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)
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

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)
• 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

- 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

• 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**
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.

**Scenario Algorithm**
Conduct a ward review of the patient

**Scenario Scene**
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.

The medical notes from the PTWR and the clerking are provided.

**Learning Objectives**
- **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

### Scenario States / Equipment

<table>
<thead>
<tr>
<th>Variable</th>
<th>Flow of consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction between team members</td>
<td></td>
</tr>
</tbody>
</table>

**Equipment/Supplies Needed**
- Medical Clerking notes
- Investigation sheets/xrays
- Drug chart
- Obs sheet inc. EWS
- Fluid balance chart
- Ward safety checklist/sticker/template

**Initial Set-up:**
- Designate roles and responsibilities
- Brief actor regarding scenario

**Instructor’s Notes**

**Possible outcomes:**
- Team leader covers all key elements of patient interaction:
  - 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

**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

**General Notes**

**Debrief:**
- Clarify understanding with the team
- Check documentation reflects consultation
- Feedback to nursing staff/MDT members
# Scenario 2

<table>
<thead>
<tr>
<th>Scenario Background</th>
<th>Scenario Algorithm</th>
<th>Scenario Scene</th>
<th>Learning Objectives</th>
</tr>
</thead>
</table>
| 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. | Conduct a ward review of the patient | 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. | **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  
**Non-Clinical:**  
Medical error and reporting  
Communication skills in a difficult situation  
Importance of nurses contribution  
Addressing patient concerns |

<table>
<thead>
<tr>
<th>Variable</th>
<th>Instructor’s Notes</th>
<th>Possible outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow of consultation</td>
<td><strong>Team leader covers all key elements of patient interaction:</strong></td>
<td>Team leader covers all key elements of patient interaction:</td>
</tr>
<tr>
<td>Interaction between team members</td>
<td><strong>Review of patient clerking</strong></td>
<td>Review of patient clerking</td>
</tr>
<tr>
<td><strong>Equipment/Supplies Needed</strong></td>
<td><strong>Review of ECG</strong></td>
<td>Review of ECG</td>
</tr>
<tr>
<td>Medical Clerking notes</td>
<td><strong>Review of radiology</strong></td>
<td>Review of radiology</td>
</tr>
<tr>
<td>Investigation sheets/xrays</td>
<td><strong>Review of last entry and generation of problem list</strong></td>
<td>Review of last entry and generation of problem list</td>
</tr>
<tr>
<td>Drug chart</td>
<td><strong>Assigns responsibilities to other team members</strong></td>
<td>Assigns responsibilities to other team members</td>
</tr>
<tr>
<td>Obs sheet inc. EWS</td>
<td><strong>Patient review:</strong></td>
<td><strong>Patient review:</strong></td>
</tr>
<tr>
<td>Fluid balance chart</td>
<td><strong>Hand washing</strong></td>
<td>Hand washing</td>
</tr>
<tr>
<td>Ward safety checklist</td>
<td><strong>Confidentiality, privacy and dignity consideration</strong></td>
<td>Confidentiality, privacy and dignity consideration</td>
</tr>
<tr>
<td>sticker/template</td>
<td><strong>Introductions including team members</strong></td>
<td>Introductions including team members</td>
</tr>
<tr>
<td><strong>Initial Set-up:</strong></td>
<td><strong>Clariification of the correct patient</strong></td>
<td>Clariification of the correct patient</td>
</tr>
<tr>
<td>Designate roles and responsibilities</td>
<td><strong>Review of admission so far</strong></td>
<td>Review of admission so far</td>
</tr>
<tr>
<td>Brief actor regarding scenario</td>
<td><strong>Social background</strong></td>
<td>Social background</td>
</tr>
<tr>
<td><strong>Safety elements (DVT/TEDS, drug chart, allergies abx)</strong></td>
<td><strong>Review frequency of observations</strong></td>
<td>Safety elements (DVT/TEDS, drug chart, allergies abx)</td>
</tr>
<tr>
<td><strong>Review patient concerns</strong></td>
<td><strong>Summarise to patient and check understanding</strong></td>
<td>Review frequency of observations</td>
</tr>
<tr>
<td><strong>Debrief:</strong></td>
<td><strong>Check documentation reflects consultation</strong></td>
<td>Summarise to patient and check understanding</td>
</tr>
<tr>
<td>Clarify understanding with the team</td>
<td>Feedback to nursing staff/MDT members</td>
<td>Review patient concerns</td>
</tr>
</tbody>
</table>

Debrief:
- Clarify understanding with the team
- Check documentation reflects consultation
- Feedback to nursing staff/MDT members
### Scenario Background
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.

### Scenario Algorithm
Conduct a ward review of the patient

### Scenario Scene
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. You are provided with the medical clerk, intra take notes and basic investigations.

### Learning Objectives
**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

**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

### Instructor’s Notes
**Possible outcomes:**
- Team leader covers all key elements of patient interaction:
  - Review of patient clerk
  - Review of ECG
  - Review of radiology
  - Review of last entry and generation of problem list
  - Assigns responsibilities to other team members

**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

### General Notes
**Debrief:**
- Clarify understanding with the team
- Check documentation reflects consultation
- Feedback to nursing staff/MDT members

---

**Scenario States / Equipment**

**Variable**
- Flow of consultation
- Interaction between team members

**Equipment/Supplies Needed**
- Medical Clerk, notes
- Investigation sheets/xrays
- Drug chart
- Obs sheet inc. EWS
- Fluid balance chart
- Ward safety checklist
- sticker/template

**Initial Set-up:**
- Designate roles and responsibilities
- Brief actor regarding scenario

---

QWRP pilot 2014 ©
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