The art of the ward round

Introduction

Ward rounds are an essential part of hospital practice, providing regular contact between doctors, nurses and their patients. The ward round allows evaluation of the patient and planning of his/her care as well as valuable social interaction. The most valued trait of a foundation doctor is organization, and this is most applicable in the planning and execution of the ward round. The following gives undergraduates or newly qualified doctors a taster of what to expect, as well as some advice on how to be prepared.

Different types of ward round

There are four types of ward round – the foundation doctor ward round, the daily ward round, the consultant ward round and the post-take ward round.

The foundation doctor ward round

This ward round is where the foundation doctor alone, or with a ward nurse, collects data and develops a 'feel' for the patients. The foundation doctor needs to pay attention to any new problems and initiate management as well as alerting seniors to any changes (*Figure 1*).

The daily ward round

In attendance will be the foundation doctor and one or more seniors (core and/or speciality trainees). It is not unknown to be accompanied by specialist nurses (e.g. vascular, diabetes, or stoma nurses), physiotherapists, medical students and the like. The aims of this ward round are to review the patients, flag up any new problems, and move patient management forward. Do not forget to plan when a patient will be able to go home and get support services (e.g. physiotherapy, occupational therapy, social workers) involved in advance.

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The consultant ward round

This ward round is attended by the consultant and his/her team. Consultant ward rounds occur weekly or more often depending on the consultant and his/her timetable.

The consultant's presence should be taken advantage of and management dilemmas discussed. It is important for the foundation doctor to know the patients, and be able to present each patient's history and most recent results. The consultant ward round is also a teaching opportunity so be prepared for questions on diagnosis, investigation and management.

The post-take ward round

If a consultant is on-call for his/her speciality any patients that come through the emergency department that day are 'taken' by the consultant. The ward round after the on-call is known as the post-take ward round. This ward round is attended by the relevant consultant, his/her team and the on-call team. This ward round is used to introduce the patients to the day team for the on-call consultant and discuss their overnight management. The consultant will appraise the situation and suggest further management.

Managing the ward round

It is a good idea to split ward rounds into three stages. This article details tried and tested techniques (*Figure 2*) to take the foundation doctor through preparation to execution and appraisal of all types of ward rounds.

Before the ward round

1. Have a folder equipped with patient notepaper, request forms (bloods, group and save, microbiology, X-ray, endoscopy, magnetic resonance imaging, echocardiography, referral forms, sticky labels, patient labels, and consent forms (in surgery))
2. Have a patient list for each person on the ward round (*Figure 3*). This has the patient, ward, hospital number, date of birth, diagnosis, progress and jobs
3. Group patients by ward and the wards in terms of location so the team moves from one to the next smoothly through the list
4. Note the most recent blood test results for each patient before the ward round on sticky labels and put them in the notes during the round
5. Check which investigations have been ordered for each patient and the results.

Figure 1. Tips for the foundation doctor ward round.

Have a system that covers the basics:

Ask the patient whether he/she has any pain, if he/she has opened their bowels and if he/she is eating and drinking. Pay attention to bowels not being opened, new onset diarrhoea, vomiting and pain; these things often need further investigation

Check the observations charts – pay attention to hypotension, tachycardia, tachypnoea or pyrexia, as these are often the first signs of problems

Check the drug chart – thromboprophylaxis, analgesia, regular drugs and therapy (TART)

Examine the patient – pay attention to wound sites, cardiorespiratory and abdominal examinations. Base the examination around the patient; explain what you are examining for and how this influences patient management

Read the patient's notes from the day before, check the plan and see which points have been covered so far. Your plan will incorporate those jobs not yet completed and chasing jobs that have been started (e.g. referrals to other teams, results from investigations)

Try to move patient management forward – add recent results to the notes, read entries from other health professionals who have seen the patient, and consider adding their suggestions to the new plan, start thinking about discharge and what level of function the patient needs before this is possible

Document the ward round – this is a legal requirement

At the end of the house officer ward round be prepared to discuss the patients with a senior, he/she may well want to see them later. This is also the chance to flag up any concerns or changes in any patients since they were last seen

Imaging can be reviewed at the beginning of the ward round and it is a good idea to print relevant results which can be added to the notes as you go around; some investigations, for example, endoscopy or echocardiography may have the results written on their own documentation and added into the notes – have a look for these before the ward round

6. Ask the consultant's secretary if there are any referrals to be seen during the ward round so they can be fitted in.

During the ward round

1. Lead the team to the ward's patient board which lists the names and bed numbers. Check this daily as patients may be moved overnight or during the day
2. Patient notes are usually kept in trolleys by the nurses' station, in numbered slots according to bed number. If the team has many patients take the whole trolley, otherwise take out the notes for the patients to be seen
3. Lead the team to the patients' beds, start at the far end of the ward and work back towards the exit. Ask the nursing staff if you are unsure where beds are located
4. Introduce the team to the patient, draw the curtains, and position yourself so you can see what is happening and hear what your seniors are saying
5. Find the right page in the notes and write the date, time, ward round, the senior's grade and initials, and how many days postoperatively the patient is (in surgery).
   Note the position of the patient (on bed, on chair, lying down), what he/she is doing and whether he/she appears well, unwell or comfortable.
   Use the observations folder to note down the blood pressure, pulse, temperature, respiratory rate, oxygen saturation, and if applicable fluid status (overloaded or dehydrated) and blood glucose. Summarize the interaction between the patient and the senior and note the pertinent points.
   Note the plan for the patient, ask the senior to specify this
6. Check the patient's charts every day – this includes the observations, fluid balance, blood glucose and any others (e.g. food charts). This can highlight problems, such as hypovolaemia, tachypnoea or pyrexia. The drug chart should be checked daily. It is helpful to develop a routine for this such as thromboprophylaxis, analgesia, regular drugs, therapy (TART)
7. Make a jobs list for each patient according to the plan. The jobs list will include tasks to be completed during the day, often initiated and followed up by the foundation doctor.

After the ward round

1. Sit down with the team, go over each patient and review the plan
2. Devise a jobs list for each patient
3. Divide the jobs up between the team if necessary. Most of the ward jobs are done by the foundation doctor but all members of the team should be involved. It may be more appropriate, for example, for the consultant to discuss scan requests or the registrar to make a referral, so do not be afraid to assign jobs to the rest of the team
4. Prioritize the jobs and make a time plan. For example:
   Before lunch – request forms in, do urgent jobs, write and hand in referrals (more chance of investigations being done and patients being seen on the same day)
   After lunch – check bloods, review patients, chase urgent investigations or results (gives ample time to identify problems and initiate management)
   Before home – check if investigations were carried out and reported, update list, discuss the day's progress with a senior, hand over potential problematic patients or evening jobs to the on-call foundation doctor.

Consultant's view and advice

After many years of both being the junior and the senior on consultant ward rounds I give advice to both seniors and juniors. The consultant ward round must not be rushed and time should given to sitting down with the team both before and after seeing the patients.

Figure 2. General tips for ward rounds.

There are many things to keep track of on a ward round. Coordinate with the team so all bases are covered. For example, one person writes in the notes while the other checks the charts and keeps track of the jobs list

Keep patient labels handy so they can be stuck on where needed, e.g. request forms, referral letters

Highlight abnormal results, for example bloods; this makes them easy to spot

Use an A4 ring binder as the house officer folder; add a crocodile clip to the front to keep the patient list where it can be seen

Patient notes can become untidy, alert the nursing staff and ward clerk so they can be tidied. Remember patient notes are an official document and should be kept in order

If you notice from the drug chart that a patient is routinely refusing a drug then ask why. Nurses will initial when a drug is given or there will be a number – check what these numbers mean (e.g. 1 = nil by mouth, 2 = drug unavailable, 3 = not necessary, 4 = refused by patient)

Fluid charts indicate when a person is dehydrated or retaining fluid. Falling urine output is also a sign of hypovolaemic shock (the commonest type of shock encountered in surgical inpatients)

Determine which documentation the firm uses the most and keep the house officer folder equipped (e.g. consent forms in surgical firms)

It is not uncommon for consultants to combine the post-take and consultant ward round to see both new and old patients. Discuss with the consultant how he/she would like the ward round to be conducted

Most hospitals have physiological scoring systems (blood pressure, heart rate, respiratory rate, oxygen saturations, and temperature) which act as early warnings of patient deterioration. The score is documented on the observations chart; check how this is calculated and what the parameters are

Figure 3. Example of a patient list.

Patient	Ward	Hospital no.	Date of Birth	Diagnosis	Progress	Jobs
A N Other	1a	123456	01/01/1973	Ca colon	Post op day 1	Post op Hb

The time taken before the 'walk round' allows data to be exchanged, plans to be made and all members of the team to contribute to the treatment plan. Without this quiet time, nuances of the patient's physical, social and mental condition will be missed, leading to missed diagnoses and inappropriate treatment, and discharge plans being discussed in front of patients and relatives.

During the ward round the most junior doctor who has clerked the patient should present the case. Ensure the consultant is given a copy of your list of patients when doing the 'walk round' so that he/she is up to speed as soon as he/she reaches the bed. After the walk round take time to all sit down again and evaluate the week's activity for formal audit of activity and any complications which should be entered onto a database. This end of ward round time should be used to allow the team to get to know each other.

You need a professional atmosphere for the team to get efficient patient care organized and delivered, but without a relaxed team spirit the consultant will miss essential 'minor points' which can often allow him/her to use his/her experience in treating the patients. It also makes the ward round a lot more enjoyable for everyone. In fact I would recommend that the consultant buys all the team good quality coffees for the evaluation session after the walk round to set the right atmosphere.

Conclusions

It is difficult to imagine being an experienced foundation doctor, so use these hints to prepare yourself and make that all important first impression a good one. Our advice is do not be afraid to make your mark, do lead the team and don't forget to enjoy yourself. **BJHM**

Conflict of interest: none.

KEY POINTS

- Ward rounds are an essential part of hospital-based practice, and there are different types of ward round to be aware of.
- The foundation doctor is expected to lead and facilitate the ward round.
- The key to conducting the ward round successfully is organization and forward planning. By dividing the ward round into stages the foundation doctor can plan, conduct and conclude the ward round effectively.