

Guidelines for Chairman's Ward Report

Internal Medicine Clerkship

Introduction: "Report" is a time-honored, traditional event in departments of medicine. Historically, when medical services at major teaching hospitals were entirely "resident-run", report played a central role in the oversight of hospital medical services, as a session at which the chief of a service or the chair of a department would learn about all newly admitted patients, and would hold the house staff accountable for their care of these patients. Over the years, as attending physicians have become directly responsible for the daily care of patients, there is less need for the chief/chair to hear about all patients, and report has become more of an educational event that centers around an active discussion of selected cases on the service. In that spirit, "Chairman's Ward Report" is intended to be a highly interactive discussion, with the presenter, the other students, and the faculty member thinking through the important aspects of clinical findings, diagnostic approach, and management of each case.

The key facts for Chairman's Ward Report:

1. Each student will prepare one Ward Report case during his/her assignment to the general medicine inpatient service. A standard case presentation format is available on the clerkship website. Students are encouraged to show x-rays, ekgs, pictures of clinical or diagnostic test findings, and other ancillary information rather than just reading the results of reports.
2. The students should be actively involved in the care of the patient that he/she presents. All patient care episodes have educational value, so any case of interest to the student is worth presenting.
3. Each ward report session will last no more than one hour, and will consist of a few minutes for general conversation, and then presentation of two cases, each of which will be discussed for no more than 22 or 23 minutes. A firm timeline will be set and each case gets approximately equal attention during the session.
4. The faculty member will most likely ask, during the presentation, for further observations and discussion among all students. The case presentation may be interrupted several times for this kind of discussion.
5. The presenting student should be well versed in the rationale for each step in the management of their patient, as well as the important medical knowledge related to clinical findings, differential diagnosis, and management.
6. The presenting student may wish to prepare a brief outline or summary of relevant medical information about the case to provide to classmates, or to bring good reference sources or reviews. However, the preparation of a "mini-lecture" about the topic, and the use of powerpoint presentations and/or slides is discouraged. Active discussion is a key element of report-type sessions, and therefore it is best not to restrict the session with a formal presentation.
7. The faculty member will evaluate each presentation based on:
 - a. The quality of the oral and written presentation
 - b. The quality of additional information that accompany the presentation, such as x-rays or EKGs, as well as other relevant material such as review articles or a student-prepared outline of supporting information.
 - c. The student's participation in the case discussion and ability to respond to questions from the faculty or other students