Making sense of ward rounds: using hybrid combined real patient and total immersion simulation to develop effective and efficient intern work practices in the inpatient ward

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**Aims:** To assist final year medical students to understand ward round culture and etiquette in the inpatient setting. To appreciate the barriers to effective and efficient ward round outcomes. To develop the team work and communication skills necessary for a ‘good’ ward round.

**Background:** When surveyed, final year students in our Clinical School report the most stressfully anticipated challenges of internship as “prescribing, responding to code blue, communicating in a professionally effective and focussed manner e.g. presentation of cases in ward rounds), and understanding the hierarchical system of inpatient care.”

Students reported little appreciation of the difference between “board rounds” (a paper based review of cases to the team), work rounds (where the day to day assessment of patient progress is verified, documented and further evaluated by the intern and perhaps the registrar), hand-over rounds where critical information is prioritised by the home team for action by a covering team, and “show rounds” round, where interns are required to defend their clinical decision making, presenting a distilled assessment and plan of management to the consultant in charge of the patient’s care.

Students reported that they felt unequal to the task of responding effectively and efficiently to service ward rounds.

To address these issues, a simulated ward round opportunity was crafted as part of a Transition to Practice (Pre-internship) Intensive Program at the Launceston Clinical School. Real patients, with real issues, were interspersed
with full immersion technology simulated patients (code blue response). A full
and challenging range of system “distractors” were introduced that required the
student to respond.

**Methods:** Students were paired, and introduced to a “simulated “ward of
10 patients. The student pair was responsible for clerking one patient, and
reporting to the consultant on the round. A consultant was responsible for 5
patients, and the round incorporated 10 students, much as a teaching round
would in an acute care hospital.

The Medical consultant was supported by a nursing consultant and an
administration resource person who provided results on request from
Pathology, Radiology etc. Patients were recruited from a bank of “Patient
Partners”, consented teaching partners in an established program, the Patient
Partner Program (1), with real health issues but a hospital “admission” crafted
appropriately to their illness.

Questionnaire feedback was collected from students.

**Results:** The simulation identified gaps in how medical students are prepared
to meaningfully translate their “undergraduate” knowledge and experience
into the vocational work place. Qualitative evaluation of the program over three
years will be presented.

**Conclusions:** Qualitative evaluation of this novel ward round simulation,
incorporated into a Transition to Practice program, has demonstrated that
it is an effective, sustainable, vocationally based intervention that can assist
students in dealing with the stressors of ward work and reinforce patientcentred
capabilities.
References: