

REPORT OF AUDIT IN HOUSE OFFICER WARD ROUNDS

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Abstract

Ward rounds are thought to be the pinnacle to the training of House Officers and according to literature is referred to as “walking tightrope” which aids in the processes of appropriate clinical decision making, information exchange, and demonstration of communication skills. **Objective** The objective of this audit is to determine the quality of ward rounds conducted by House Officers in terms of frequency of rounds, eligibility of handwriting, and accordance to Specialist plans. **Methodology** The wards are randomly sampled from a list of 6 Medical wards, 3 Surgical wards, and 4 Obstetric and Gynaecology wards. A total of 2 Medical wards, 2 Surgical wards, 1 Obstetric ward, and 1 Gynaecology ward are included in this study. Then a random sampling of 60 case notes are obtained from the discharges in a week from 8/4/2024 – 12/4/2024 as the sample for the audit. **Results** Results show that for Medical department, 100% achieve 2-times ward rounds per day. For Surgical department, 1(5%) has reported no ward round conducted in a day, with 4 (20%) with one ward round per day, and 8(40%) with 2 ward rounds per day, and 7(35%) with 3 ward rounds per day. For Obstetrics and Gynaecology department, 20 (100%) achieve 2 ward rounds per day involving the House officers. **Discussion** There is a mediocre participation of House Officers in the ward rounds with 36.67% recorded no participation of House Officer ward rounds with Specialists. Using a specific tool, Consultants realise that they could focus their teaching on a particular problem or issue suiting to the level of the learners or junior doctors. **Conclusion** In conclusion, this brief audit conducted in Hospital Pulau Pinang managed to show the gravity of the House Officer situation in Malaysia, where there had been a massive reduction in number of House Officers in Malaysia, and specifically in Penang too, which aggravated the reduction in the ability of House Officers to follow ward rounds, which are educational.

Keyword: Ward rounds, House Officers, frequency, quality.

INTRODUCTION

Ward rounds are the pinnacle to the training of junior doctors or more commonly known as house officers in some parts of the world, and interns in others. Ward rounds, according to literature refer to a process identified as “walking tightrope” and present as a very complex entity which is the platform for appropriate clinical decision making, information exchange, and demonstration of communication skills (Eljack et al. 2023; Laskaratos et al. 2015) In terms of literature, there is still yet a single definition of ward round. However, as convention has it, it generally refers to “medical teams traveling sequentially from inpatient to inpatient and stopping at each to discuss, examine and decide about the details and overall management of care” (Laskaratos et al. 2015; Claridge 2011). There are themes discussed during ward rounds and they include diagnosis, prognosis, and treatment planning (Laskaratos et al. 2015; Khan 2021).

A study conducted by Grant et al in the late 1980s show that senior house officers reported 58% of their learning comes from the ward rounds (Claridge 2011). Ward rounds have been considered as a dearth of learning opportunities for medical students and house officers, however, there are also multiple problems connected to this learning method. One of the greatest challenges in conducting a conventional, proper ward round is the lack of time. This is even more true recently with increasing

workload, unavailability of patients at that time, reduced training time, different training levels among the doctors, and also because the attending physician is assigned and expected to deliver best patient care at the same time (Claridge 2011, Roy et al. 2012). As stated by Roy et al (2012) “With these competing demands, we need a manageable, teachable framework for conducting successful rounds”. The attending physicians in charge of conducting ward rounds usually receive little guidance or instruction on how to conduct a proper, innovative, and evidence-based ward round for the purpose of teaching junior doctors and training them to be better clinicians. These ward rounds exemplify patient-centred communication skills, instill empathy in the trainees, and deliver a high-quality patient care with efficiency and cost-effectiveness, and all these are done in a highly complex environment (Roy et al. 2012).

Other than the above, one of the other factors that contributes to the complexity of understanding the utility of ward round as a teaching tool, are issues related to ward environment. These include the complexity of hospital environment and large student and house officer numbers per healthcare facility. There are also factors which relate to the teaching staff, for example the training of the attending physician to conduct ward rounds, and their preparedness to conduct the ward rounds. Factors related to the students and house officers include their preparedness for the ward rounds and their interaction (Eljack et

al. 2023). In the past decade, there have been innovative new educational strategies which see their implementation in hospitals and teaching institutions, and these include clinical skills lab, problem-based learning sessions, and sessions in small groups. All that said, there is still a need to put effort into improving the educational value of ward rounds and improving their quality to achieve the most benefit from this cornerstone learning experience for the house officers (Eljack et al. 2023).

In Malaysia, the implementation of ward rounds as teaching method for the house officers, medical students, and medical officers have been the cornerstone of continuous medical education and have been successful in churning out future doctors who propel the medical personnel into providing high quality medical care which are accredited by international bodies, be it ISO or MSQH accreditation. Ward rounds among the house officers have been implemented since the beginning when Malaysia first has its own hospital in Taiping and Penang. Hence, for decades, ward rounds have become the main teaching method for house officers who are training to become better senior doctors in their own accord.

According to the Malaysian Guidebook for House Officers (2008), in the structure of internship training, clause (i) “To achieve proficiency and competency, you are expected to attend ward rounds and regular ward meetings. Daily ward rounds with the registrar and regular grand ward rounds with consulting physician are the norms. In addition, certain disciplines may require you to attend various regular meetings such as diagnostic

imaging meetings and unit clinical presentations and review meetings.”

Based on this clause, thus an internal audit has been conducted in a few wards in Hospital Pulau Pinang to audit the ward rounds conducted by House Officer in a few vicinities in Hospital Pulau Pinang. The objective of this audit is to determine the quality of ward rounds conducted by Hous Officers in terms of frequency of rounds, eligibility of handwriting, and accordance to Specialist plans.

METHODOLOGY

This audit involves auditing the frequency of ward rounds done by House Officers in a day for a particular patient. The ward rounds are then divided into three different characterisations, i) ward rounds conducted by House Officers only ii) ward rounds conducted with Medical Officers, and iii) ward rounds conducted with Specialists. Then the audit goes further to see the eligibility of House Officer handwriting in the documentation, and the adherence to Specialist plans. The wards chosen are Medical wards, Surgical wards and Obstetric and Gynaecology wards. The wards are randomly sampled from a list of 6 Medical wards, 3 Surgical wards, and 4 Obstetric and Gynaecology wards. A total of 2 Medical wards, 2 Surgical wards, 1 Obstetric ward, and 1 Gynaecology ward are included in this study. Then a random sampling of 60 case notes are obtained from the discharges in a week from 8/4/2024 – 12/4/2024 as the sample for the audit.

RESULTS AND FINDINGS

Table 1 showing the distribution of frequency of ward rounds conducted by the House Officers

Wards	Frequency of ward rounds/ day				Ward rounds by HOs alone				Ward rounds with MO				Ward rounds with Specialists				Eligibility of handwriting		Following Specialists Plan	
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	Yes	No	Yes	No
Medical A			10		3	7				10			2	8			10		10	
Medical B			10		2	8			2	8			5	5			10		10	
Surgical A	1	4	4	1	6	3	1		4	4	2		5	5			9	1	10	
Surgical B			4	6	3	5	1	1	2	1	6	1	5	4	1		10		10	
Obstetric A			10			7	3			4	6			9	1		10		10	
Gynaecology A			10			6	4			8	2		5	5			10		10	

According to the results above, there is a dearth of distribution of frequency of ward rounds involving the House Officers in a day. For Medical department, 100% achieve 2-times ward rounds per day. For Surgical department, 1(5%) has reported no ward round conducted in a day, with 4 (20%) with one ward round per day, and 8(40%) with 2 ward rounds per day, and 7(35%) with 3 ward rounds per day. For Obstetrics and Gynaecology department, 20 (100%) achieve 2 ward rounds per day involving the House officers.

Following the breakdown of the ward rounds conducted by House Officers alone the distribution is as listed in the table above with 14 (23.33%) recording no ward round by House Officers alone, 36 (60%) with one ward round per day conducted alone, 9 (15%) with 2 ward rounds conducted alone per day, and 1 (1.67%) with 3 ward rounds conducted alone per day.

For ward rounds conducted with Medical Officers, there are 8(13.33%) with no ward rounds conducted with Medical Officers per day, 35 (58.33%) with one ward round conducted with Medical Officers per day, 16 (26,67%) with two ward

rounds conducted with Medical Officers per day, and 1 (1.67%) with 3 ward rounds conducted with Medical Officers per day.

For ward rounds conducted with Specialists, there are 22(36.67%) with no ward rounds conducted with Specialists per day, 36 (60%) with one ward round conducted with Specialists per day, 2 (3.33%) with two ward rounds conducted with Specialists per day.

Out of all 60 samples, only 1 had ineligible handwriting, and out of all 60 samples, all had followed Specialists’ plans in their notes.

DISCUSSION

In an ideal situation for a normal work-day for a House Officer, he should conduct 2 ward rounds on his own for Medical Ward or Obstetrics and Gynaecology Ward, and 3 ward rounds on his own for Surgical Ward, and conducting similar number of ward rounds with Medical Officers and Specialists for a day. However as we mentioned due to the limitations that the House Officers had, thus there even exists situation where in a day, there is barely a documentation by the House Officer in terms of ward

rounds done involving the House Officer. As a matter of fact in that case, the documentation was done by the Medical Officer who has done the ward round with the Specialist, and thus not noted if the House Officer had even followed the ward round.

According to Gray et al (2020), all consultants who utilised ward round tools as a teaching method found that ward rounds changed their practice, where it proactively determines roles of each participating member, it enables active participation of all the participants in the ward round team, and it gives the ward round team a structure in their ward rounds. Using a specific tool, Consultants realise that they could focus their teaching on a particular problem or issue suiting to the level of the learners or junior doctors. In this instance, for the ward rounds done in Hospital Pulau Pinang, there could probably be an innovation of teaching tool such as that proposed by Gray et al to enhance teaching among the House Officers.

As it is, there is a mediocre participation of House Officers in the ward rounds with 36.67% recorded no participation of House Officer ward rounds with Specialists. Without this participation, how else would the House Officer learn about patient management, patient diagnosis, prognosis of diseases and specific plans for the House Officers?

In the study by Gray et al, the outcome of the stipulated process resulted in the ward round framework STIC (Set, Target, Inspect and Close) and a ward round tool, which have gone through validation to investigate the efficacy of a structured ward round and process in order to enhance teaching and learning experience among the attending physicians or consultants and the junior doctors (Gray et al. 2020).

Health care has evolved to become increasingly complex in recent decade, and thus we need to rethink the ways we work, especially if those ways were rooted in historical practices. It is noted that structuring ward rounds looks like a small step to increase the efficacy of ward rounds. Challenging what expectations we harbour from them is critical, and it is not always a walk in the park. For senior clinicians, such innovation may represent changing historical practices and beliefs and cultures of the organisations. Thus it takes time to restructure ward rounds and the acronyms STIC as innovation is not intended to be prescriptive, but just as a start in order to get the House Officers to be interested back in the historical role of ward rounds.

As it is, from the audit of the frequency and quality of ward rounds conducted by House Officers, certain Wards such as Surgical A ward exhibit some concerning practice among the House Officers where there are nil or one ward round conducted involving the House Officer in a day. There are occasions when the Consultant comes in earlier than the clock-in time of the House Officer, and this could be one of the reasons why the House Officer was not involved in the ward round. However, the inclusion of House Officers in this instance needs to be weighed against the stipulated compulsory working hours for House Officers in Malaysian Ministry of Health, which is 60-62 hours per week, and no more or no less than that to ensure optimal learning and at the same time, taking care of the welfare of the House Officers.

CONCLUSION

In conclusion, this brief audit conducted in Hospital Pulau Pinang managed to show the gravity of the House Officer situation in Malaysia, where there had been a massive reduction in number of House Officers in Malaysia, and specifically in Penang too, which aggravated the reduction in the ability of House Officers to follow ward rounds, which are educational.

Instead, their jobs were intertwined in blood-taking, sending off request forms, discharges, and other ward work. These ward work need to be balanced with educational ward rounds and Continuous Medical Education for the House Officers. In conclusion, there needs to be a step up in providing numbers of House Officers, so that they could be included in the conventional teaching and mentor-mentee relationship as per historical practice.

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