

## NEW PERSPECTIVES: PART II

## Demystifying Morning Report: How to Conduct a Stimulating Morning Report: Part I

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Summer marks transitions for academic medical centers. Morning report, a revered tradition in most programs, is a time for learning and growing. Most of us can identify great faculty who seemed to effortlessly conduct a session without knowing the case ahead of time. These revered faculty members seem to be born with the morning report gene. In contrast, new faculty, chief residents, and senior residents (in some programs) may feel some fear and trepidation when preparing for their first morning report.

For junior faculty and beginners, there may be comfort initially in knowing the case. My own preference is not to know the case ahead of time. I find that knowing the case often leads the discussion toward the diagnosis, and the due diligence of discovery is lost. I do however like to ask the resident or intern presenting the case what he/she would like to focus on: arriving at the diagnosis or understanding the work up or treatment. This ensures that the presenter is in the loop and also engaged.

Like the creative writing class in high school, morning report thrives in a safe learning environment with a structured format. All morning reports should have a beginning, discussion, and summary. You will soon find out that there are great presenters and tongue-tied residents. It is important to diagnose the presenter at the outset. In the former case, the facilitator can let the presenter build up the story; in the latter, it is better to have the presenter deliver information in short bursts, often prompting the audience to ask questions based on the presenting complaint. (Don't forget to give private but directed feedback to the presenter at the end.) If

the flow is not going well, take over, ask specific questions, and help the presenter develop the story. The worst morning report session is one where the presenter is humiliated, the audience embarrassed, and the facilitator angry. Remember public flogging is outlawed, and railing at residents rarely benefits anyone.

Change it up and be aware of your learners: Morning report in July (the beginning of the academic year) should be very different from June (the end of the year). This ensures that there is no "boring case," such as a patient with chest pain, which may be presented several times during the year.

For programs that have similar levels of learners, such as separate intern and resident morning reports, it is easier to focus on shared learning. During the beginning of the year for interns, it's a good idea to focus on developing the differential, then the work up, and finally the plan. One important tip is not to try to teach too many things. If chest pain has been discussed several times, as is often the case, use strategies such as having the group classify the case on identifying risk. I like to ask questions, including "Does this patient have red flags?", "What may kill this patient now?", and "Is this patient stable enough to discharge?" State learning points and clinical rules clearly, such as "The pain from pericarditis is classically relieved by leaning forward" or "TIMI scores and coronary risk stratification must be done in all cases." I have the residents pull out Epocrates on their smart phones and ask them to calculate risk. Give learners questions to look up and report back. (I have a folder of landmark articles that I can easily access; ACP journal

club, PIER, and old faithful *Uptodate* are all great resources to access at the point of learning.)

If your learners are a mixed audience of students and faculty, having small group discussions ensures that your seniors are engaged and have an opportunity to teach. Students will also have a safe environment to ask questions if the discussion is above their heads. Before you start group exercises, it is helpful to have another faculty member or the chief help you out. Define clear expectations of the group, such as developing a differential diagnosis and treatment plan. Put the senior resident of the group in charge of facilitating and teaching; have him/her pull out a handheld device and ensure that each group has a scribe. Time management is important, so make sure you teach small groups in a rotation and guide the discussions if learners are not on track.

Some useful techniques to think about:

1. *Use the traditional classification of diseases.* This helps learners (particularly at the beginning of the year) develop a differential based on system (e.g. cardiac, metabolic, infections, malignancy, etc.)
2. *Brush up on your physical exam.* This is a great time to relearn physical exam and teach techniques. If you are the teaching attending and the patient has an interesting physical exam finding and agrees to participate, bring the patient into the room.
3. *Embrace technology.* For the "boring or oft-repeated complaint," pull up videos from

continued on page 2

## NEW PERSPECTIVES: PART II

continued from page 1

YouTube, *New England Journal of Medicine* (procedure videos), American College of Cardiology, and American Thoracic Society. Familiarize yourself with the content.

4. *Use evidence-based medicine.* Use the PICO (population, intervention, control, outcome) to develop a clinical question, and make sure that the resident assigned the question follows up. If you are unable to attend, assign the next day's facilitator to ask for the resident's answer.
5. *Integrate the ITE exam and classic questions.* These provide helpful learning points (e.g. hypotension responsive to fluids is classic in right ventricular infarction).
6. *Use radiology, EKGs, and labs for teaching.* Divide the residents in small groups and have them look up manifestations of disease and their labs.
7. *Use morning report to teach systems-based practice.* I often pull up the electronic health record and demonstrate tips, calculators, and even the importance of having the correct documentation.
8. *Use the American Board of Internal Medicine's Choosing Wisely to discuss the appropriateness of tests.* American College of Radiology has imaging appropriateness criteria for imaging. Use the data to teach.
9. *Integrate basic sciences: pathophysiology, biochemistry*

*and pharmacology.* Invite the librarian, pharmacist, or the nurse if relevant.

10. *For patients with multiple admissions, consider using the morning report to develop a plan.* As a follow up, invite the case manager, nurse, and perhaps the palliative care team.

Remember at the end of the session, ask your learners to state one thing that they learned from the session. This ensures that they will retain the information. Restate the learning points that you taught them, and point them to the right resources. Above all, make it a safe learning environment, and don't be afraid to say "I am not sure" or "I don't know" and look it up together. Make sure that you analyze what went well and what did not—this ensures your growth as a teacher. If you have an education specialist, mentor, or colleague, invite him/her to observe you, and write down shared observations.

In the words of Colin Powell, there are no secrets to success. It is the result of preparation, hard work, and learning from failure.

### Resources

1. Videos in Clinical Medicine (<http://www.nejm.org/multimedia/medical-videos>)
2. Cardiosource: ACC guidelines (<http://www.cardiosource.org/science-and-quality/practice-guidelines-and-quality-standards.aspx>)
3. American College of Cardiology

Appropriateness Criteria (<http://www.acr.org/Quality-Safety/Appropriateness-Criteria>)

4. ACP Journal Club (<http://acpjc.acponline.org/>)
5. Center for Health Evidence (<http://www.cche.net/projects/main.asp>)
6. Rational Physical Exam (<http://jamaevidence.com/resource/523>)
7. ECG wave maven (<http://ecg.bidmc.harvard.edu/maven/mavenmain.asp>)
8. Medportal (<https://www.mededportal.org>): You need to register; it's free and has lots of teaching ideas.
9. *Journal of General Internal Medicine:* The new website has lots of teaching resources.
10. *Annals of Internal Medicine* (particularly the Annals for Educators section): It walks you through great teaching tips for topics.
11. YouTube: Another great resource for videos. Remember to check the video in its entirety before hand, especially if it is long, and request the resident or the chief to download it beforehand. Keep a couple of questions handy for stimulating discussion.
12. TALENT (Teaching and Learning Education for New Teachers): A short helpful module (<http://somis.umh.edu/talent/index.asp>)
13. SGIM: Great handouts are available from meeting workshops. (<http://www.sgim.org/resource-library?k=ResourceLibrary>)

SGIM