WARD ROUNDS

Aim, quality, main complications and their impact on patients, confidentiality, etc.

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Public health / VLVZ9W1c

Introduction

A ward round can be defined as a complex clinical routine, where patients in hospital are reviewed by hospital staff. It consists of a number of procedures (1):

- Implementing and clarifying clinical diagnoses

- Reviewing patients progress on the basis of history, examination and other results of investigations

- Formulating decisions about future investigations and options regarding therapy

- Making preparations for discharge

- Informing the team, patient , relatives, and carers of all the above

- Training and guidance of future healthcare professionals

It is important to plan appropriately and dedicate time for the ward round to be fully effective.

Ward rounds are integral to building a rapport and trust with patients. Patients' perspective of the interactions that take place on ward rounds should never be underestimated. There can be anxiety in the patient but it is usually focused on the information that was not conveyed. It is often that the patient/carer is ill considered for the ward round. Therefore, this can be aided by the availability of useful information through an abundance of FAQS and pamphlets that inform the patients on various diagnostic methods to help prepare them for the ward rounds.

In addition to this, patients require to know who will be seeing them during the ward round and be afforded a point of contact with whom they can raise inquiries about the ward round (1).

The aims of the ward round are (2):

- The two way exchange of information between ward team members and between patient and the team.

- Monitor progress of the patient

- Identify complications that prevent progress

- Formulate a plan for progress

- Provide opportunities for educating and discussion with medical students

Medical students are educated by the traditional bedside method. They are taught clinical skills and competence in addition to applying their knowledge to practice when examining the condition of the patient. However the concurrent practice of treating and educating can negatively affect the quality of the patients' care. Most often this occurs by delaying the caring. The combination of educational and medical duties may delay the caring; and in most cases, the patient is not only ignored during the clinical round and the purpose of things happening during the ward round (1).

Ward rounds also are "critical process in the management of the peri -operative patient" (3).

It is crucial that ward rounds have a strong leader who makes all the members of the team aware of their individual roles and duties. Furthermore, the building of good working relationships between healthcare professionals creates solid communication channels.

The topic of confidentiality issues in ward rounds will be the emphasis of this paper. Patients' privacy and dignity are very much influenced by the ward outline and general layout. Another factor to consider is that despite the presence of curtains during bedside discussions, confidentiality is not always sustained. This is especially the case when visiting hours coincide with ward rounds. In addition to this, conferring about patients' information in open spaces for example by the nurses' station or in an elevator can also jeopardize confidentiality. Therefore it is imperative that all members of the team should be aware of their immediate surroundings when they discuss patient information (1).

There are a few recommendations for protecting confidentiality and dignity (1):

- Fully draw bedside curtains before any physical examination of the patient takes place.

- To restrict the exposure of patients only for the duration of any physical investigation.

- Hospitals should ensure that there are convenient facilities available to confirm maximum patient confidentiality.

Confidentiality is an absolute ethical principle in medicine. "It is of long standing, going at least as far back as Hippocrates and stated as: "All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal" (4, 5).

"Confidentiality is about keeping information secret and private. No part of it is about providing information to anyone else" (4, 6).

These days the responsibility of confidentiality of the doctor is outlined by the GMC. "Patients have a right to expect that information about them be held in confidence by their doctors. Confidentiality is central to trust between doctors and patients" (7, 8).

There are exceptions to this duty which justify when a doctor can breach this confidentiality. The most straightforward instance when this happens is when law requires him to do so. However, despite there being no need to fear legal proceedings, it doesn't necessarily mean that the breach was ethical (7, 9). A law court order compels a doctor to breach confidentiality when giving evidence in court (7, 10).

According to a study in the BJGP, there is research in US hospitals that shows that "patient confidentiality is often breached by inadvertent overhead disclosure" (11, 12).

This could result from staff to patient or staff to staff contact. These disclosures can shatter patients' trust and confidence and even lead to a disruption in the patient-doctor relationship.

There are other factors that help contribute to breaches in confidentiality; the physical surroundings, design of the room, position and localization of computer and telephones. The results showed that there were a variety of breaches including addresses, medical information like symptoms and even test results. Fifty percent of the time it was the patients themselves who revealed the data due to staff requesting information (11). "It was evident in at least one instance that the receptionist did not pick up a cue that the patient was uncomfortable with their disclosures" (11, 13).

The consequences of breaching confidentiality include (14):

- Breaching confidentiality fails to respect patient liberty.
- Infringement of patient confidence is a form of betrayal.

In the case that a patient believes that a doctor has violated confidentiality, they are at liberty to pursue the situation via a number of ways (14):

- Doctors can be struck off following disciplinary hearings of the GMC
- Compensation (Payment) to the patient
- Criminal dealing
- Medical students in turn risk expulsion from their medical school

In Australia, "the protection of health-related information has attracted special treatment" (15). This is in part due to people considering information regarding an individual's health as sensitive.

This point cannot be emphasized enough. The terms "privacy" and "confidentiality" are used as interchangeable terms but in fact are two rather separate entities. Laws of privacy regulate the handling of healthcare information through constitutional privacy principles. On the

contrary, health care practioners are obliged to protect their patients against the inappropriate disclosure of information through the duty of confidentiality. It is essential to preserve the privacy of the patient. Some patients are concerned with the discrimination associated with their health status (for example patients with hepatitis B). As well as this, patients would like to know that they have the ability to choose who has access to their information. Furthermore, patients are more likely to provide complete and honest accounts of their symptoms if they feel comfortable and respected (15).

The *Privacy Act* consists of ten National Privacy Principles that govern minimum privacy standards for handling personal information. They include (15):

- the necessity to gain consent for the collection of health information
- what exactly to tell individuals when data is collected
- information to consider preceding the passing of health information on to others
- the details that should be included in a health service provider's Privacy Policy
- ensuring the security and storage of information
- making the health records of individuals readily available to them

It is believed that the Dutch physician Franciscus Sylvius was among the first to introduce ward rounds in medical education. "I us[ed] a method not hitherto in use… took them daily into the public hospital [to] see the sick to whose complaints and other notable symptoms I directed attention, asking immediately afterwards what they had observed in the disorders of the patients; their views as to the causes and proper treatment, and their reasons for the same. With me they confirmed the happy results of the treatment, … or assisted in the examination of the cadavers" (16).

<u>Discussion</u>

Ward rounds are very crucial in hospitals. It enables the doctor, together with his team, to quickly evaluate the patient. In order to have a well-organized and productive ward round, all team members should be contributing. Clinical records should be readily available. Every ward round must have a good team leader. Achieving an efficient ward round, not only depends on the medical team but also on the patients' cooperation.

The ward round not only allows the doctor to quickly review the patient, but they also offer great opportunities for educating students. Medical students are given the chance to practice their newly learnt clinical skills on the patients by performing physical examinations.

However, I believe that there is an issue of patient confidentiality that exists. Patients have a right to know who has access to their information and need to feel secure and respected. This can be achieved simply by informing the patient when there will be a change to their normal daily routine. This means informing them when a ward round will take place as well letting know them beforehand if there will be medical students coming to the ward. The hospital should always be aware of when the patient is feeling uncomfortable. This may arise in certain situations, for example when the ward round contains a large number of students as it can be intimidating to the patient.

Many of the problems that arise are when healthcare professionals are careless. "Confidentiality is about keeping information secret and private. No part of it is about providing information to anyone else" (4, 6).
One of the duties of a doctor is to preserve information about the patient and failing to do so will result in the patient not having the most trusting relationship with the doctor. They can be reluctant to tell the doctor all the symptoms they are having. A good idea for the health care

system would be to provide regular teaching methods and basic standards in order to achieve

the maximum efficiency during a ward round.

Conclusion

The key for achieving the most efficient and productive ward round, is to establish a solid trust between the patient and the medical team.

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