes form yet another dimension. Ward rounds help to maintain confidence in the hospital system as they provide a routine which is a visible reminder that the resources of system are focused on helping the patient. Rounds also help to maintain the professions, as they give effect to a clear set of demarcations through routines that practitioners, as well as patients, are expected to participate in actively, frequently and regularly. Creating and reinforcing the norms of medical care also occurs through ward rounds.

Thus, ward rounds satisfy the clinical care needs of patients whilst concurrently providing an educative platform, satisfying administrative requirements and supporting the sociological aims of the medical system. Rounds, despite seeming simple at first glance, are complex multidimensional activities, yet are not beyond explanation [16].

The above comments refer particularly to traditional rounds, but many variations exist [14]. These include chart review rounds where clinical test results are reviewed, multidisciplinary meetings where various healthcare practitioners contribute to group decision-making, grand rounds where exemplar cases are discussed, board rounds which occur without the patient and lean rounding practices such as Structured Interdisciplinary Bedside Rounds [17]. A question for further exploration is how purposes vary in these differing contexts and the implications of any changed purposes.

It remains to comment on why understanding ward round purposes is important. First, unless one is clear about what rounds are attempting to achieve, it is impossible to determine whether or not they are successful. And without knowing if they are currently successful or not, it is impossible to know whether they need changing or not and, if they do, then what to change and how to change it. This is probably why attempts to improve rounds are not as common as may be expected in the current climate of reform, despite numerous calls for change [1, 5, 8]. Even if ideas for improvement exist, without

a full understanding of the round's purpose it is difficult to confidently effect positive change, as altering some aspects will have ramifications on others. Understanding the purpose of the round more clearly will also assist with training practitioners, many of whom will find that their careers are closely connected to ward round practice. But all of this, one hardly needs reminding is to improve the lot of the hospital inpatient, whose fortunes often depend on effective hospital practices of which ward rounds are an integral and important feature.

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Compliance with ethical standards

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