HIGHLAND USERS GROUP
(HUG)

WARD ROUNDS

A Report on the views of Highland Users Group on what Ward Rounds are like and how they can be made more user friendly

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HIGHLAND USERS GROUP

The Highland Users Group (HUG) was established on 11 June 1996.

Its aims are to:

1. Represent the interests of users of mental health services living in the Highlands.

2. To identify gaps in services and to find ways of improving services for mental health service users.

3. To provide information about mental health issues to users living in the Highlands.

4. To participate in the planning and management of service for mental health service users.

5. To pass on information and news amongst mental health user groups in the Highlands and to interested parties.

6. To increase knowledge about resources, alternative treatments and rights for users of mental health services.

7. To promote co-operation between agencies concerned with mental health.

8. To promote equality of opportunity and to break down discrimination against mental health users.

At present (1 May 1997) HUG has 126 members and has 8 branches in:

◊ Caithness
◊ Easter Ross
◊ Lochaber
◊ Skye & Lochalsh
◊ Inverness
◊ Craig Dunain

Between them, members of HUG have experience of nearly all the mental health services in the Highlands.
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1. WHY LOOK AT WARD ROUNDS?

During informal discussions with members of HUG the subject of ward rounds is often raised, usually in very negative terms, by those people who have experienced them.

In responding to these experiences we decided to describe what users thought of ward rounds, explore ways in which they could be made into a better experience for users and examine whether there is any justification for holding ward rounds in the first place.

A series of meetings were held in December 1997 to consider this subject. These meetings involved 59 members of HUG and 6 of the branches of HUG.

2. WHAT IS A WARD ROUND AND WHAT IS ITS PURPOSE?

The following is the result of an interview with a representative of Highland Communities NHS Trust working in Craig Dunain and routinely involved in ward rounds.

It is very difficult to generalise about a ward round as their nature and purpose are generally determined by the consultant involved.

Common to all ward rounds is that it is conducted in a multidisciplinary setting generally with the user present.

Ward rounds are generally conducted once a week with the progress of the user for the previous week reviewed and the various inputs of the professionals concerned put into the meeting. Anticipated contributions from all those concerned with the users care for the next week are then discussed and agreed upon.

A ward round can vary from the involvement of the nurse, consultant and user to a large group of people.

The grouping of professionals involved in a ward round varies from consultant to consultant.

If a user is anxious about a ward round they are sometimes invited in after most of the professionals have left, or the nurse may act as their advocate / representative and sometimes, especially if the user has been unable to attend the ward round, the consultant and nurse will meet with the user to debrief them on what has happened on a ward round on the same day.

Sometimes a consultant will see the user outside of the ward round on a one to one basis to discuss the user’s concerns. Although on other occasions (a situation that occurred more frequently in the past) the only contact some consultants have with
the user is during ward rounds. This is sometimes attributed to their activities in the community taking away from the time they could spend in the hospital. It is widely acknowledged that users can experience distress through experiencing ward rounds although ways of making them more user friendly have not been established with exception of the suggestion from some nursing staff that all consultants do make an effort to see a user individually outside a ward round at a specified time.

3. THE COLLECTIVE VIEWS OF HUG ON WARD ROUNDS

The Good Elements of A Ward Round

One person had had an enjoyable experience with ward rounds and had found the opportunity to discuss his health and care with the people responsible for it to be very rewarding.

If ward rounds are carried out in a decent manner they can raise the person`s confidence and well being.

They become particularly important when people are close to being discharged from hospital, when prospects and arrangements for returning to the community can be set with the user`s participation.

The Bad Elements of A Ward Round.

The great majority of people involved in the HUG discussion described ward rounds as a negative experience.

Once people are told that they are going onto a ward round it is easy to become anxious. During the often considerable wait to be asked in, they go over and over their feelings and the possible questions you may be asked. This can make them feel more ill.

On entering the room it is often crowded with people, many of whom they don`t know. This is embarrassing and makes people tense and anxious - they withdraw from the situation, They wonder

“What am I here for and will I speak”

“You feel like you are on exhibition”

“Going to a ward round is a necessary evil.”

It feels like a conveyer belt system.
Some people have entered the room expecting to just see their doctor only to find a room full of people which they found very surprising.

One person on being confronted by a room full of people found himself completely unable to speak and was accordingly sent away.

Once the ward round started people tried to concentrate on the doctor and to block out other people in the room but often they couldn’t get away from the feeling that they were being interrogated. People sometimes deliberately said little or nothing about themselves because they resented their private lives being talked about in a room full of comparative strangers. This also made some users worried about how far their personal details would spread when revealed in the room.

When trying to ask their own questions some users felt that they weren’t given enough time and were given vague, uninformative answers which they did not find satisfactory. For instance a member wanted to know how long they were likely to be in hospital and the response was “How long is a piece of string?”

The words people used to describe their experience ranged from -

- overwhelming,
- you feel a fool when asked a question you weren’t expecting which you can’t answer
- its painful
- it can make people more ill
- in anticipation of it, during it and reflecting on it afterwards, it can be terrifying
- it feels totally uncomfortable
- it can be overpowering
- there is no empathy for the sufferer
- it is intimidating
- it is embarrassing
- you are put under pressure in a group
- there is too little information (although other people said that there is too much information to take in especially if you are feeling ill.)

4. THE PURPOSE OF A WARD ROUND.

Some people had never experienced a ward round or even heard of one. Many people were very unclear as to the reason for holding a ward round.

People’s perceptions of the purpose of ward rounds included:

- to assess someone’s mental health.
- to discuss your case and assess you
- to find out what progress you are making and whether your medication is working.
5. PERSONAL STORIES OF SOME PEOPLE WHO HAVE BEEN INVOLVED IN WARD ROUNDS.

A User`s View.

The Past

One of the members of HUG recounted their experience of the nearest equivalent to a ward round when in hospital many years ago.

All the patients and staff lined up in a big room in the hospital and the main psychiatrist walked round the circle of patients. When she reached the patient they had to stand up and answer her questions in front of everyone and then be told what they must and mustn’t do.

A Member`s experience of Modern Ward Rounds

My experiences of ward rounds are of two types, according to the consultant conducting the ward round.

Consultant One held ward rounds twice, he was always there in person and the others in attendance were:

* a ward nurse
* the occupational therapist
* and usually the consultants assistant.

Consultant Two held a weekly ward round and he usually popped into the ward on one other regular occasion. He was usually there in person and the others in attendance were:

* a ward nurse
* occupational therapist
* the consultant`s assistant
* the pharmacist.

If Consultant Two was not able to get to his ward round, I think his assistant substituted. I do have vague memories of ward rounds being cancelled but I’m not sure if they related to me or to other patients.

On one occasion there was a social worker present. I can’t remember if I was given any explanation for this (I’m fairly sure I wasn’t asked if I minded) . On the ward round immediately prior to my first discharge, the Community Psychiatric Nurse was present. I don’t recollect him speaking, nor was I offered the chance to talk to him. I think I felt too bewildered to ask any questions - at the time I don’t think I’d heard of Community Psychiatric Nurses.

My overall impression of the ward rounds were affected by the completely different manner of working of the two consultants. Consultant One always appeared arrogant. He did not seem to spend much time talking to the nursing staff prior to seeing patients . He obviously knew about my behaviour, but seemed to have made up his mind about the causes of it, and was not prepared to
modify his opinion by listening to what I had to say. I found the whole thing confrontational and often very distressing. I was not given sufficient time to say what I felt was important, was cut short at the end of my allotted time and usually felt considerably worse at the end. On one occasion, the anger and distress I felt from comments made by the consultant (which I knew to be way off beam) lasted for days, and precipitated an apparent recovery and discharge.

Consultant Two seemed refreshingly different to me. He seemed to act more like a team leader, and actually took note of the opinions and observations of others involved in my care. He appeared to have a more “scientific” approach to my depression, which suited me. He was much more straightforward to talk to - I felt I had time to ask questions of him and others (including for example the pharmacist) If anything, there were more people present at his ward rounds, but I felt more comfortable and less intimidated.

Some reflections on my experience

* I did not find the presence of several people at ward rounds too much of a problem (probably due more to my teaching background than any positive attempt to put me at my ease.)

* I did not always understand why they were all there.

* I don’t remember being asked whether I minded talking in front of a group - I do believe there should be a choice.

* A lot of other patients were obviously very uncomfortable during ward rounds and quite distressed afterwards.

* Some other patients did not like having to speak in front of a group.

* My feelings varied according to which ward nurse was in attendance. It was far more useful when my named nurse was there (I think this was quite rare). I could feel uncomfortable in front of one or two of the other nurses.

* There was a feeling of the whole thing being “stage managed” and routine, without playing a positive part towards recovery.

* It was difficult to form any relationship with the consultant to produce good communication or empathy - that seems to be left later to outpatient appointments.

Carer’s View

My 18 year old son was involved in a ward round about a year ago and because I happened to be visiting I was invited to participate.
There were about 12 people present when we walked in. I do not remember being introduced and although there was a consultant present, it wasn’t my son’s.

It seemed a pointless exercise. I saw no knowledge or feeling about the case displayed by those present.

It felt intimidating, degrading, impersonal and insulting.

The meeting seemed to last for five minutes, I felt you would be better off being very ill to get through it.

I was too angry to say anything and was bewildered as to the point of it. I didn’t know how to follow up my feelings about it so I did nothing about it.

A Nurse’s View

During my time working as a nurse in Craig Dunain I often found ward rounds to be a source of upset for the clients involved.

I often thought that if I were in the client’s position I would feel resentment at having anything up to seven or more professionals, some of whom the client may have had no previous contact with or introductions, sitting round looking at them.

The client may be further upset or confused as the doctor asks the client various questions about their illness followed by someone else in the group asking questions, possibly about their home or family life, followed on by another face in the line asking them why they have not done some occupational therapy and while this goes on the rest of the group looks at the client.

As a nurse I would often try and prepare the client for the ward round by saying there would be doctors, students etc present and how many people would be in the room, this would often confuse the client as they often thought they were just going to see the doctor and their primary nurse.

The client would often voice their resentment after a ward round at possibly not being able to see their doctor or social worker when they wanted earlier in the week but now they were expected to tell all their worries, fears and thoughts to them in this room full of relative strangers.

6. SHOULD WARD ROUNDS EXIST AT ALL?

In view of the many negative comments about ward rounds it was felt important to discuss whether they had any worthwhile function that would justify their continuation.
The majority of members thought that given work to change them, they could perform a useful function. However there were two groups who thought ideally they shouldn’t exist.

All the groups thought that there should be less people involved in a ward round with the majority of groups saying that most discussions about their care in hospital could be adequately carried out with just the psychiatrist and key nurse present.

It was said that ward rounds become more important the closer to discharge from hospital a person gets with one group saying that ideally, this should be the only time for ward rounds.

7. SUGGESTIONS FOR IMPROVING WARD ROUNDS.

Information

* About the Ward Round.

Patients should be prepared for a ward round with someone explaining:

* its purpose
* what it is
* when it will happen
* what it entails

This should be done in advance of any attendance at a ward round.

* Preparation for the Ward Round

People should have a good idea of:

* the topics that are going to be covered in the ward round
* who will be attending the ward round.
* a general idea of what questions are going to be asked.

However some users were of the impression that many of the professionals at the ward round were equally ignorant about what was going to be covered and that therefore it would be difficult to prepare the patient for the subjects to be raised.

* Meeting the Other Participants
When a professional is going to attend a ward round and she/he has not previously met the patient they should take the time to meet them informally beforehand to explain who they are and why they are attending.

**Who should attend a Ward Round?**

It was said that the people on a ward round should be directly concerned with your case and known to you.

Ideally students would not attend a ward round although there was an acknowledgement that they had to learn somehow.

**Who decides who attends a Ward Round?**

This decision should be made jointly and the patient should have a say in who attends along with the doctor.

One group said that the decision should rest solely with the patient.

It was also said that some people do not speak if they are uncomfortable with particular people in the room.

**Should the Patient attend a Ward Round?**

Although it was said that it is important for professionals to gain information about the user it was also said that it should be made absolutely clear to the user that they have a choice about attending a ward round and that if they refuse there should be no adverse consequences.

At present many users feel that they don’t have a say in whether they attend a ward round or not and that pressure is put on them to attend.

**The atmosphere at a Ward Round**

It is important that all people realise that the patient is a person not a set of problems. There should be respect, trust and honesty with the patient.

Some groups thought that the emphasis on the relative importance of the people in the room should change with the patient becoming acknowledged as the most important person. Other groups were more inclined to a move towards equality for all people present.
Although it was accepted that users were given the opportunity to ask questions, people felt that there needs to be an effort made so that they genuinely feel this, which could be partly achieved by giving more power and control to the user whilst not overburdening them if they don’t feel up to it.

Some people felt that they were under pressure to give snap answers to the questions they were asked. It should be made clear to them that they could take their time over answering or refuse to answer.

**Advocacy**

All the groups were agreed that there should be a person of your choice (who could be an advocate) to help support, explain things and represent you if you feel that you need it.

This option should always be offered to the person attending the ward round and should be an option that it is possible to achieve.

**Record of the Meeting**

With the exception of one group it was agreed that there should be a written record of the meeting (in plain English) which is made accessible to the user on request.

**Confidentiality**

It was frequently said that people choose what they say to different people in a way that often depends upon the trust and the relationship that they have built up with that person.

Many people felt very uneasy that a group over which they had no control had access and knowledge of feelings of distress and embarrassment that they might not normally have chosen to share with them.

There was a feeling that if a group of relative strangers had access to this information then it could be equally possible that other people would find out about it.

There was a call for more discussion about this and the view that at a minimum the user should know how far information they gave to a professional could possibly travel.
8. RECOMMENDATIONS

1. Unless ward rounds can be made into a more positive experience their use should be cut to the absolute minimum required.

2. The number of people involved in a ward round should be kept to a minimum and should consist of people who the patient knows.

3. Where a person has to attend a ward round and they don't know the patient they should make efforts to introduce themselves to the patient prior to the ward round.

4. Patients should be given information on the purpose of the ward round, who will be attending, when it will be and the topics that will be covered.

5. The patient should have a say in who will attend a ward round.

6. It should be made clear to all patients that they have a choice as to whether they attend a ward round or not.

7. The atmosphere of a ward round should change in such a way as to enable a person to feel that they have a degree of control over what is going on and the ability to participate to the extent that they wish.

8. A patient should automatically be offered the help of an advocate or someone that they trust to support them through the process of attending a ward round.

9. There should be a written record of the meeting which is clearly accessible to the user.

10. Users should be made aware how far personal information given by them will travel and the issues raised for maintaining confidentiality in a multidisciplinary setting discussed further.

ACTION TO BE TAKEN.

This report will be discussed with representatives of the Highland Health Board, Social Work Department, and relevant NHS Trusts.

From this we hope to agree courses of action influenced by the contents of the report.

The report will also be distributed widely in the Highlands and elsewhere.

Please feel free to photocopy the report if there are people you would wish to receive copies.

ACKNOWLEDGEMENTS
With thanks to all the members of Highland Users Group who participated in this round of discussions. Special thanks to the User, Carer, and Nurse who gave their personal experiences for publication.

For more information on HUG call  
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