

MORNING REPORT EXPECTATIONS AND BEST PRACTICES

Morning report has been in flux over the past 2 years due to the COVID-19 pandemic. As your leadership team, we would like to disseminate some information to you all about expectations and best practices for morning report based on our current model.

Expectations for Morning Report

- **Structure**
 - All morning reports, regardless of who is presenting, begin with the ward senior resident running the list.
 - Given the change in the ward rotation structure, we recognize that it can be difficult to make it to morning report on time. However, barring patient emergencies that require the team's presence at the bedside, **the ward team's should report at 0745 for morning report.**
 - **Plan to leave the workroom by 0730 at the latest.** If there is patient care that requires active coordination NOT at the bedside after 0730, **please text the hospitalist or heme-onc fellow/attending** to let them know what needs to be done while you are at morning report.
 - If there is an emergency requiring you to be at the bedside for patient care, please text or call the Chief Resident as soon as you are able so they can plan accordingly.
 - The ward intern should present the majority of cases, *if possible*. This is an opportunity for the senior to help mentor the intern through the case presentation, and for the intern to showcase their skills as a presenter. The ward senior should follow by teaching and leading the discussion.
- **Teaching modality**
 - Residents who are presenting a case for morning report should NOT feel obligated to create a PowerPoint. The use of either a whiteboard or a blank word document on the screen that a scribe types into to track the details of the case are encouraged. Small groups and other formats (games, etc.) are encouraged.
 - If the resident uses PowerPoint slides, these must be saved to the ShareDrive in the "Morning Report Lectures" folder, within the subfolder corresponding to the month and year of the presentation.
- **Timing**
 - The resident who is presenting should plan to wrap up around 0805 to allow the audience to chime in with questions and comments.
 - We encourage the residents who are presenting to invite faculty involved in the case or other subject matter experts to attend morning report and to weigh in with expert tips and clinical pearls.
 - Let the faculty know that you will ask them to make comments, either during or after the case.
 - The case should be finished by 0810. We understand that certain cases spark a lot of discussion. **The strict stop time for all questions/comments is 0815**, to allow lecturers to deliver their full presentation.
- **Presenters**
 - The ward senior is in charge of coordinating resident presenters for each day that requires a case.
 - There are **NO** cases on days with Education/Reverse Education, PI/QI, Grand Rounds, M&M, CPCs, Board Review, DEI, Wellness, and Housestaff Meeting.
 - There **ARE** cases on the first day of the block, and prior to journal club and all other lectures.
 - For each block, there should be **ONE** NICU case (presented by the NICU intern, followed by teaching by the senior) and **ONE** clinic case. Additionally, residents on subspecialty electives occasionally choose to present a case during their block.
 - Rotating fourth year medical students are NOT authorized to present for any portion of morning report. This is to avoid the inequity presented by having only some, but not all, students afforded the opportunity to present to the department.
 - Interns are encouraged to present cases at morning report. However, for the teaching portion of the case, a senior resident should be designated ahead of time by the intern to join at the podium to help navigate the conversation and make teaching points. Ideally, the senior resident would be involved in coaching the intern prior to the case presentation itself to help organize the presentation.
- **Attendance**
 - All residents whose place of duty is Walter Reed should be present for morning report. Those who attend need to sign in via the iPad (if presenting in person) or via the link distributed on Zoom.
 - Authorized absences from in-person morning report include: night float, away rotations, TDY, leave, illness requiring you to stay home, or scheduling conflict with current rotation (i.e. GI procedure days, days at Fort Belvoir or other outside clinics on Walter Reed-based rotations, etc.).

Best Practices

Note: the following are not requirements, but rather, suggestions from the leadership team for how to run an effective and streamlined morning report.

- Utilize a visual aid to scribe the case in real time!
 - The whiteboard is particularly effective. Another alternative is a blank PowerPoint slide or Word document that you type into for the room/Zoom to see (for those who are good on-the-spot typists...though this is challenging).
 - We suggest assigning a medical student, intern, or resident to be a scribe prior to starting the case.
 - Using the whiteboard is an easy and effective visual aid to keep the audience tracking on the salient points of the case. It also significantly diminishes your workload- instead of having to type the entire history and all of the labs out into PowerPoint, you can read them out and have a scribe write them up on the board.
- Avoid reading the chief complaint and asking “what do you want to know?”
 - There are some exceptions to this- i.e. if there is an unusual chief complaint or if part of the teaching point in the case is how to elicit a complete history.
 - However, the majority of cases should be presented similar to the way you would present to an attending. Start with the chief complaint, then compose a complete HPI. You can pause for questions here (often helpful while the audience is digesting what has been said). Then give with PMH, Meds, Allergies, PSH, FH, and SH. Consider again pausing for questions before going into the vitals and exam.
 - This is particularly important for interns to develop as a skill and to model for the rotating medical students.
- Consider restructuring morning report so that asking the audience for work-up does not immediately follow the exam.
 - This is a great opportunity to pause and generate a problem list, which your scribe can write on the whiteboard.
 - From your problem list, a differential can be generated. The differential should guide the laboratory and radiographic evaluation.
 - The problem list and differential can be updated and revised as you reveal the results of the work-up.
- The focus of morning report should be on clinical reasoning (i.e. given the available information, what should we do next, what did we do next, and why?)
 - Avoid giving mini-lectures about a particular topic.
 - Make it engaging by asking the audience to participate.

Zoom Gov

We will continue using Zoom Gov for the foreseeable future. For background, the main difference between Zoom Gov and a personal Zoom Pro account from the audience’s standpoint is the ability to join via EITHER a personal device or a DoD computer (open www.zoomgov.com on Google Chrome or Microsoft Edge, enter Meeting ID 161 424 8612 and password scutdog, and click to launch from browser). If you are new to using ZoomGov from DoD computers, please refer to the “ZoomGov How-To Guide.”