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Review Article

Enhancing the Art of Conducting Medical Ward Rounds: Addressing Deficiencies and Achieving Excellence

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ABSTRACT

Background: Ward rounds are a cornerstone of inpatient care, critical to patient management, interdisciplinary communication, and bedside teaching. However, despite their importance, ward rounds are often unstructured and inconsistent, limiting both clinical efficiency and educational impact.

Objective: This narrative review examines common deficiencies in current ward round practices and proposes a structured, evidence-informed framework to enhance their effectiveness.

Methods: A narrative review was conducted to identify deficiencies in ward round practices and develop a practical, evidence-informed framework for improvement. Given the focus on conceptual and experiential insights, a formal quality appraisal of the included studies was not performed.

Results: The review identified recurrent challenges, including poor planning, unclear leadership, inadequate time management, and a lack of integrated teaching. Drawing on best practices, a three-phase model—preparation, execution, and education—is proposed to enhance team communication, patient involvement, and trainee learning.

Conclusions: Structured, goal-oriented ward rounds can significantly improve care coordination, safety, and clinical education. Institutions should prioritize standardized ward round models supported by training in leadership, teaching, and interdisciplinary collaboration.

Key words: Medical ward rounds, Patient care, Medical education, Interdisciplinary collaboration, Professional development.

INTRODUCTION

Medical ward rounds represent a cornerstone of patient care and medical education, serving as a crucial interconnection where clinical expertise, teaching, and patient interactions converge. [1] These rounds have a profound impact on patient outcomes while fostering the professional growth and development of healthcare practitioners.

In medical education and clinical practice, conducting medical ward rounds remains a critical but often overlooked aspect of patient care. [2] Despite its central role in healthcare delivery, conducting ward rounds is seldom formally taught, leaving clinicians without a structured framework for navigating this essential aspect of healthcare provision. Furthermore, there is no universally prescribed “golden way” to conduct ward rounds, leading to variability in practice and potential inefficiencies in care delivery. [3]

In recognition of these challenges, this article aims to fill this gap by offering practical guidance and insights into structuring ward rounds efficiently and effectively, thereby enhancing the quality of ward-round experiences and ultimately improving patient outcomes.

Regarding patient care, medical ward rounds embody a dynamic process whereby Physicians can collectively synthesize complex clinical scenarios, identify evolving patient needs, and tailor interventions by physically examining patients, reviewing their medical history, and integrating diagnostic findings, which could minimize the risk of treatment delays, medical errors, and adverse events, ultimately enhancing patient safety and quality of care. [4] Moreover, ward rounds facilitate interdisciplinary collaboration, allowing various healthcare professionals to contribute their specialized knowledge and perspectives, thereby enriching the breadth and depth of patient care delivery. [5]

Beyond its immediate implications for patient management, medical ward rounds are pivotal in medical education, as they offer invaluable educational platforms for medical trainees, fostering the development of essential clinical competencies, diagnostic understanding, and professional communication skills. [6] Through active participation in ward rounds, trainees gain firsthand experience in patient care and insights into interdisciplinary collaboration, evidence-based practice, critical thinking, and ethical decision-making –foundational principles that underpin their future roles as competent and compassionate healthcare providers. [7]

Notably, medical ward rounds embody more than just a didactic exchange of medical knowledge. They represent a unique platform for cultivating humanistic values and empathic patient engagement. By engaging directly with patients at the bedside, healthcare providers can gain a deeper understanding of patients' lived experiences, preferences, and concerns, thereby fostering a more patient-centered approach to care delivery. [8] Furthermore, by modeling compassionate and respectful interactions, clinicians can instill these values in trainees, thereby nurturing the development of empathetic and culturally competent healthcare professionals.

METHODS

This article is based on a narrative review of literature and expert opinion. A comprehensive search of electronic databases, including PubMed, Google Scholar, and Scopus, was conducted using keywords such as "medical ward rounds," "clinical teaching," "interdisciplinary care," and "patient-centered care." Literature published between 2000 and 2024 was included. Articles were selected based on relevance to core themes: communication, teaching, time management, interdisciplinary collaboration, and patient safety. Priority was given to systematic reviews, original research, and national guidelines. The review is supplemented by the authors' clinical experience in conducting and teaching ward rounds in a tertiary academic hospital. No formal quality appraisal or synthesis was performed, in keeping with the narrative review methodology.

CHALLENGES IN CONDUCTING MEDICAL WARD ROUNDS

Conducting efficient medical ward rounds is burdened with challenges and deficiencies that hinder the smooth delivery of patient care. Among these is the widespread issue of

fragmented communication among team members, which undermines the cohesion and effectiveness of collaborative efforts. [9] Misaligned expectations, inadequate information-sharing mechanisms, and hierarchical dynamics contribute to misunderstandings and delays in decision-making, impeding the provision of timely and coordinated care. [10] Moreover, time constraints significantly pressure clinicians, leading to rushed assessments and suboptimal decision-making processes. [6] The limited opportunities for teaching and learning during rounds further exacerbate these challenges, impeding the professional development of trainees and the dissemination of clinical knowledge. [11]

Furthermore, Patient and family dissatisfaction with communication and involvement further compounded these deficiencies, highlighting the need for improved patient-centered care approaches. [12] Addressing these multifaceted challenges requires comprehensive structural reforms, communication interventions, and workflow optimization to foster a culture of efficiency, collaboration, and patient-centeredness within medical ward rounds.

COMPONENTS OF AN EXCELLENT MEDICAL WARD ROUND

Preparation phase

The Preparation Phase is the cornerstone for effective patient care delivery during medical ward rounds. It commences with a meticulous organization and review of patient information, including medical histories, laboratory results, imaging studies, and medication lists, undertaken by nursing staff and junior doctors. [13] Their diligent efforts aim to identify pertinent issues necessitating attention during the upcoming rounds. Additionally, the head nurse's proactive preparation of the ward significantly contributes to optimizing round efficiency. Ensuring patient readiness, including being in their beds and engaging available family members, fosters an environment conducive to thorough assessments and informed decision-making.

Establishing a clear roadmap for the ward round is imperative during this phase, which involves aligning all team members on objectives and priorities, often initiated by addressing key focus areas such as the "3 Ds"—Dying patients, Dischargeable patients, and Diagnostic delay. This structured approach enhances efficiency and focus throughout the round, optimizing patient care delivery. Furthermore, defining the expected duration of the round is essential to improve team efficiency and mitigate perceptions of interminability. Communicating clear timeframes sets expectations and instills a sense of purpose among team members, fostering a productive environment.

Moreover, the team leader's strategic selection of specific teaching points or moments during the round ensures valuable educational opportunities. These teaching points, to be further elucidated in subsequent sections on teaching and learning opportunities, underscore their pivotal role in enhancing professional development and disseminating knowledge among healthcare practitioners. This proactive approach underscores a commitment to continuous improvement and excellence in patient care delivery.

Office rounds

Office rounds are significant in comprehensive patient care management, offering a structured environment for focused

discussions and teaching. They facilitate multidisciplinary input and decision-making, enabling in-depth discussions on complex cases and strategic planning for patient care. They may lack the direct patient interaction crucial for comprehensive assessments and patient-centered care. [14]

It is essential to recognize that office rounds should complement, rather than replace, bedside reviews. Integrating both approaches ensures a balanced and holistic approach to patient care, combining the efficiency of office rounds with the personalized care delivered at the bedside. This approach maximizes the benefits of both settings, allowing for thorough medical evaluations while maintaining a patient-centered focus.

Execution phase

The Execution Phase represents a critical juncture in the medical ward round, where meticulous preparation transitions into action as clinicians engage directly with patients and apply their clinical expertise to assess, diagnose, and devise management plans. Approaching patient encounters with empathy, professionalism, and clinical understanding promotes a therapeutic alliance that fosters open communication and active patient engagement. [15] Employing a systematic approach to patient assessment, including comprehensive physical examinations and integration of diagnostic data, clinicians gather invaluable insights into patients' health status and treatment needs, which improve the communication strategies with patients, families, and healthcare team members, facilitating information exchange, addressing concerns, and eliciting input, and embodying the essence of compassionate, patient-centered care, and ethical practice principles.

Pre- and post-round briefings are paramount in fostering effective communication and coordination within the ward-round team, underscoring the significance of leadership in allocating time for these essential discussions. [16] Critical decisions regarding bedside decision-making versus further deliberation are deliberated upon as the team reviews patient cases. Following each patient encounter, brief discussions ensue to review actions taken and clarify the next steps. Following the round, a comprehensive debriefing enables reflection on the proceedings and identifies areas for improvement. Decisions on allocating responsibilities among team members are pivotal in ensuring the efficacy and value of the round. Furthermore, furnishing patients with written summaries of discussions, such as discharge planning or new diagnoses, enhances their understanding and involvement in their care journey.

Teaching and learning opportunities

In the dynamic setting of the ward round, numerous opportunities for teaching and learning arise, fostering the growth and development of healthcare practitioners. Bedside teaching moments are invaluable platforms for experiential learning, enabling trainees to observe real-time clinical decision-making, engage in hands-on patient assessments, create the problem list and management plan, and receive immediate feedback from expert clinicians. The active involvement of trainees in patient care discussions and decision-making processes during these moments facilitates the application of theoretical knowledge in clinical practice

and enhances diagnostic reasoning skills. [17] Moreover, the ward round promotes active learning and inquiry, with clinicians encouraging curiosity, critical thinking, and evidence-based practice through open-ended questioning, case-based discussions, and exploration of clinical uncertainties.

Furthermore, team leaders play a pivotal role in facilitating educational opportunities by identifying a teaching point for each patient before the round, providing structured learning objectives, and enhancing trainees' understanding of key clinical concepts. It is essential to recognize that there are diverse educational needs among the team members, including junior trainees and senior residents. By tailoring teaching methods and feedback mechanisms to meet these varied needs, healthcare institutions can ensure that all team members receive relevant and impactful educational experiences. Through specific, timely, and actionable feedback, clinicians empower trainees to reflect on their practices, identify areas for growth, and refine their clinical skills.

Decision-making and management

Effective decision-making and management are fundamental components of an exemplary medical ward round, crucial for optimizing patient outcomes and satisfaction. A comprehensive approach to decision-making prioritizes patient needs, fosters interdisciplinary collaboration among healthcare providers, empowers patients to participate in their care journey actively, and establishes a collaborative partnership that ensures care plans align with patients' preferences, values, and goals. [18]

Furthermore, addressing complex medical issues requires clinicians to tailor interventions that demonstrate respect for patient autonomy and preferences, foster a sense of empowerment and engagement among patients, and ensure that their input is considered in care planning processes. These principles of shared decision-making have been shown to improve patient satisfaction and strengthen therapeutic alliances. [19]

One potential modification in ward rounds to improve patient stratification involves adopting a sitting rather than standing approach at the patient's bedside. Studies, such as those by Swayden et al., [20] have demonstrated that this change can improve patient compliance and foster a stronger rapport between providers and patients. Consequently, this may lead to reduced litigation, decreased lengths of stay, cost savings, and improved clinical outcomes.

Time management techniques to optimize efficiency

In a study by Herring et al., which reviewed over 1,700 patient encounters, the average duration of a medical ward round was 12 minutes per patient, with variations depending on the type of round (e.g., routine or post-call). [21] This finding highlights the importance of effective time management strategies in enhancing ward round efficiency. For instance, clinicians may allocate a fixed amount of time per patient, striking a balance between the need for comprehensive assessments and the imperative of timely decision-making. Prioritizing patients based on clinical urgency and complexity further helps streamline workflows and optimize resource allocation.

The study also noted that quieter rounds allowed more time for bedside teaching, highlighting how educational activities can be integrated when time is well-managed. [21] This is supported by evidence showing that structured ward rounds with built-in educational goals can enhance both learning outcomes and clinical productivity. [22] Implementing such techniques enables healthcare teams to maximize the productivity of ward rounds while upholding high standards of patient care and education.

Utilizing interdisciplinary team approaches

Interdisciplinary team approaches are essential for optimizing patient care and enhancing outcomes during medical ward rounds. Nurses play a pivotal role in this multidisciplinary framework, serving as critical liaisons between patients and healthcare teams. Beyond sharing crucial information, nurses also play a vital role in supporting patients in articulating their views and preferences and fostering patient-centered care delivery. [23] Research has shown that the absence of a nurse at the bedside can negatively affect communication, ward-round efficiency, and patient safety, underscoring the indispensable role of nurses in the ward-round process. [24] Additionally, the involvement of other allied healthcare professionals, including clinical pharmacists, dietitians, case managers, and physiotherapists, further enriches interdisciplinary team dynamics. [25] Clinical pharmacists provide expertise in medication management and optimization, ensuring safe and effective medication regimens for patients. Dietitians provide nutritional assessments and recommendations to address critical aspects of patient care. Case managers facilitate care coordination and continuity, ensuring seamless transitions across healthcare settings. Physiotherapists offer valuable insights into rehabilitation and mobility, enhancing patient recovery and functional outcomes. By harnessing the collective expertise of interdisciplinary team members, healthcare teams can deliver comprehensive, patient-centered care that addresses the diverse needs of patients and optimizes clinical outcomes.

Using a checklist and quality indicators

Utilizing checklists, such as Gordon Caldwell's considerate checklist, is valuable for enhancing the performance and efficiency of medical ward rounds. [26] By providing a structured framework for clinicians, checklists help standardize procedures, mitigate the risk of errors, and promote adherence to best practices. Checklists serve as cognitive aids, prompting clinicians to systematically address the critical aspects of patient care, including history taking, physical examination, diagnostic evaluation, and treatment planning. Moreover, checklists can facilitate communication and coordination within the healthcare team, ensuring all members are aligned in their approach and responsibilities during the round. By promoting consistency and thoroughness in clinical assessments, checklists enhance patient safety, improve clinical outcomes, and facilitate a streamlined workflow. Furthermore, checklists offer opportunities for reflection and continuous improvement, allowing clinicians to identify areas for optimization and refinement in their practice. Thus, the integration of checklists into medical ward rounds represents a promising strategy for enhancing performance, standardizing care processes, and improving the quality of patient care delivery.

PROPOSED MODEL FOR OPTIMIZING CLINICAL AND EDUCATIONAL OUTCOMES IN MEDICAL WARD ROUNDS

To improve consistency, clinical efficiency, and educational value during ward rounds, we propose a structured model composed of five core elements:

- Pre-round preparation by all team members.
- Joint bedside review with defined roles for physicians, nurses, and trainees.
- Real-time documentation and task assignment.
- Integrated micro-teaching during selected patient encounters.
- End-of-round huddle summarizing key actions and plans.

A core innovation of this approach is the intentional design of teaching moments based on reviewing patient lists before the round. The team leader identifies diverse educational goals for each patient encounter, such as:

- Bedside physical examination skills.
- Interpretation of laboratory results.
- Diagnostic reasoning using imaging.
- Communication strategies for difficult conversations.
- Clinical decision-making in complex cases.

Moreover, setting expectations for the duration and intensity of the round—for example, a quick service round (~10 minutes per patient) versus an extended post-call or first-day round (up to 4–5 hours)—can help prepare the team mentally, reduce fatigue, and improve time management.

This structured, learner-centered model promotes both high-quality patient care and real-time teaching, addressing the dual purpose of ward rounds in academic medicine.

CONCLUSIONS

In conclusion, medical ward rounds represent a cornerstone of patient care and medical education, facilitating interdisciplinary collaboration, clinical decision-making, and patient-centered care delivery. The multifaceted nature of ward rounds underscores their significance in shaping patient outcomes and promoting the professional development of healthcare practitioners. However, to realize the full potential of ward rounds, addressing the existing challenges and striving for excellence in practice is imperative. This necessitates a collective commitment to optimize communication, time management, teaching opportunities, and interdisciplinary collaboration within the ward-round framework. By embracing a culture of continuous improvement and innovation, healthcare institutions can enhance the quality, safety, and effectiveness of ward rounds, ultimately advancing patient care and medical education to new levels of excellence.

AUTHORS' CONTRIBUTION

All authors have significantly contributed to the work, whether by conducting literature searches, drafting, revising, or critically reviewing the article. They have given their final approval of the version to be published, have agreed with the journal to which the article has been submitted, and agree to be accountable for all aspects of the work.

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REFERENCES

1. Launer J. What's wrong with ward rounds?. *Postgrad Med J*. 2013;89:733-734.
2. Lottspeich C, Braun LT, Fischer MR, Schmidmaier R. Simulated ward round training in the medical curriculum Munich. *GMS J Med Educ*. 2021;38(4):Doc75.
3. Berndt LP, Sellin J, Mücke U, Mücke M, Conrad R, Grigull L. Exploring different stakeholders' perspectives on ward rounds in paediatric oncology: a qualitative study. *BMC Med Educ*. 2023;23:500.
4. He R, Bhat S, Varghese C, Rossaak J, Keane C, Baraza W, et al. Interventions to improve patient care on surgical ward rounds: a systematic review. *World J Surg*. 2023;47:3159-3174.
5. Morris M, Mulhall C, Murphy PJ, Eppich WJ. Interdisciplinary collaborative working on surgical ward rounds: reality or rhetoric? A systematic review. *J Interprof Care*. 2023;37(4):674-688.
6. Eljack MMF, Ahmed FMT, Hasabo EA, Alfatih M, Ahmed KAHM, Elnaiem W, et al. The educational value of ward rounds as a learning and teaching opportunity for house officers, medical officers, and registrars in Sudanese hospitals: a multi-center cross-sectional study. *BMC Med Educ*. 2023;23:426.
7. Ker J, Mole L, Bradley P. Early introduction to interprofessional learning: a simulated ward environment. *Med Educ*. 2003;37:248-255.
8. Walton V, Hogden A, Long JC, Johnson JK, Greenfield D. Patients, health professionals, and the health system: influencers on patients' participation in ward rounds. *Patient Prefer Adherence*. 2019;13:1415-1429.
9. Arabshahi KS, Haghani F, Bigdeli S, Omid A, Adibi P. Challenges of the ward round teaching based on the experiences of medical clinical teachers. *J Res Med Sci*. 2015;20(3):273-280.
10. Holzhüter F, Schuster F, Heres S, Hamann J. Clinical decision-making during psychiatric ward rounds. *Front Psychiatry*. 2021;12:721699.
11. Khalaf Z, Khan S. Education during ward rounds: Systematic review. *Interact J Med Res*. 2022;11(2):e40580.
12. Rotman-Pikielny P, Rabin B, Amoyal S, Mushkat Y, Zissin R, Levy Y. Participation of family members in ward rounds: Attitude of medical staff, patients and relatives. *Patient Educ Couns*. 2007;65(2):166-170.
13. Weatherall L, Patel R. Preparing for ward rounds. *BMJ*. 2015;351:h3720.
14. Goldman J, Reeves S, Wu R, Silver I, MacMillan K, Kitto S. A sociological exploration of the tensions related to interprofessional collaboration in acute-care discharge planning. *J Interprof Care*. 2016;30(2):217-225.
15. National Guideline Centre. Structured ward rounds. In: *Emergency and Acute Medical Care in Over 16s: service delivery and Organisation*. London: NICE; 2018.
16. Merriman C, Freeth D. Conducting a good ward round: How do leaders do it?. *J Eval Clin Pract*. 2022;28(3):411-420.
17. Claridge A. What is the educational value of ward rounds? A learner and teacher perspective. *Clin Med (Lond)*. 2011;11(6):558-562.
18. O'Leary KJ, Sehgal NL, Terrell G, Williams MV; High Performance Teams and the Hospital of the Future Project Team. Interdisciplinary teamwork in hospitals: a review and practical recommendations for improvement. *J Hosp Med*. 2012;7(1):48-54.
19. Barry MJ, Edgman-Levitan S. Shared decision making-pinnacle of patient-centered care. *N Engl J Med*. 2012;366(9):780-781.
20. Swayden KJ, Anderson KK, Connelly LM, Moran JS, McMahon JK, Arnold PM. Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. *Patient Educ Couns*. 2012;86(2):166-171.
21. Herring R, Desai T, Caldwell G. Quality and safety at the point of care: how long should a ward round take?. *Clin Med (Lond)*. 2011;11(1):20-22.
22. Mendoza J, Hampton E, Singleton L. A theoretical and practical approach to quality improvement education. *Curr Probl Pediatr Adolesc Health Care*. 2023;53(8):101459. doi:10.1016/j.cppeds.2023.101459.
23. Sharma U, Klocke D. Attitudes of nursing staff toward interprofessional in-patient-centered rounding. *J Interprof Care*. 2014;28(5):475-477.
24. Walton V, Hogden A, Long JC, Johnson J, Greenfield D. Exploring interdisciplinary teamwork to support effective ward rounds. *Int J Health Care Qual Assur*. 2020;33(4-5):373-387.
25. Källén E, Nimström S, Rosengren K. Content and structure of ward rounds focusing interprofessional collaboration on an internal medicine ward: An observational study of interprofessional collaboration. *Nord J Nurs Res*. 2022;42(4):219-26.
26. Herring R, Desai T, Caldwell G. Quality and safety at the point of care: how long should a ward round take?. *Clin Med (Lond)*. 2011;11(1):20-22.