

Short Report

Preliminary experience with a new medicine morning report format incorporating multimedia and up-to-date

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Abstract

To determine the impact of multimedia and up-to-date on internal medicine resident learning in morning report (MR), we converted our traditional medicine morning report to 'Up-to-date' programme incorporated and multimedia supported format which includes computer, multimedia projector and up-to-date CD ROM. A questionnaire was administered three months after the change and rated on a Likert scale. Preliminary experience demonstrated of a favourable overall resident and faculty perception and acceptance of the change.

Introduction

Medicine has lately taken a learner centered twist in higher education. Most house staff considers the primary function of morning report (MR) to be educational.¹ Attending physicians with limited knowledge are often viewed as the major obstacle to effective teaching in morning reports.² Morning reports can be used effectively to address nontraditional or rarely discussed topics that are important to the overall professional development of residents.³

Outpatient morning reports have also found a niche in several leading academic centers to meet the needs of increasing numbers of residents and medical students rotating through ambulatory settings.⁴

The purpose of morning report has been predominantly cited as education, evaluation of residents and quality of services, detection and reporting of adverse events, discussion of non-medical issues and social interaction.⁵ In this information technology age, one challenge is to create an educational system which is better able to respond to changes in the outside world than has been the case to date.⁶

Medicine morning report has been a time honored learning tradition but it appears to have been trapped in its evolutionary trajectory by forces of stagnation.

In an effort to create a renewed interest in this prime academic activity, a change in format, content and attractiveness of presentations has become imperative. In addition, evidence 'at hand' is replacing unchallenged "opinion based" expertise of faculty. At Shifa College of

Medicine and Shifa International Hospitals we attempted to change this status quo and our preliminary experience is reported here.

Methods and Results

At our institution comprising of a blend of North America, United Kingdom and Pakistani trained faculty, we had for the previous six years adopted a traditional morning report format consisting of presentation of interesting cases by residents with the aid of overhead projectors, transparencies, a white board and an X-ray illuminator box. Consultants, residents and elective students were participants in the process. The expert opinion was predominantly "opinion" based. In an effort to move to a more 'evidence based' setting, a new pilot project was introduced in 2004-2005 incorporating a computer, multimedia projector and the popular CD Rom reference library, 'UptoDate'.

This format involved case presentations made in 'power point' and projected by a multimedia projector, followed by a targeted topic presentation. Provision of online internet access and Up-to-Date CD Rom was ensured. This 4 monthly updated reference library is edited by Dr. Burton Rose at Harvard University, Boston, USA.

A survey of 40 participants was sought three months after the pilot project was initiated, whereas 15 participants were excluded having attended only the new morning report format.

Statistical software SPSS Version 10.0 was used for data entry and analysis. Data analysis was based on exposure to previous format of morning report in comparison with the new format on the same respondents. The study participants were asked to rate their experience of the two formats of morning report (as Better or Not Better) in terms of the various explanatory variables, which were 'Use of audiovisual aids', 'scientific information', 'learning', 'Use of Up-to-Date' and 'whether they would recommend any one format of morning report to others'. Chi-Square test was applied to see the association between the outcome of interest and each of the explanatory variables. Fisher's Exact test was used where the expected cell count was less than five. The level of statistical significance was $p < 0.05$.

Table 1 depicts the results of the survey. It was

Table 1. Comparison of the two formats of Morning Report.

Variables	Previous Morning Report		New Morning Report		P value *
	Better		Better		
	# (%)	(n=25)	# (%)	(n=25)	
Audiovisual aids	1	(4)	23	(92)	<0.001
Scientific information	6	(24)	17	(68)	0.004
Learning	10	(40)	10	(40)	1.000
Use of 'Up-to-Date' CD					
Rom Reference Library	5	(20)	16	(64)	0.004

* Chi-square test performed. Fisher's Exact test was done where expected cell count was <5

observed that 92% of the respondents thought that the new format of morning report involved better usage of audiovisual aids, as compared to 4% respondents in favor of the old morning report (p <0.001). Of all, 68% of the respondents considered the new morning report better as compared to 24% who thought that old morning report was better in terms of scientific information (p= 0.004). Sixty four percent respondents opined that Use of Up-to-Date CD Rom reference library improved the new morning report format, while 5% liked the old morning report format (p=0.004). There was no perceived difference in learning amongst respondents exposed to the two formats of morning report (p=1.000).

Sixty percent respondents said that they would recommend the new morning report format to others, 24% were in favour of the old morning report format, while 16% were still undecided.

Discussion

Our experience of the pilot project with a new innovative morning report format was an interesting one. An analysis of our results based on a questionnaire administered to a mixed group of faculty, medical residents in CPSP approved Internal Medicine Residency program

and Medical officers, reveals that Audiovisual aids, incorporation of Up-to-Date and quality of dissemination of scientific information were perceived to have made the newer morning report format better. In addition most respondents would recommend this format to other learners.

Conclusion

We made an attempt to break away with tradition in conducting our prime educational activity, the Medicine morning report, by incorporating a more evidence based culture and modern audiovisual aids such as UptoDate and use of multimedia presentations. Despite small numbers, our initial experience demonstrated a significant change in consultants and residents perception for the better. However we were unable to demonstrate objectively any improvement in overall learning at this preliminary stage. Subsequent data may demonstrate a long term impact of this change.

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