Quality of Morning Report Courses in the Department of Infectious Diseases: A Prospective Study of Academic Members

Parviz Saleh[1,2], Hamid Noshad[1,3*], Abolghasem Amini[2], Fariba Salek[2], Saeideh Ghafarifar[2]

[1]*Medical Education Research Center, Tabriz University of Medical Sciences, Tabriz, Iran*

[2]*Research Center for Infectious and Tropical Disease, Department of Infectious Diseases, Tabriz University of Medical Sciences, Tabriz, Iran*

[3]*Department of Nephrology, Tabriz University of Medical Sciences, Tabriz, Iran*

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ABSTRACT

Introduction: Morning report is one of the most important corner stones of medical training and education in internal medicine training program. However, the pattern and exact template is not definitely described. Studying the quality of morning report courses helps to find out the weak and power points of the courses. The aim of this research is to study the quality of morning report courses prospectively with the assistance of the academic members, residents, and the students in the Department of Infectious Diseases at Tabriz University of Medical Sciences in 2010, Tabriz, Iran. *Methods:* In this cross-sectional study, the comments of the academic members, residents, and the students in the Infectious diseases course who attended to the morning report course meetings were collected utilizing two separate questionnaires about the goals of the classes. *Results:* The mean spending time for morning report classes was 60±20 minutes. 68.2% of participants were satisfied because of the acceptable discipline of the meetings. 57.85% of sessions were run by off call attendants. 95.2% of the reports were according to charts in the absence of the patients. In 47.1% of courses, the class management was teacher-centered. The ethical and social issues in 95.1% of cases have been observed. The evaluation of classes was generally good. *Conclusion:* Although in this study the evaluation of meetings were generally good, it seems that the goals and the planning of the meetings should be revised.

Introduction

The medical students and residents' training is one of the most important responsibilities of any medical faculty.[1] The medical students' clinical training is done in real situation and in close contact with the patients. So, it is basically different with other courses. Morning report is an important program and a corner stone of internal medicine education.[2]

Morning reports are series of conferences related to hospitalized patients in which the attending, residents and other medical students are gathered together and discuss about the new hospitalized patients.[3] The goal is the introduction of a new patient's problems and discussion about the follow up, and finally, the diagnosis and therapy. The on-call groups such as attending residents and interns are responsible for managing this program like the attending, residents and interns. In the beginning, a brief introduction of all patients is presented and then one or more patients are selected and the group discuss about them.[4] The principles of the morning report are achieving a general idea about the hospitalization problems, speaking about different diagnosis and different methods of therapy. The functions of the residents and other staff are evaluated.[5-8]

Wartman has introduced a new method of morning report in 1995. In this method, they reviewed and followed the discharged patients.[9] Parrino and Villanueva showed that in 115 out of 117 teaching centers, morning report is performed regularly and 85% of participants believe in the effectiveness of the morning report.[10] Afshari and Colleagues have studied comparison of the attending, residents and medical students' ideas about the quality of morning report and concluded that the students' ideas must be reflected to the attending.[11]

According to what mentioned above, the first step in improving the morning report quality is the recognition of presenting situation.

*****Corresponding author:** Hamid Noshad, Email: hamidnoshad1@yahoo.com

The aim of this study is reviewing the morning report presentation and finding its weak and strong points in Imam Reza and Sina educational hospitals. We hope to introduce the weak and power points of morning report which lead to improving quality of this important method of medical education.

Methods

This is a descriptive cross – sectional study. We studied the morning report quality in Imam Reza and Sina educational hospitals, Tabriz University of Medical Sciences during early 6 months of 2010. This study is approved by local ethical committee.

All of the attending, residents and medical students who were in infections disease ward for the time being enrolled in this study. We designed a questionnaire. After a pilot study and approval of reliability and validity of this questionnaire, the data was collected.

The questionnaire primarily consisted of personal characteristics, the time and number of morning report days in a week, type of managing, regularity, clinical model, discussion, the role of the attending and student, presence of the participants of other branches of medicine, ethical aspects, arrangement of the class, the condition of sound and lighting and so on.

Secondly, the questionnaire was designed for the study of goals: this part consists of the attending, residents and students' points of view, the attending's evaluation, the recognition of unwanted events, the interrelationships, arguments and so on. The collected data was analyzed using SPSS 16 and the descriptive and analytic statistical methods were used.

Results

We studied the quality of morning report classes during first 6 months of 1389. The mean time of each class was 60 ± 20 minutes, the average days were 5 and about 17 ± 3 participants and 1-2 attending were present. According to the attending, 68.2% of classes were regular and 31.8% were relatively regular. The students said that 60% of classes were regular and 40% were relatively regular.

About 66.2% of class had schedule. The on-call attending ran 23.8% of the classes. In addition, 57.5% were managed by the off-call attending. 3.8% of the morning report classes were run by the residents. 15.1% of the classes were run by the on-call and off-call attending together with residents. The results of the clinical managing model, the discussion and the patient selection are shown in Table 1.

The ethical and social rights are considered in 95.1% of morning report classes.

The mean time spent on the patients' introduction was 9.65 ± 3.32 minutes, the mean time of the diagnosing methods was 6.34 ± 12.37 minutes, the mean time of the treatment methods was 9.11 ± 4.10 minutes, the mean time of the follow up methods was 6.28 ± 4.96 minutes, the mean time of further activities was 5.34 ± 2.84 minutes, and finally, the mean time of extra discussion about the subject was 10.72 ± 10.76 minutes.

About 9.5% of the participants believed that the sound and lighting of classes were very good, 44.6% good, 32.4% moderate, 12.2% bad and 1.4% very bad. The male participants' attendance was 20 ± 2.

The results of the goal achievement in morning report classes were shown in Table 2.

Table 1. The results of the presenting methods, discussion, managing and the method of patient selection in morning report classes

Studied parts of morning reports	Managing method	%
Presenting methods	Using files while patient is presence	04.8
	Using files while patients absent	95.2
	No files and patients	0.00
Discussion methods	Patient based	22.4
	Student based	04.7
	The attends based	47.1
	Discussion based	17.6
	Complex of above mentioned methods	08.4
Managing methods	Introducing all the patients hospitalized previous night in a few minutes	16.7
	Writing of demographic characteristics and possible diagnosis for saving time	22.6
	The selection of patient with a manager	40.5
	Complex of above mentioned methods	20.3
Selected patents	The hospitalized regular patients	09.5
	Emergent hospitalized patients	64.3
	Outpatient persons or patients referred from clinics	10.7
	Perdischarged patients with more complete files	02.4
	Complex of above mentioned methods	13.2

Table 2. Results of morning report classes' goals evaluation

Goals (directs)	Goals (indirect)	Time (min)
	Patient based education	68.33±27.01
	Review of patient management	58.27±26.48
	Increasing of presenting skills	60.83±29.85
	Recognition of patient visiting by General practitioner	52.58±28.61
	Improving the mental curiosity of learning	61.66±26.04
	Improving the interest in research on the presented material	45.00±27.38
Education	Evaluation of the decisions made by the assistance	69.82±24.43
	Self education	62.06±23.73
	Ethical education	57.14±19.07
	Using of updated evidences	52.58±30.13
	Motivating to find stronger evidences for managing of the patients	58.62±30.08
	Total	59.60±19.26
Resident evaluation	Residents evaluation of quality	65.83±22.24
Recognition of unwanted events	Recognition of unwanted events like wrong drug prescription	64.16±29.12
	Chief residents participating, teaching and leadership	49.162±9.71
Social interrelationship	The residents and attending discussion on improving the patient management	59.16±28.22
	Improving supervision of chief of the wards in patient's treatment.	55.00±22.16
	Total Results	54.44±23.23
Non medical discussions	Evaluation of the diagnosis and treatment expenditures.	59.16±28.97
	Total	61.00±24.76

The results of goals of the morning report classes evaluated by the attending, residents and medical students are shown in Table 3. According to Table 3, the evaluation of the residents, the unwanted events and the discussion about non-medical subjects showed remarkable results.

The exact evaluation of the attending and residents' viewpoints was done by using LSD statistical method, which showed significant differences (P=0.034, P=0.048 respectively).There was a significant difference between the ideas of the attending, residents and medical students (P=0.017, p=0.022, respectively).

Table 3. The comparison of goals evaluated by the attending, residents and medical students

Goals of morning report	Group	Goal achievement	P
Education	Attending	76.04±09.23	
	Residents	58.33±21.39	0.166
	Medical students	55.35±19.08	
Residents evaluation	Attending	75.00±20.41	
	Residents	78.12±16.02	0.049
	Medical students	58.33±22.68	
Unwanted events	Attending	81.25±12.50	
	Residents	81.25±34.71	0.026
	Medical students	52.77±24.08	
Social intractability	Attending	60.41±10.48	
	Residents	55.20±28.14	0.843
	Medical students	52.77±23.74	
Non-medical discussions	Attending	81.25±12.50	
	Residents	68.75±29.12	0.048
	Medical students	50.00±28.43	

Discussion

All in all, this research revealed that morning report classes achieved acceptable evaluation. Majority of these classes were presented completely regular and with documented programs.

The medical students' points of view were significantly different from those of the attending and residents'.

It seems that the reevaluation of the goals, writing programs and appropriate and specific goals based on the general practitioners' roles are necessary. These classes solve the residents' problems more effectively since analyzing the attending, residents, and medical students' viewpoints on making clinical decisions clarify this point.

The comparison between the ideas of the attending and the medical students and between the ideas of the attending and the residents showed significant differences (P= 0.037, p=0.030 respectively).

Our study showed that morning report classes are not designed on the basis of the medical students' needs and all the hospitalized patients are not evaluated. The selection of the patients is not a responsibility of medical students. The interns did not have an appropriate role in morning report classes and their function is mistaken.

Our results are similar to Haghdoost's study. He also emphasized that the medical students have mistaken responsibility in the morning report classes.[12]

Afshari and Colleagues, in their own study entitled "Comparison of the Attending, Residents and Medical Students Viewpoints about the Quality of Morning Report Classes" suggested that for improving the quality, we must reflect the medical students' ideas to the attending.[11] According to the above mentioned results, for improving the quality of the morning report classes (which have an important role in the medical education curriculum) we suggest:

- In the patients' evening and night management, we must plan a more prominent role for the interns and medical students.
- In morning report classes, all the patients hospitalized the previous night must be presented briefly by the interns and then one or more must be selected.
- Morning report classes must be planned considering the attending, residents and medical students' (all of the participants) needs.
- The arguments in these classes based on clinical management and needs of participants must be reevaluated. The role of the medical students must be more prominent.
- Due to the medical students' continuous role in morning report classes, these participants must follow the process of management and therapy of previously presented patients in future classes.

- The attending must have lesser role in the selection of patients, which must be done according to the patients' files. The review of other patients' problems must be done after morning report classes and must be designed according to the residents and students' roles. In this process, a morning report class must be observed by a responsible attending.

Acknowledgments

Competing interest

None to be declared.

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