

The Ideal Morning Report: Expectations of Foreign Medical Graduates

Benjamin Mba, MD, MRCP (UK), FHM, FACP; Sindu Joseph, MD; Ayokunle T. Abegunde, MBBS, MSc, DTM&H, MRCP; Farah Ciftci, MD; and Krzysztof Pierko, MD

Dr. Mba is associate professor of medicine at Rush University Medical Center and associate chair for faculty development at John H. Stroger Jr. Hospital of Cook County. Dr. Joseph is associate program director in the department of medicine at MacNeal Hospital in Berwyn, IL. Drs. Abegunde, Ciftci, and Pierko are in the department of medicine at John H. Stroger Jr. Hospital of Cook County.

The morning report is a fundamental educational feature of internal medicine residency training. Little is known about the expectations that international medical graduates (IMG) in US medicine residency programs have about morning report as compared to American medical graduates (AMGs). The American Medical Association estimates that foreign-born physicians constitute about 27% of the national physician workforce.¹ The majority complete residency training in the United States before engaging in independent practice. Although there is some literature on the content of morning reports, only two studies have sought to obtain residents' perspectives and expectations about the morning report experience. The first study surveyed 74 residents in a single university residency program² but did not report demographic information. The second study surveyed 356 residents from 13 residency programs across seven states.³ Of the 356 respondents, 74% were AMGs, and just 24% were IMGs. To our knowledge, no published study has surveyed IMGs regarding their attitudes toward and expectations of morning reports in US training programs.

Participants, Materials, and Methods

We surveyed 137 residents (i.e. PGY1, PGY2, PGY3) in the Internal Medicine Residency Program at the John H. Stroger Jr. Hospital of Cook County (formerly Cook County Hospital) between October 2013 and January 2014. The study met criteria for exemption by our institutional review board.

Participants completed a 57-item

survey to assess residents' preferences and attitudes toward morning report using many of the same domains referenced in previous research.^{2,3} The questions were framed to capture what the house officers would want their ideal morning report to look like. Morning report preferences were measured relative to purpose, audience and format, content of discussion, teaching with highest educational yield, and attributes of the moderator.

Results

Of the 112 participants who responded (82% response rate), 77% were male; 92% (103/112) were IMGs. More than 70% (80/112) planned on specialty fellowship training, 21% (23/112) planned on a hospitalist career, and 8% (9/112) planned on a primary care career (Table 1). All respondents agreed or strongly agreed that the purpose of the morning report was to promote critical thinking, and 97% agreed it was to promote high-value care (Figure 1). Regarding the attributes of the moderator, the majority of respondents (86%) preferred that a general internist lead the morning report (Figure 2). A good fund of general medicine knowledge was considered an important attribute of a moderator by most respondents (77%), followed by the ability to generate thought-provoking questions (68%) and incorporate evidence-based medicine (EBM) (57%).

Discussion

Morning report is a fundamental fixture in most internal medicine residency programs. Thomas et al. surveyed 124 departments of medicine with a response rate of 94%.⁴ A daily morning report occurred at

Table 1. Characteristics of Respondents

Characteristics	n=112	(%)
Gender		
Male	77	69
Female	35	31
Age Group (years)		
24-28	59	53
28-32	38	34
32-36	15	13
Level of Training		
PGY1	33	29
PGY2 or PGY3	79	71
Medical School Training		
US Graduates	9	8
Foreign Graduates	103	92
Career Plans		
Fellowship	80	71
Hospitalist	23	21
Primary Care	9	8

115 out of 117 US medical schools. The Accreditation Council for Graduate Medical Education (ACGME) does not prescribe a set format for morning reports, allowing morning report to serve different purposes in different institutions.

Our survey is unique in that it captures attitudes and preferences for the morning from a large number of IMGs. Respondents agreed (highest to lowest) that the purpose of morning report was to promote

continued on page 2

SIGN OF THE TIMES

continued from page 1

and evaluate critical thinking, promote high-value care, convey medical knowledge, assist in the management of complex cases, and improve camaraderie. In a study of a predominately AMG cohort, respondents agreed that the purpose

of morning report was to convey medical knowledge, promote camaraderie, inspire clinical research, and evaluate house staff performance.² A stand-out feature of our survey was that 97% of respondents strongly agreed that the purpose of

morning report was to teach high-value care, which suggests that incorporating a high-value cost-conscious care (HVCCC) curriculum into the morning report will be viewed favorably. We found that

continued on page 3

Figure 1. Purpose of the Morning Report

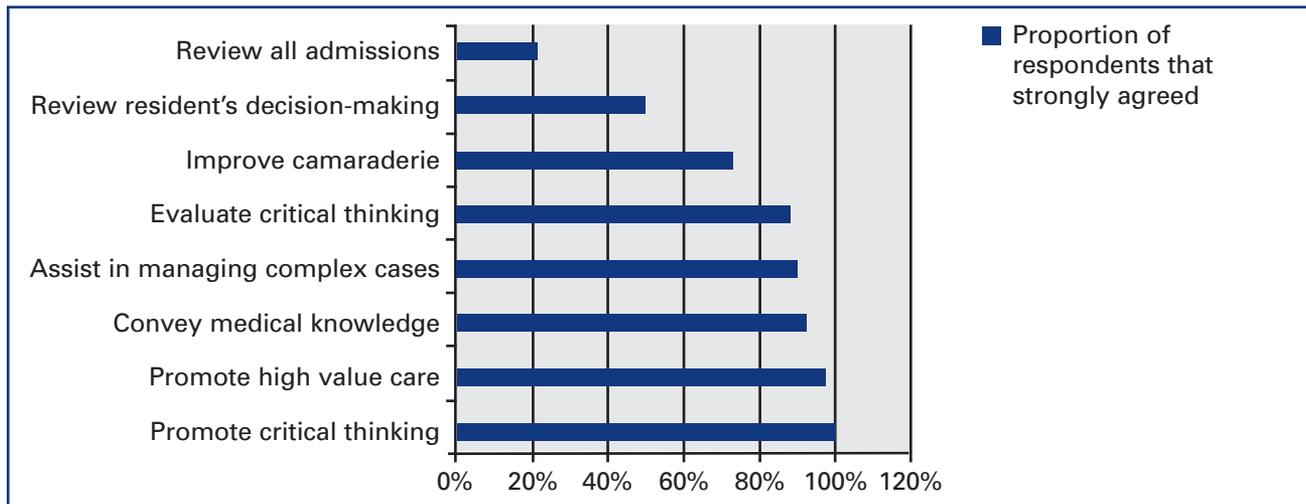
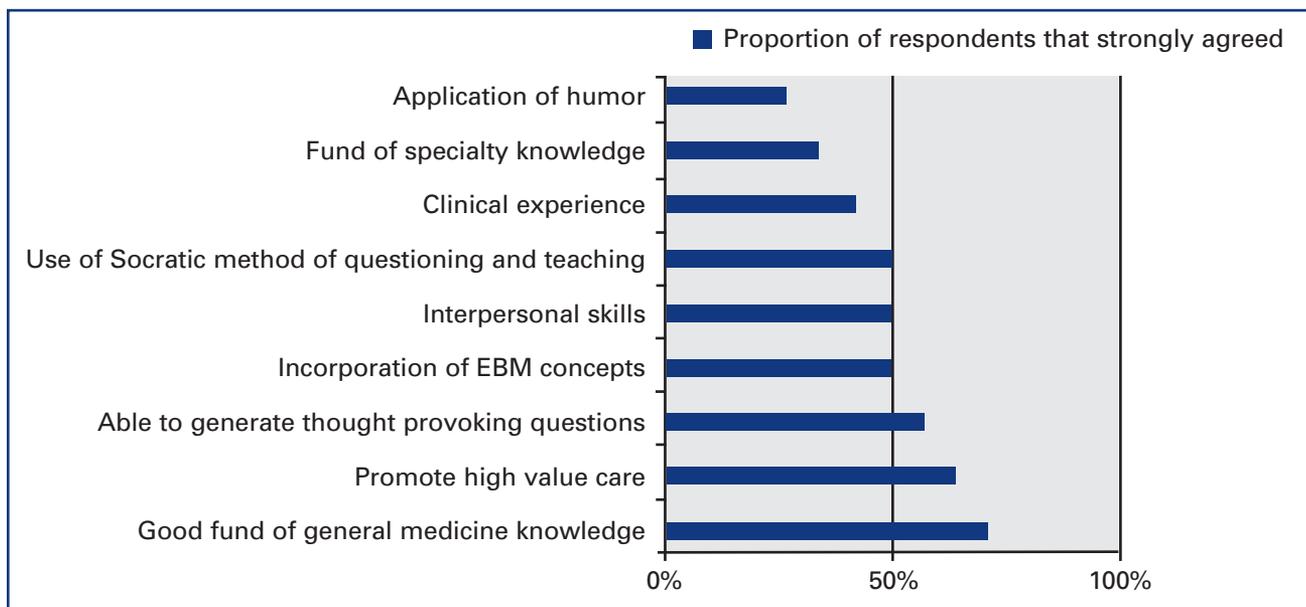


Figure 2. Attributes of the Morning Report Moderator



SIGN OF THE TIMES

continued from page 2

the six goals of morning report identified by our respondents relate to key ACGME competencies:

1. Promoting critical thinking improves practice-based learning.
2. Promoting high-value care endorses systems-based practice.
3. Conveying medical knowledge builds medical knowledge.
4. Evaluating critical thinking fosters professionalism.
5. Assisting in the management of complex cases improves patient care.
6. Promoting camaraderie develops interpersonal communication skills.

Our study is limited in that it surveyed residents from a single training program. We do not presume that our findings are representative of all IMGs, and we are aware that the training environment and culture in each training program impacts residents' expectations of the morning report. A multi-site survey of institutions with large numbers of IMGs would shed more light on differences in expectations and attitudes.

The morning report has and will always remain an extremely important aspect of post-graduate clinical

education in internal medicine across the United States. However, given the lack of a standardized format for morning reports nationwide and the inability to actually measure the effectiveness of morning report as a teaching tool,⁵ institutions are left to modify their morning reports to suit the needs and expectations of their house staff and faculty.

House staff opinions and expectations alone should not drive the structure of morning report. At the same time, we believe that residents gain the most benefit from morning report if their expectations are largely being met.

Conclusion

The attitudes and expectations of our predominantly IMG respondents were similar to their AMGs counterparts relative to the purpose, educational value, content, and format of morning report. Differences were noted in preferences for who led the morning report; AMGs preferred chief residents while IMGs preferred attending physicians. Additionally, AMGs rated interpersonal skills and humor much more highly than IMGs. We found that the purpose of morning report aligned with the various ACGME competencies and look forward to future research that underscores how specific morn-

ing report strategies can improve competency levels of residents.

Acknowledgements: We would like to acknowledge and thank Larissa Verda, MD; Rafael Turbay, MD; and Maryam Sanati, MD, for their help in creating the survey used for this study.

References

1. Association of American Medical Colleges. 2013 State Physicians Workforce Data Book. November 2013.
2. Ways M, Kroenke K, Umali J, Buchwald D. Morning report: a survey of residents' attitudes. *Arch Intern Med* 1995; 155:1433-7.
3. Gross CP, Donnelly GB, Reisman AB, Sepkowitz KA, Callahan MA. Resident expectations of morning report. A multi-institutional study. *Arch Intern Med* 1999; 159:1910-4.
4. Parrino TA, Villanueva AG. The principles and practice of morning report. *JAMA* 1986; 256(6):730-3.
5. McNeill M, Ali SK, Banks DE, Mansi IA. Morning report: can an established medical education tradition be validated? *J Grad Med Ed* 2013; 5(3):374-84.

SGIM