

**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 MeritCare or VA inpatient general 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 residents at whichever hospital the resident is assigned. Exceptions are only when resident is on leave. If the resident is assigned to the VA Medical Center and has morning clinic at MeritCare, they should attend MeritCare morning report. Attendance will be taken.
2. Morning report starts promptly at 7:30 A.M. at MeritCare, Monday-Friday, and 8:00 A.M. Monday-Thursday at the VA. Morning report will finish promptly after 30 minutes.
3. An attending physician/faculty member will be regularly scheduled to help facilitate morning report. Both the process and content material of the Morning Report will originate from the faculty facilitator. 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 senior resident should meet briefly before morning report with the chief resident/faculty facilitator and review the admissions and diagnoses of patients on their service. Together they should select one case for the PGY-1 to present. The senior resident will not be required to present any additional material at Morning Report.
5. The PGY-1 should give a concise, pointed presentation focusing on the pertinent history and physical findings, as outlined by Sackett's *How to Teach Evidence-Based Medicine* (see attachment).
6. Pertinent x-rays, EKGs, or additional studies should be brought to morning report and be available for review.
7. The initial 15-20 minutes should be spent on the PGY-1's presentation, impression, differential diagnosis, and management plans.
8. The remaining time should be spent either reviewing the management process or discussion of a topic pertinent to the patient.
9. The junior level resident's presentation will be evaluated for formative purposes. A

summary of the feedback form will be sent to the resident via their MeritCare e-mail.

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.