Improving Communication Through Interdisciplinary Morning Report

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**Background**

In residency leadership, we often receive reports of discrepancies between nursing, respiratory therapy and resident physician clinical opinion. Effective collaboration and communication between providers is necessary to provide optimal patient care and should be incorporated in training. Historically, all providers receive their education separately. This allows groups to focus on aspects of medicine most relevant to their role, but creates opportunity for discontinuity of information and understanding. Our program aims to improve this model through a change in a classic component of residency education, morning report.

**Aims**

We aim to enhance communication and knowledge across professions leading to improved provider satisfaction and patient care through the implementation of an Interdisciplinary Morning Report series.

**Study Design**

Once monthly Interdisciplinary Morning Report sessions are held on topics either recommended by nursing staff and physicians or based on a recent incident from our hospital’s event reporting system. Sessions are approximately 45 minutes long. Attendees include hospitalists, residents, medical students, nurses, and relevant fields to the topic of discussion (respiratory therapists and dieticians for example). Session begins with pathophysiology from two senior residents and is followed by nursing presentation on pathways and charting as well as other presentations from relevant team members (such as high flow nasal cannula setup by respiratory therapist). The sessions are hands-on and interactive. Following this, there is time for open discussion and questions around commonly encountered concerns and discrepancies with suggestions on how to navigate these things in the future. It is a non-threatening environment to have these discussions that we hope will improve communication when they come up again on the unit.

**Methods**

**Subjects:** Pediatric resident physicians and bedside nurses working in our free standing pediatric hospital.

**Inclusion Criteria:** All clinical providers working on the pediatric wards at our children’s hospital are invited to attend the educational session, however our evaluation focus is on pediatric residents rotating through the inpatient wards and floor nurses.

**Exclusion Criteria:** Providers not currently providing clinical care for patients are not being evaluated.

**Procedures:**

1. Patient Care Team Satisfaction: survey all participants regarding satisfaction levels with current education opportunities as well as effectiveness of communication between disciplines at each morning report session. Quarterly focus groups with nursing and physician leaders to gain qualitative insight. During these focus groups we review care management discrepancy data obtained through our hospital event reporting system and patient surveys.
2. Knowledge: pre- and post-tests at sessions.
3. Patient care: analyze existing patient feedback surveys that allow patients to comment on the quality of care received as well as overall teamwork between providers.

**Statistical Analysis:** qualitative analysis of focus groups and surveys.

**Preliminary Results (if available)**

We have conducted two of these morning report sessions thus far: Bronchiolitis (including mechanism and use of high flow nasal cannula) and Seizures (including information on ketogenic diet). Survey data and focus groups indicate that they have been positively received, but we have no other significant data at this time.

**Questions**

1. How can we better collect data and measure outcomes that specifically reflect this intervention?
2. Is there a way to more objectively measure effective communication?
3. Our residents have morning report included in their workflow, but what are some strategies we can use to increase our nursing attendance?

**Future Plans/Timeline**

1. Increased mentorship of presenters leading to improve standardization. For example, map out overarching interdisciplinary curriculum with clear learning objectives each presenter should aim to teach.
2. Collaborate with outpatient services and subspecialists to increase depth of information presented.
3. Assign a faculty champion to foster continued and enhanced efforts.
4. Summarize main learning points from team members that are presented at the morning report sessions and get that message across to those that were unable to make it (nursing bulletin boards on the units and physician newsletters for example).