A mbulatory morning reports are traditionally harder to conduct for most of us, particularly for junior faculty and chief residents. Most often, the “story” does not follow the traditional format because the case history evolves over a period of time. While those puzzling diagnoses do occur with regular frequency, it is more common for residents to present psychosocial issues or noncompliance-related disease. As a result, facilitators often do not have a lot to say, and the learners can feel that the entire exercise is less valuable than the “more important” parts of the curriculum.

Preparing for an interactive ambulatory morning report should begin with the presenting resident and attending discussing the goals of the session. Participants want to feel that they have spent the hour learning something new about ambulatory medicine. As educators conducting an ambulatory session, we would ideally like to use this platform to stimulate ownership and interest in outpatient medicine.

Unlike inpatient morning reports that are usually directed at understanding symptoms, developing a differential diagnosis, and managing acute disease, ambulatory morning reports generally fall into one of the following categories:

**Chronic Disease**
The chronic disease format should involve a case presentation by the resident with a review of the physical examination. Focusing on a diabetic eye examination or how to auscultate for bruits in a patient with diabetes reinforces the value of physical diagnosis. Risk factor stratification (e.g., using Framingham scores or cardiac risk calculators; have students whip out their Medi-calc or Epocrates), reviewing family history, and assessing risk scores help residents realize the importance of a good history. If a patient has multiple comorbid conditions, consider using the session to teach medication reconciliation, optimal medical management for the disease state, or—in geriatric patients—Beers list. For the facilitator, this exercise becomes a helpful review of standard ambulatory medicine.

Ambulatory morning reports are also excellent venues for teaching systems-based learning. Having the social worker or med-psych case worker give insight into the referral and follow-up process may be helpful, particularly in the early part of the year. Population health learning—and the use of registries, meaningful use reports, or transitions of care—is often not included in the residency curriculum. The danger of devoting an entire session to the subject is that systems-based learning may lose the interest of the learners, particularly if done at a high level.

Morning reports are also excellent settings for discussing guideline updates, reviewing diagnostic algorithms, and teaching evidence-based practice. Using a problem-based learning (PBL) or small-group session format may be helpful in teaching evidence-based medicine.

Tying it back to the original patient and developing a plan of care—particularly if teaching systems-based practice—is essential and will ensure that the session does not become a lecture.

While facilitating sessions, ensure that all levels of learners are engaged. Having the different groups of learners state what they took away from the session reinforces the “pearls.” Chronic disease sessions allow us to plant the seeds of future quality improvement projects or ask a clinical question (PICO).

**Interesting Case/Diagnostic Challenge**
Due to the longer duration of illness, the interesting case format resembles the typical morning report and helps students follow the timeline of symptoms or events. The focus of the session should be on diagnostic algorithms and allow residents to discuss tests and their interpretation. This format is also great for teaching costs, the American Board of Internal Medicine Choosing Wisely campaign, or the American College of Radiology appropriateness criteria.

**Biopsychosocial/Difficult Case/Communication/Ethics**
Consultants, multi-disciplinary teams, ethics committees, or risk management staff can be introduced in the difficult case format. Plan the sessions in advance and use a health care matrix. These sessions promote collective learning, with the residents, attendings, and other health professionals interacting and teaching each other.

Ambulatory morning report is an important teaching method in residency and continuing medical education, particularly when it involves not just residents but faculty, practicing physicians, and health care teams.
Resources
1. Medportal: You need to register, but it’s free and has lots of teaching ideas (https://www.medportal.org).
2. Journal of General Internal Medicine
3. Annals of Internal Medicine (particularly the Annals for Educators section): It walks you through great teaching tips.
4. NEJM videos: Show a procedure video of a paracentesis.
5. YouTube: Another great resource for videos, but remember to check the video in its entirety before using it. Also ask the resident or chief to download it beforehand to be sure it works, and keep a couple of questions handy for stimulating discussion.
7. ACP Journal club: A great source if you are looking for an article that you want to use for teaching or reference material. It spells out the stats, so it can be used easily for teaching without much prep.
8. SGIM: Find great handouts from meeting workshops (http://www.sgim.org/resource-library?k=ResourceLibrary)
12. Center for Evidence-based Medicine (http://www.cebm.net/?o=1036)

References