Making Morning Report More Practical

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Changes in duty hours, as well as ACGME curriculum, have made finding dedicated conference time difficult. Traditionally, a case-based morning report is a mainstay of the didactic schedule. At our institution, we had four one-hour conferences per week devoted to this format. We sought to accommodate different learning styles, address important topics poorly suited to the traditional morning report format, increase multidisciplinary interaction, and add variety to our resident didactic experience by replacing one morning report per week with practical, hands-on, interactive learning sessions. These learning sessions included: (1) a code blue simulation session in our institution’s simulation lab, which integrates with our resuscitation curriculum; (2) a respiratory therapy practicum, led by chief residents and respiratory therapists, where residents experiment with oxygen delivery devices, airway clearance therapies, and tracheostomies; (3) exploring and utilizing items in the code cart, including practice locating and using important items, how to “push-and-pull” bolus fluids for treatment of severe sepsis, and defibrillator training; (4) interactive sessions teaching and practicing the I-PASS sign-out technique. Each of these occurs once during every 4 week block. All of these conferences have been well received by residents, as indicated by anonymous surveys. By changing how we utilize just one hour a week, we have exposed residents to numerous topics that were not taught previously. Additionally, making these conferences multidisciplinary and including respiratory therapists has allowed for transfer of practical knowledge and interaction outside of clinical duties that residents and therapists did not have before.