

Quality Ward Round Education Project

- promoting excellence in healthcare

Quality
Ward
Round
Project



The Quality Ward Round Project is a simulation based ward round training programme run for final year BSMS student and FY1s in the South West region

Contacts: Dr Natalie Powell (SASH)
Dr Neal Gent (WSH)

Background

Quality
Ward
Round
Project

The Ward Round

Ward rounds are complex clinical activities, critical to providing high quality, safe, care for patients in a timely, relevant manner.⁽¹⁾

Recent evidence from the Royal College of Physicians suggests that there is considerable variability in the organization, efficiency and quality of ward rounds.

The Role of the Junior Doctor

It is considered good practice for a consultant led ward round to occur twice per week. The transfer of information into note form is a key part of the ward round process. This is primarily a junior doctor's role.

Due to restructuring of working patterns junior members of the team are often left in charge of leading the ward round.

References

1) Royal College of Physicians, Royal College of Nursing . "Ward rounds in medicine: Principles for best practice". London: RCP, 2012

Ward Round Structure



Timing

Each patient encounter should last 10 – 15 minutes.

Team Members

- Leading doctor
- Medical team
- Nurse in charge (whole round)
- Nurse looking after patient
- Pharmacist

Leading

- Important to have confidence
- Engage patient and introduce team
- Take history
- Perform focused examination
- Construct differential diagnosis and management plan
- Delegate amongst the team
- Inform patient and react to concerns

Documenting

- Notes are legal documents
- All notes should be written legibly
- A clear structure will ensure important details are not missed in the busy ward round environment (see next page)

Documentation



- Patient's name and identification number
- Dated and timed (using 24 hour clock)
- Most senior doctor recorded
- Main issues relating to admission (1,2,3...)
- Results of investigations
- Brief history
- Details of examination performed
- Differential diagnosis/diagnosis
- Management plan (bullets/numbers)
- Signed by person completing entry
- Print name
- GMC number
- Bleep number
- Sign off by Senior doctor
- REMEMBER – this is a legal document

Further Reading

- A Clinician's Guide to Record Standards (Part 1 and Part 2). Access via www.rcplondon.ac.uk

The SASH Ward Round Safety Checklist



Ward Round Safety Check	Time Out	Surrey and Sussex NHS Healthcare NHS Trust
<input type="checkbox"/> Hands decontaminated <input type="checkbox"/> Key team members introduce themselves to patient/carer	<input type="checkbox"/> Working diagnosis & differential <input type="checkbox"/> Investigations and radiology reviewed <input type="checkbox"/> MEWS chart/Fluid balance/other (eg drains) <input type="checkbox"/> IV cannulae/urinary catheter reviewed <input type="checkbox"/> Resuscitation/Escalation status reviewed <input type="checkbox"/> Nutrition/fluid intake addressed <input type="checkbox"/> Bowels/stoma <input type="checkbox"/> Additional risks: eg falls/pressure areas <input type="checkbox"/> Clear management plan <input type="checkbox"/> Additional assessments: OT / PT /Sec 2 (circle) <input type="checkbox"/> Key nursing staff informed of plan <input type="checkbox"/> Documentation: name & bleep, date & time, filed	
Drug Chart Check		
<input type="checkbox"/> Name & number correct <input type="checkbox"/> Allergies on BOTH pages <input type="checkbox"/> Missed doses reviewed <input type="checkbox"/> Dose units written in full: 'micrograms' or 'units' <input type="checkbox"/> Drug levels if applicable <input type="checkbox"/> Dose adjustments for organ dysfunction if applicable <input type="checkbox"/> Antibiotic route, indication and duration <input type="checkbox"/> DVT risk assessment and prophylaxis prescribed <input type="checkbox"/> Prescribers' names printed	EDD/Discharge plan:	
	EDD..... Sec 2 / Sec 5 (please circle) Is Patient Medically Fit ? Y/N	Sign: Print name: Date

- Acts as an 'aide memoire' on the ward round
- Should not replace formal ward round documentation
- Currently available on all medical and surgical wards at SASH
- WSH use a medical proforma which captures many of the safety elements of the checklist

Programme

Quality
Ward
Round
Project

- Introduction (5 minutes)
 - Scenario 1
 - Scenario 2
 - Scenario 3
 - Debrief either after each scenario or after all three
 - Close (5 minutes)
-
- Problem based learning group
 - 1 hr (SASH)

Scenario 1



Scenario Background	Scenario Algorithm	Scenario Scene	Learning Objectives
<p>You are the FY1 on the Acute Medical Unit. Your consultant has reviewed the new patients but has asked you to see the patients who were admitted yesterday.</p>	<p>Conduct a ward review of the patient</p>	<p>The patient is a 40 year old man who has known asthma and presented with cough, fever and shortness of breath. He was seen by your consultant yesterday on the Post take ward round and thought to have an exacerbation of his asthma.</p> <p>The medical notes from the PTWR and the clerking are provided</p>	<p>Clinical: Importance of retaking a short focussed history and importance of smoking cessation Use and compliance of medications Review of drug chart to identify omissions VTE prophylaxis Non-Clinical: Importance of structure in ward reviews Importance of collateral from nursing staff Communication skills with patient, nurse and team Leadership skills in directing the team Meeting patient expectations</p>
Scenario States / Equipment	Instructor's Notes	General Notes	
<p>Variable Flow of consultation Interaction between team members</p> <p>Equipment/Supplies Needed Medical Clerking notes Investigation sheets/xrays Drug chart Obs sheet inc. EWS Fluid balance chart Ward safety checklist sticker/template</p> <p>Initial Set-up: Designate roles and responsibilities Brief actor regarding scenario</p>	<p>Possible outcomes: Team leader covers all key elements of patient interaction:</p> <p>Review of patient clerking Review of ECG Review of radiology Review of last entry and generation of problem list Assigns responsibilities to other team members</p> <p>Patient review: Hand washing Confidentiality, privacy and dignity consideration Introductions including team members Clarification of the correct patient Review of admission so far Social background Safety elements (DVT/TEDS, drug chart, allergies abx) Review frequency of observations Summarise to patient and check understanding Review patient concerns</p>	<p>Debrief:</p> <p>Clarify understanding with the team</p> <p>Check documentation reflects consultation</p> <p>Feedback to nursing staff/MDT members</p>	

Scenario 2



Scenario Background	Scenario Algorithm	Scenario Scene	Learning Objectives
<p>You are the FY1 on the Acute Medical Unit. Your consultant has reviewed the new patients but has asked you to see the patients who were admitted yesterday.</p>	<p>Conduct a ward review of the patient</p>	<p>The patient is a 27 yr old lady who presented with back and loin pain, vomiting and dysuria. She was seen by your Consultant yesterday on the Post take ward round and thought to have pyelonephritis. The medical notes from the clerking and the PTWR are provided.</p>	<p>Clinical: Importance of reviewing current status and response to treatment so far Sepsis recognition and management of drug reaction Fluid assessment and IV fluid prescribing Analgesia and pain control Gentamycin prescribing HIV screening</p> <p>Non-Clinical: Medical error and reporting Communication skills in a difficult situation Importance of nurses contribution Addressing patient concerns</p>
Scenario States / Equipment	Instructor's Notes	General Notes	
<p>Variable Flow of consultation Interaction between team members</p> <p>Equipment/Supplies Needed Medical Clerking notes Investigation sheets/xrays Drug chart Obs sheet inc. EWS Fluid balance chart Ward safety checklist sticker/template</p> <p>Initial Set-up: Designate roles and responsibilities Brief actor regarding scenario</p>	<p>Possible outcomes: Team leader covers all key elements of patient interaction:</p> <p>Review of patient clerking Review of ECG Review of radiology Review of last entry and generation of problem list Assigns responsibilities to other team members</p> <p>Patient review: Hand washing Confidentiality, privacy and dignity consideration Introductions including team members Clarification of the correct patient Review of admission so far Social background Safety elements (DVT/TEDS, drug chart, allergies abx) Review frequency of observations Summarise to patient and check understanding Review patient concerns</p>	<p>Debrief:</p> <p>Clarify understanding with the team</p> <p>Check documentation reflects consultation</p> <p>Feedback to nursing staff/MDT members</p>	

Scenario 3



Scenario Background	Scenario Algorithm	Scenario Scene	Learning Objectives
<p>You are the FY1 on the Acute Medical Unit. Your consultant has reviewed the new patients but has asked you to see the patients who were admitted yesterday.</p>	<p>Conduct a ward review of the patient</p>	<p>The patient is an 84 year old man who presented following an episode of chest pain the night before when getting up overnight for the bathroom. He was seen by the on call medical consultant during a busy intra-take ward round. You now see him on the acute medical unit the following morning.</p> <p>You are provided with the medical clerking, intra take notes and basic investigations</p>	<p>Clinical: Importance of social and collateral history in the elderly Importance of medication review in the elderly Side effect of medication Concept of frailty Review of all medications prior to discharge for all patients</p> <p>Non-Clinical: Taking a history from an elderly patient Communication and non verbal cues Importance of the MDT input for complex patients Safeguarding of vulnerable patients</p>
Scenario States / Equipment	Instructor's Notes	General Notes	
<p>Variable Flow of consultation Interaction between team members</p> <p>Equipment/Supplies Needed Medical Clerking notes Investigation sheets/xrays Drug chart Obs sheet inc. EWS Fluid balance chart Ward safety checklist sticker/template</p> <p>Initial Set-up: Designate roles and responsibilities Brief actor regarding scenario</p>	<p>Possible outcomes: Team leader covers all key elements of patient interaction:</p> <p>Review of patient clerking Review of ECG Review of radiology Review of last entry and generation of problem list Assigns responsibilities to other team members</p> <p>Patient review: Hand washing Confidentiality, privacy and dignity consideration Introductions including team members Clarification of the correct patient Review of admission so far Social background Safety elements (DVT/TEDS, drug chart, allergies abx) Review frequency of observations Summarise to patient and check understanding Review patient concerns</p>	<p>Debrief:</p> <p>Clarify understanding with the team</p> <p>Check documentation reflects consultation</p> <p>Feedback to nursing staff/MDT members</p>	

Notes

Notes



A 'Sim' Ward Round

Doctors from SASH NHS Trust performing a simulated ward round.

May 2013

Contributors

Dr Chris Bruce (Specialty Trainee, KSS Deanery and Honorary teaching fellow BSMS)

Dr Natalie Powell (Consultant Physician at Surrey and Sussex, Honorary Senior Lecturer BSMS)

Dr Neal Gent (Associate Specialist AMU, Simulation training Lead, St Richard's Hospital, Chichester)

With thanks to:

- Actors
- Dr Martin Parry- Associate Director STFS
- Dr Wes Scott-Smith BSMS

Dr Natalie Powell
Surrey and Sussex
NHS Trust
East Surrey Hospital
Canada Avenue
Redhill
Surrey, RH1 1TX