

The Structured Surgical Ward Round

Background

During July-August 2014 interviews were conducted with staff in the emergency general surgical unit of the Royal Infirmary of Edinburgh, to highlight issues with emergency surgical ward rounds. One of the central themes that emerged from these interviews was a lack of structure and consistency.

Quotes:

- "Ward rounds can be fine but they can also be incredibly chaotic, it often depends on who is leading the ward round."
- "It's not always clear at the beginning of the ward round who everyone is and what their role is."
- "Often the seniors leave for [the operating] theatre the moment the ward round is finished so we don't get the opportunity to go over what needs to be done or ask any questions."
- "Sometimes the team will come together after the ward round and summarise the tasks that need to be performed, this is useful, but unfortunately is rare."
- " Sometimes there is confusion as to who is to perform what task on the ward round, for example checking the drug chart. One person might assume that someone else has checked the chart and visa versa."

Focus-groups were held with nursing staff, Foundation year 1 and 2 doctors, surgical registrars and consultants between January-February 2015 in order to discuss how to develop an intervention to structure emergency surgical ward rounds. On the basis of staff input a basic surgical ward round structure was agreed, including a ward pre-brief, the structured ward round itself and a de-brief after the ward round.

The Pre-brief

The goal of a pre-brief before a ward round is to ensure that the team has the ability prepare, to facilitate structured and efficient running of the ward round. This way it takes on a role similar to the 'Sign-in' and 'Time-out' of the WHO Surgical Checklist.

Components of the Pre-Brief

- *Team Introduction* – teams often change, with new staff rotating in and out of the unit. As a result it is common for members of the team not to know other members of the team or their roles. This can have a significant detrimental effect on communication

and team work during the ward round, leading to confusion about the expected roles and task that individuals will be expected to fulfil on the ward round. At the time of the pre-brief, all members of the team introduce themselves and give their roles. (e.g. “John, FY2”, Anna, Medical student year 5 etc).

- *Handover* – each unit will have their own protocols for what is discussed, but many units go over all new patients admitted since the previous ward round and any specific issues which might have arisen from patients already seen. Potential patients and priorities for the operating theatre might also be discussed.
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- *Task Allocation* – high quality ward rounds involve multiple tasks to ensure that essential information is covered. Sometimes it is not entirely clear who is to perform what tasks and often assumptions are made. In many cases there are multiple team members on a ward round but only one or two are performing any tasks. Role allocations could make this whole process more efficient. Some examples of tasks that can be allocated include:
 - o Documentation – one person is allocated to write in the patients' notes (paper or electronic).
 - o Observations – one person checks the patients' observation charts and formally verbalises the patients' vital signs so the entire team is aware.
 - o Investigations – one person is allocated to checking the results of relevant investigations (e.g. blood results, radiology etc).
 - o Patient privacy – one person (perhaps the accompanying nurse) ensures that patient privacy is observed at all times, such as closing curtains, etc.

Of course task allocation will depend on the number of team members available, and some tasks may need to be shared, however such formal allocation will ensure all relevant information is reviewed and recorded. This might also include who is responsible for taking forward any decision, such as booking tests etc.

The Structured Ward Round

The preparation during the pre-brief will allow the ward round to occur in a structured and efficient manner. The pre-brief allows for a structured approach to the ward round in general, but each patient encounter can also be conducted in a structured and consistent manner. The separate ward round tool (see separate document) provides a framework for structured patient assessment of each patient during the emergency surgical ward round. The make –up of

this assessment tool can be adjusted to fit the needs and preferences of individual departments and specialties.

The De-brief

At the end of an emergency general surgical ward round, multiple patients with different conditions will have been assessed and large amounts of information will have been processed. Such a ward round will generate multiple tasks of varying significance, complexity and priority. As a result it can be difficult for the people expected to perform the tasks to keep track of everything, their priorities and who is charged with do what. This leaves a lot of room for misunderstanding, inefficiency and error. Having a consistent de-brief after every ward round allows the junior staff in the team to clarify the tasks they are expected to perform and resolve any ambiguities, such as what type of 'scan' is required, the reasons for it etc. Junior team members can therefore leave the ward round with a clear plan as to what is expected of them and senior team members can leave knowing that their plan will be carried out.

Components of the De-brief

- *Task Summary* – a brief summary of all the tasks that need to be performed so that all team members have a 'shared mental model'.
- *Task Prioritisation* – an outline of which tasks take priority is confirmed by senior team members.
- *Task Allocation* – it may be the case that some of the tasks that need to be performed are more appropriate for more senior team members, due to different levels of experience, skills etc.
- *Contingency Planning* – this serves the purpose of letting the team know who and how to contact should anything change during the course of the day.