University of North Dakota School of Medicine & Health
Sciences Department of Internal Medicine

**MORNING REPORT
POLICY AND GUIDELINES FOR
PRESENTING**

Purpose: The purpose of this guideline is to outline the objectives for Morning Report and the format in which patients should be presented.

Application: This guideline applies to all residents rotating on the inpatient medicine service.

Background: The purpose of morning report is several-fold:

1. To develop skills in effective communication such that cases are presented confidently, concisely, accurately, and with appropriate focus.
2. To develop critical thinking skills as it pertains to clinical management; namely, the formation of a complete problem list, adequate differential diagnosis, and plan for evaluation and management.
3. To recognize areas of knowledge deficit and formulate appropriate clinical questions to be addressed from the medical literature.

Guideline:

1. Attendance at morning report is mandatory for all on-duty residents on inpatient medicine and Night Float services.
2. Morning report starts promptly at 7AM, Monday-Friday, and will finish after 15 minutes.
   a. The Night Float team will hand-off patients after morning report. If all team members are present and ready to start the hand-off beforehand, they may do so, but this meeting will stop promptly at 7AM for morning report, and then continue afterwards.
3. The inpatient medicine and Night Float teams will alternate leading morning report, according to the attached schedule. Both the process and content material of the Morning Report will originate from the team members, using the *HumanDx* application. They will emphasize the formulation of a differential diagnosis and appropriate evaluation and management. They are not necessarily expected to go over a topic or provide a didactic session.
4. The presenting team should walk step by step through the selected *HumanDx* case, updating the differential list as they proceed until the case is solved. Sackett's How to Teach Evidence-Based Medicine (see attachment) may be used as an additional resource.
5. After solving the case, the group will review its learning points together, before ending morning report.

MORNING REPORT
HumanDx

Instructions:
1. Open the *HumanDx* application on iPad mini.
    a. Username: UNDIM
2. Select any case of interest that hasn't previously been completed:
3. Hit "solve case" and walkthrough the case, step by step.
    a. **REMEMBER** to *update* and re-arrange your differential list as you go.
4. Once solved, review the learning points of the case as a group.
5. Be sure NOT TO LOG OUT when daily case completed.

Guidelines:
1. Morning report should be no longer than 15 minutes. *Averages about 10 min.*
2. No morning report on holidays or weekend days.
3. No *HumanDx* cases on journal club days.
4. Teams WILL ALWAYS present on the same day, no rotation of the schedule, see below.

Daily Presentation Schedule

Weekday	Presenting Team
Monday	Night Float
Tuesday	Team A
Wednesday	Team B
Thursday	Team C
Friday	Team D
Saturday	No morning report
Sunday	No morning report

Technical Difficulties?
1. Ensure the TV is on and the HDMI cord is plugged into the white iPad HDMI-to-lightning adapter for the iPad. Once plugged in, the iPad should automatically mirror its display to the TV.
2. Trying restarting either, or both, the TV and iPad.
3. Consider closing and reopening the *HumanDx* application.
4. If the above-mentioned doesn't work, notify the residency office for additional tech support.

GUIDELINES FOR PATIENT PRESENTATION
(Sackett's *How to Teach and Practice EBM*)

1. The patient's surname.
2. The patient's age.
3. The patient's gender
4. When the patient was admitted.
5. The chief complaint(s) that led to admission. For each complaint, mention the following:
   a. where in the body it is located
   b. its quality
   c. its quantity, intensity and degree of impairment
   d. its chronology: when it began, constant/episodic, progressive
   e. its setting: under what circumstances did/does it occur
   f. any aggravating or alleviating factors
   g. any associated symptoms
6. Whether a similar complaint had happened previously. If so:
   a. how it was investigated
   b. what the patient was told about its cause
   c. how the patient has been treated for it
7. Pertinent past history of other conditions that are either of prognostic significance or would affect the evaluation or treatment of the chief complaint(s). How those other conditions have been treated
8. Family history, if pertinent to chief complaint or hospital care.
9. Social history, if pertinent to chief complaint or hospital care.
10. Their:
    a. ideas (what they think is wrong with them)
    b. concerns (about their illness, and other issues)
    c. expectations (of what's going to happen to and for them)
11. Their condition on admission:
    a. acutely and/or chronically ill
    b. severity
    c. requesting what sort of help
12. The pertinent physical findings on admission.
13. The pertinent diagnostic test results.
14. Your concise, one-sentence problem synthesis.
15. What you think the most likely diagnosis is.
16. And the other items in your differential diagnosis.
17. Any further diagnostic studies you plan to carry out.
18. Your estimate of the patient's prognosis.
19. Your treatment plans.
20. How you will monitor the treatment.
21. What you will do if the patient doesn't respond to treatment.
22. The educational prescription you would like to write for yourself in order to better understand the patient's pathophysiology, clinical findings, differential diagnosis, diagnosis, prognosis, therapy, prevention, or other issues in order to become a better clinician.

Attachment to Guidelines for Morning Report