Best Practices for Morning Report

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Where Does Innovation Come From?
The Golden Circle

- Simon Sinek
  - Why: The purpose
    - What is your cause/belief?
  - How: The process
    - Actions to realize the “why”
  - What: The result
    - What do you do?
What Makes Starbucks So Innovative?

- **Mission Statement**: “To inspire and nurture the human spirit--one person, one cup, and one neighborhood at a time.”
Starbucks

- **WHAT:** Make coffee
- **HOW:** Coffee beans, lot of locations
- **WHY:** People will like it

- **WHY:** We believe in inspiring the human spirit
- **HOW:** By creating appetizing products
- **WHAT:** We just happen to make great coffee
WHY do we do Morning Report?

- Origins
  - Oversee the care of patients
  - Now → focus on education
The “WHY”

- Hippocratic Oath
  - “I will... gladly share such knowledge as is mine with those who are to follow.”
- Evidence-based medicine
- Encourage future leaders
Purpose of Morning Report

- McNeill and Colleagues (2013)
  - Literature review: PubMed, Ovid and Cochrane Library (1966 to 2011)
  - 71 articles identifying purposes & desired outcomes of morning report
1) Clinical Discussion

- Foster self-directed learning
- Non-judgmental
- Learn subspecialties
- Immediate feedback
2) Evidence-Based Medicine

- Applying it clinically
- Improve patient care
- Decrease length of stay
3) Discuss Adverse Events

4) Board Review

5) Improve Discharge Practices

6) Incorporate Night Float Residents
HOW to Analyze Morning Report

- Kern and Colleagues (2009)
- Curriculum Development for Medical Education- A Six Step Approach
1) Problem Identification

- Amin and colleagues (2000)
- McNeil and colleagues (2013)
- No ideal model for morning report
- Identify own program problems
1) Problem Identification

- Lack of Leadership
- Attendance
- Generalists vs. Specialists
- Participation
- Judgment/Feedback
- Teaching to different levels (PGY-III+)
- Sign-out
1) Problem Identification

Figure 2. Fishbone Diagram – Case 1

**Individual**
- Accepting psychiatrist left for day prior to transfer
- Medically complicated patient (e.g., paroxysmal a fib)
- Transferring medical resident post-call
- Lack of formal sign-out from day psychiatrist to afternoon coverage
- Medication Reconciliation not completed prior to transfer
- Psych unawared of need for extended medical treatment

**Protocol/Procedure**
- RN hand off delayed, patient already in transit
- No resident to resident handoff required in protocol
- Psychiatric consult service not involved
- New interns were unclear on the admitting process
- Psychiatric RN being trained to be charge RN that day

**Resources**
- No med/psych unit
- Day attending shift ends mid-afternoon
- ED attending too busy
- Less accurate vitals monitoring on inpatient psych unit
- Psych RNs had less comfort with low BP than medical RNs
- Day attending off-site, day house-staff still there

**Communication**

**Training/Supervision**

**Environment**

**Code Called**
2) Targeted Needs Assessment

- Focus Groups
  - Residents
  - Attendings
  - PDs
2) Targeted Needs Assessment

- Focus Group Questions
  - What do you (dis)like?
  - What are the goals?
  - How to achieve them?
  - Addressing limitation?
2) Targeted Needs Assessment

- Identify available resources
  - IT, speakers, meeting rooms
3) Identifying Goals and Objectives

- Written goals and objectives
- Refer back throughout the year

"If you aim at nothing, you will hit it every time"

Author Unknown
3) Identifying Goals and Objectives

- Daniels and Colleagues (2014)
  - Teach efficient sign-out and case presentation
  - Discuss interesting cases
  - Enhance physical exam skills
  - Allow PGY-3s to teach
### Educational Strategies

<table>
<thead>
<tr>
<th>Objective</th>
<th>Morning report stage</th>
<th>Time</th>
<th>Focus of feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Handover</td>
<td>Handover of patients admitted overnight</td>
<td>10 minutes</td>
<td>(i) Communication skills/handover (ii) Diagnosis and management of each case</td>
</tr>
<tr>
<td>(2) Reflective practice</td>
<td>Discussion of interesting case</td>
<td>20 minutes</td>
<td>Clinical reasoning and clinical decision-making</td>
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<td>(3) Oral examination</td>
<td>Practice oral examination</td>
<td></td>
<td>Approach to oral examination</td>
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<tr>
<td>(4) Physical exam</td>
<td>Physical examination teaching</td>
<td></td>
<td>Approach to physical examination</td>
</tr>
<tr>
<td>(5) Teaching</td>
<td>PGY-3 residents teaching PGY-1 residents using case-based discussion</td>
<td>30 minutes</td>
<td>(i) Content of teaching (ii) Process of teaching (e.g., interactivity)</td>
</tr>
</tbody>
</table>

5) Implementation

- How to implement changes
- Support staff
- Extra time involved
6) Evaluation and Feedback

- Collect feedback and analyze data
- If problems arise, repeat the trend again to address those needs
6) Evaluation and Feedback

- Daniels and Colleagues (2014)

- Mann-Whitney U-test no difference between Resident and Attending
6) Evaluation and Feedback

- Daniels and Colleagues (2014)
- Areas needing improvement (no difference Resident and Attending Fisher’s exact test)
6) Evaluation and Feedback

- Daniels and Colleagues (2014) Discussion
  - Preceptor dependent
  - Small sample size, 1 hospital
  - Sign-out as part of morning report
  - Length
The “WHAT” of Morning Report

Approaches to Consider
Socratic Method

- Asking and answering questions to stimulate critical thinking
- Discussion of hypotheses
- Eliminating those that lead to contradictions
Who Should Lead Morning Report?

- Gross and Colleagues (1999)
  - 48%: Chief Resident; 42%: IM Attending

- Mba and Colleagues (2015)
  - 86% IM Attending
Structured Format

- Gross and Colleagues (1999)
  - 60.8%: Stepwise presentation
Analytic Approach to the DDX

- Sacher and Colleagues (2009)
  - 1) Organizing the Case
  - 2) The Hybrid Matrix Approach
    - Broad differentials
### The Hybrid Matrix Approach

<table>
<thead>
<tr>
<th>Etiologies</th>
<th>Infections</th>
<th>Neoplastic</th>
<th>Collagen-Vascular/Autoimmune</th>
<th>Vascular</th>
<th>Toxic Metabolic*</th>
<th>Endocrine</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems</td>
<td>Cardiovascular</td>
<td>Respiratory</td>
<td>Gastrointestinal</td>
<td>Genitourinary</td>
<td>Musculoskeletal</td>
<td>Neurological</td>
<td>Hematological</td>
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</tbody>
</table>

*Toxic refers to the "things outside the body" that cause illness, principally medications, elicit drugs, alcohol, or poisons. Metabolic refers to abnormal values of electrolyte, calcium, phosphate, or magnesium.*

# Hybrid Matrix: Syncope

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<tr>
<th>Systems</th>
<th>Etiologies</th>
<th>Infections</th>
<th>Neoplastic</th>
<th>Collagen-Vascular/ Autoimmune</th>
<th>Vascular</th>
<th>Other: eg Congenital Trauma Degenerative Psychogenic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
<td>X Hypotension: (tamsulosin increased)</td>
<td></td>
<td>X Arrhythmias Panic attacks</td>
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<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
<td>X Asthma</td>
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<tr>
<td>Gastrointestinal</td>
<td></td>
<td>X Anemia: (2nd to blood loss e.g. colon cancer)</td>
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<tr>
<td>Genitourinary</td>
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<tr>
<td>Musculoskeletal</td>
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<td></td>
</tr>
<tr>
<td>Neurological</td>
<td>X Hypoglycemia: (glyburide) Hyponatremia: (hydrochlorothiazide)</td>
<td>X Anemia:</td>
<td>(leukemia MDS)</td>
<td>X Anemia: (Nutritional)</td>
<td>X Anemia: (2nd to bleeding colonic diverticula or peptic ulcer disease)</td>
<td></td>
</tr>
<tr>
<td>Hematological</td>
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<tr>
<td>Integument</td>
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Resident Leadership Training

- James and Colleagues (2006) at University of Calgary
  - 3 hour “Resident as teacher” training sessions
    - Residents: MR less stressful
    - Audience: Higher needs met, less intimidating
  - “Resident-as-teacher” training may improve MR
  - Identify emerging leaders
Conclusions

- “Best Practice” is different for each program
- Evidence-based learning
- Structure
- Socratic method/Developing DDX
- PD/Faculty support
- Resident leadership training
- Analytical approach to improve program
“There are leaders and there are those who lead. Leaders hold a position of power, but those who lead, inspire us. We follow those who lead not because we have to, but because we want to.”

-Simon Sinek
References


