

Needs and objectives

- Resident report for both inpatient and ambulatory settings is provided as a part of the educational curriculum in residency training programs.
- Resident report attendance may depend on a variety of factors, and changes may be instituted to improve report attendance.

Settings and participants

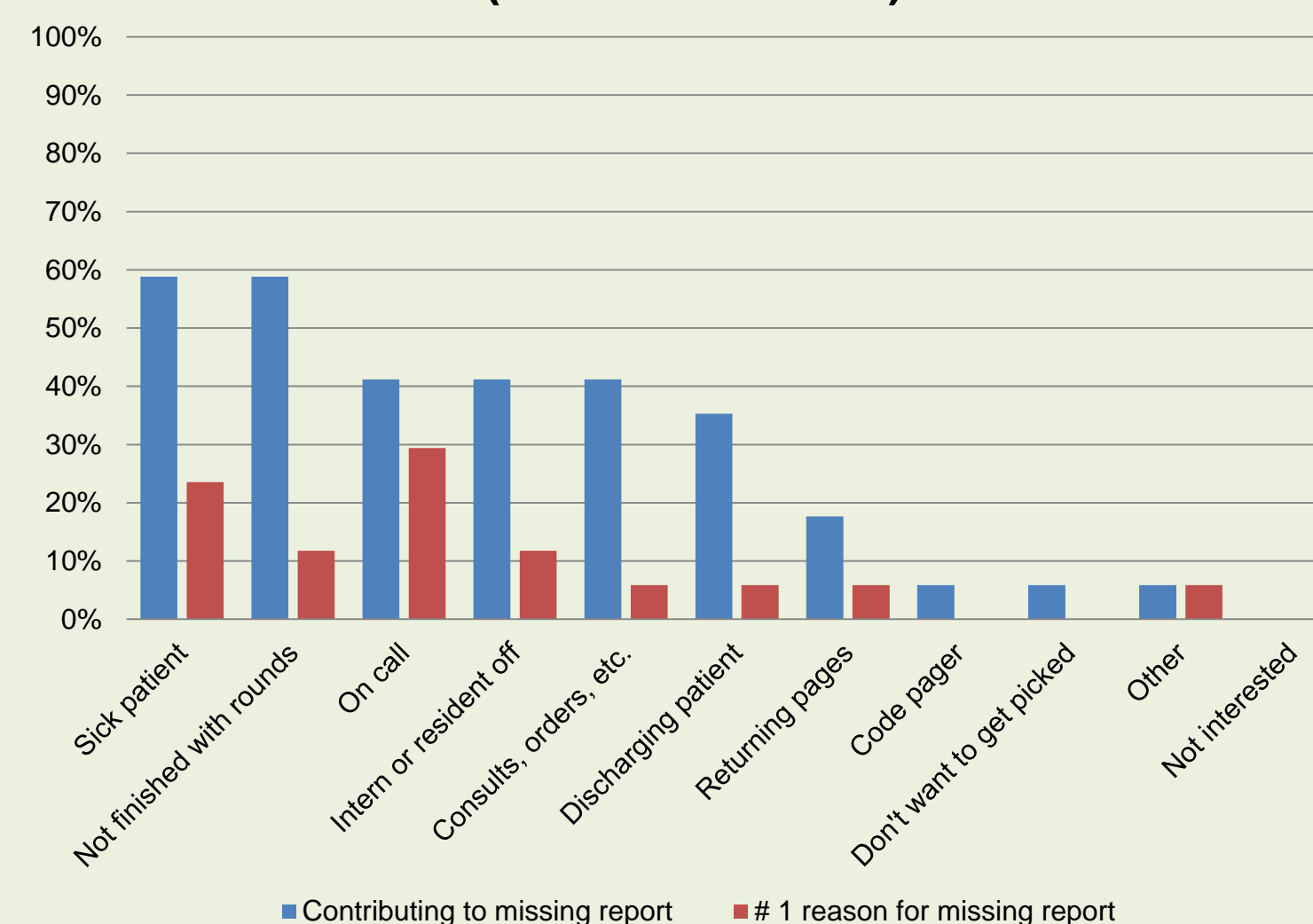
- Inpatient report attendance was taken from one intern and one resident report near the end of the academic year in 2013 and again in 2014 after a change in report time was implemented to improve report attendance.
- Ambulatory report attendance was taken at once weekly intervals for four weeks.
- Residents not present 10 minutes after the beginning of report were asked to fill out an online survey regarding their reasons for missing report and changes that would help them to get to report on time.

Results

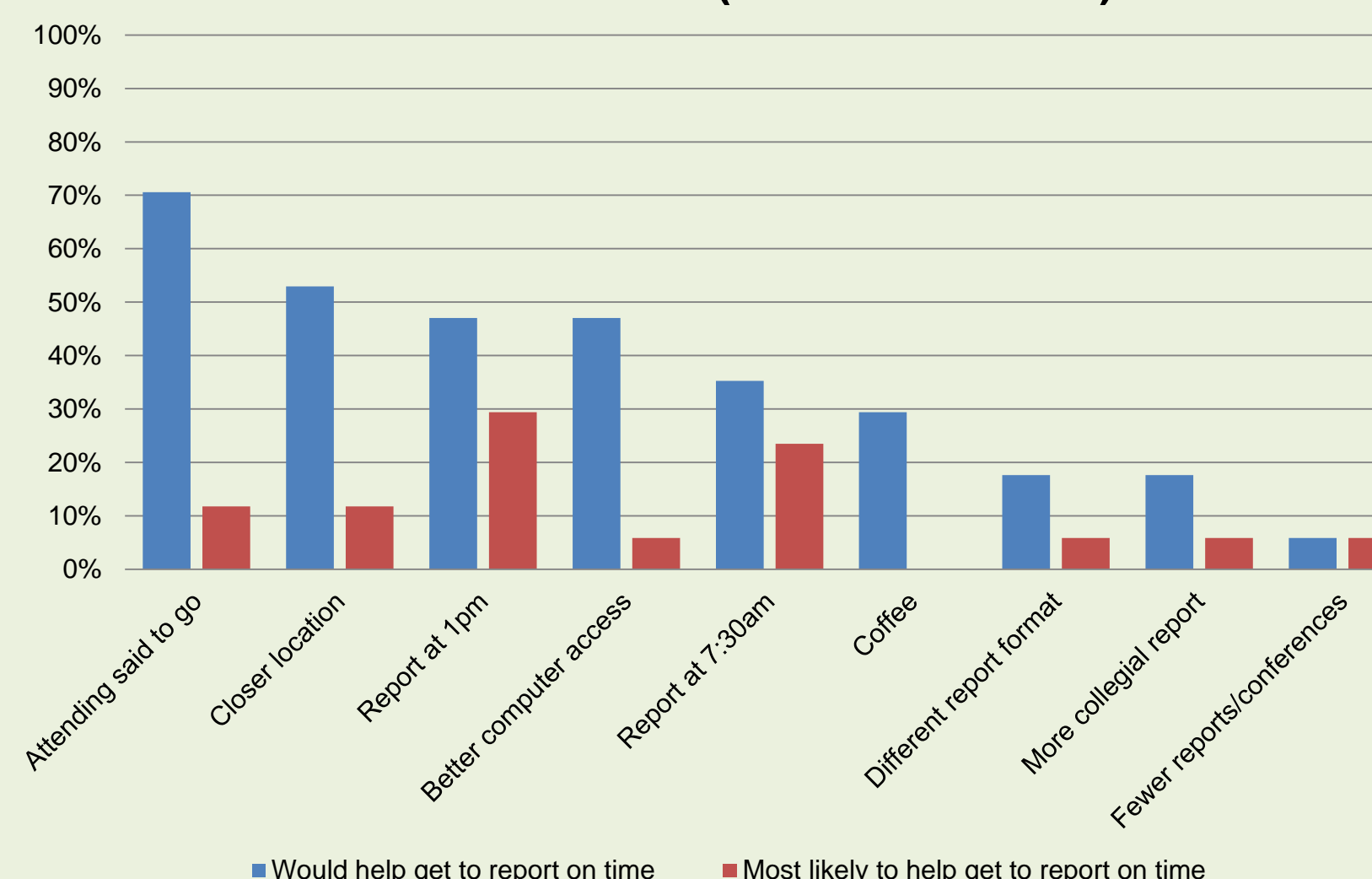
- Overall attendance for inpatient report was 41% for interns (n=17 expected interns) and 42% for residents (n=12 expected residents) in the 2013 academic year.
- Overall attendance for inpatient report was 56% for interns (n=18 expected interns) and 36% for residents (n=11 expected residents) in the 2014 academic year.
- Overall attendance for ambulatory report was 87% (n=85 interns and residents expected over four reports, 19-23 expected per report).
- 98% of interns and residents missing from report (n=42) completed the survey.

Inpatient report

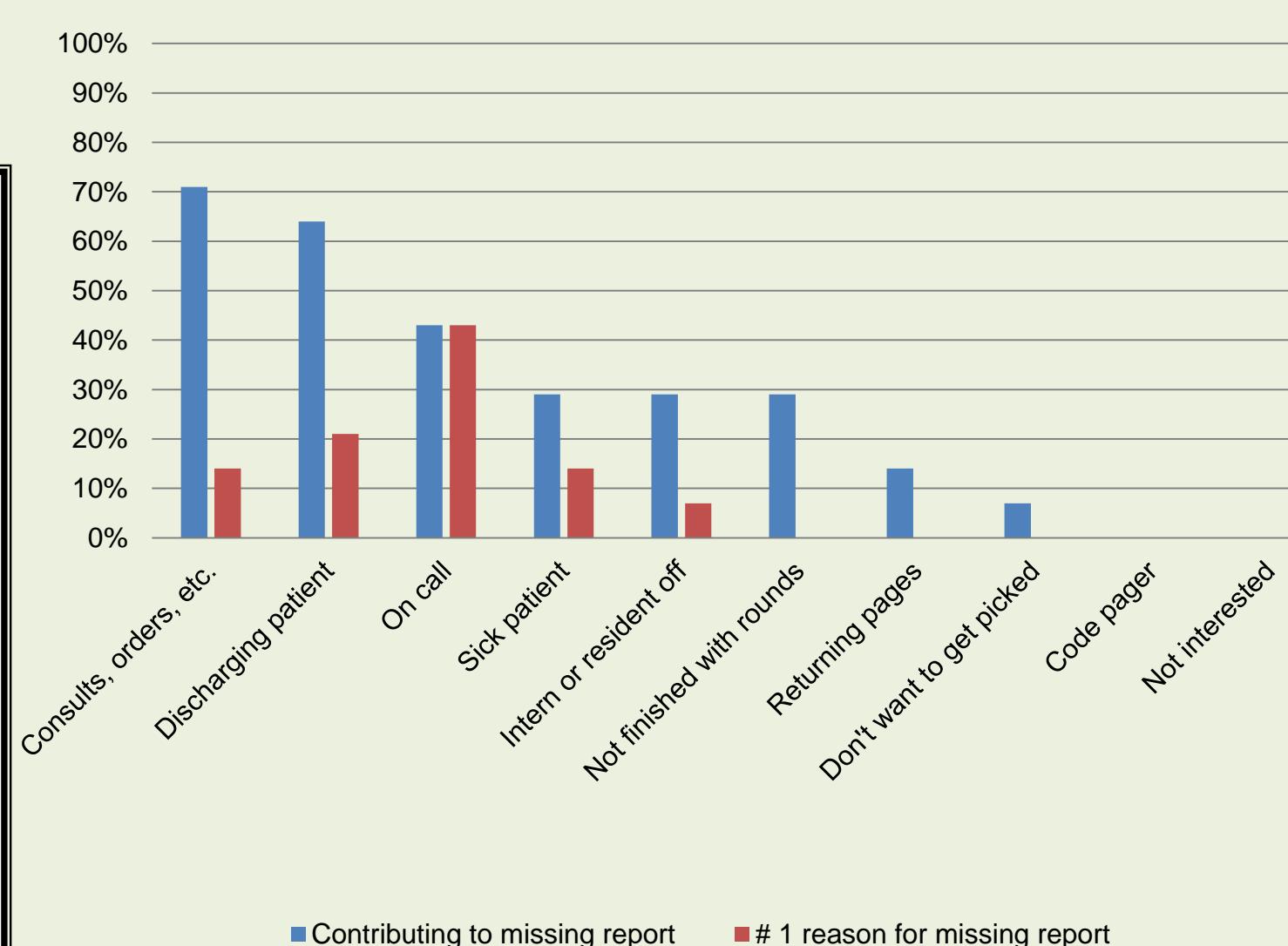
Reasons for missing report 2013 (intern + resident)



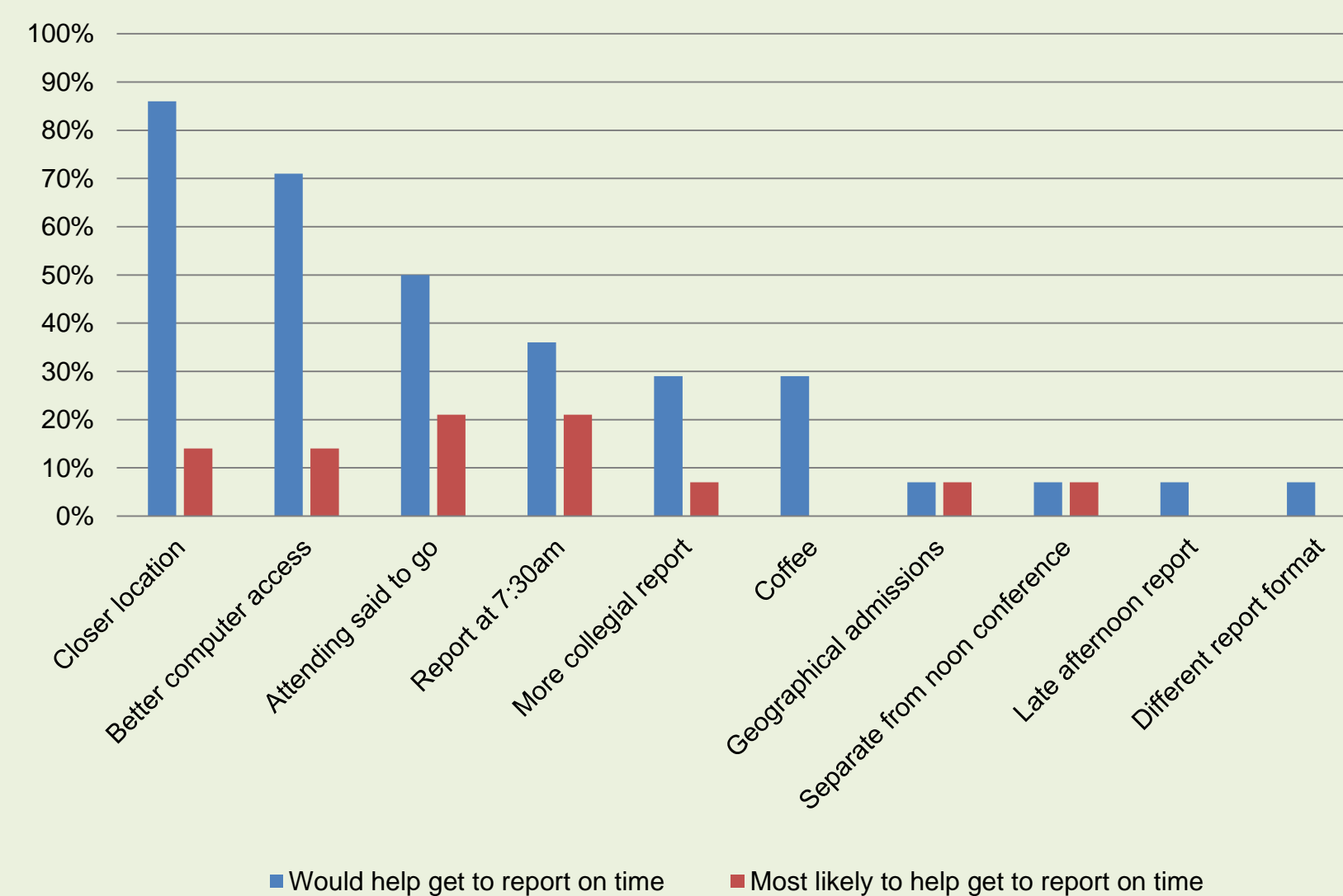
Changes that would improve report attendance 2013 (intern + resident)



Reasons for missing report 2014 (intern + resident)



Changes that would improve report attendance 2014 (intern + resident)



Outpatient report

- Of the 13% absentees (n=11), 6% of residents (n=5) had either a family emergency or another academic commitment (interviews or standardized exams), leaving only 7% of residents with personal non-excused absences.

Discussion

- While report attendance was hindered by rounds when report was in the morning in 2013, this was replaced by discharge needs and work related to patient care when report was moved to the afternoon in 2014.
- Clinical care needs will always be in tension with educational time.
- Measures providing more incentive to come to report (20-25% believe report could be more collegial), attendings specifically telling housestaff to attend report (especially interns), a closer report location, and better computer access (to facilitate patient care between noon conference and report) might improve report attendance.
- Better hand-off of clinical care responsibilities to fellow team members (interns to the resident and vice versa, including forwarding/handling over pagers) may also facilitate housestaff getting to report.

Conclusions

- Inpatient report attendance remains poor at 36 to 56%.
- Ambulatory report attendance was high at 87%. Only 7% had modifiable behaviors for improving report attendance; therefore large changes would likely provide minimal benefits.