Not So Grand Rounds

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As I sit at grand rounds, I wonder if these sessions can truly be described as grand. Every week, I look forward to the 1-hour grand rounds lecture and anticipate learning something new to share with my colleagues and residents. Halfway into the lecture, a pager goes off. A few minutes later, a phone rings, the sound resembling marimbas playing in the distance. It belongs to the resident sitting a few chairs away from me. As he fumbles to shut off his phone, I notice the crumbs of his morning breakfast clinging to his tie. I realize that I am no longer paying attention to the lecture; rather, I am texting away on my new iPhone 5 with its many alluring features. This lecture, like many others, seems dull. I look around the room and notice some "back benchers" covertly sneaking away. The ones remaining are enjoying the new apps on their respective phones, some texting and others browsing the web. Ironically, everyone made sure they signed in for the continuing medical education (CME) credits for attending grand rounds.

I am grateful that I am sitting away from the gaze of the lecturer, and hope he didn't notice me and the others gradually drifting away from his talk. He continues with his presentation: slide after slide of various colorful graphs and lines of text. I try to suppress a yawn—what is he talking about? Oh! Beep, beep, beep . . . another text message, this time from my wife asking about dinner plans. As I dive back into my phone, making sure that I am well hidden, I feel a little shiver of guilt. It vanishes as quickly as it came.

The concept of grand rounds started in the early 1900s when William Osler held weekly sessions to discuss cases of interest in depth.[1] As time progressed, these discussions moved from patients' rooms to larger conference rooms to accommodate the growing number of participants. The chief and other leaders of the service occupied the front rows of the amphitheater, followed by staff, house officers, students, and others in a hierarchal order. The patient was always a part of the presentation and helped corroborate the history. There was a reliance on grand rounds to get the most cutting-edge and latest medical information.

Grand rounds at some institutions are strikingly different these days. Faculty and residents attend sporadically, and those who do usually arrive late. The main incentive for attending grand rounds appears to be access to CME credits. Interruptions from phones and pagers intermittently haunt grand rounds; back and forth traffic often causes commotions and distractions. The topics vary, with no formal agenda, and are usually aided by multiple, often monotonous, slides. Interaction between the presenter and the crowd is often minimal. A vast majority of the participants bring food and drinks to the presentation. With that comes the unwrapping of foil, the clatter of utensils, the popping of soda cans, and the stale aroma of the hospital adding to the assault on the senses. Audience feedback is intermittent and not taken seriously. Some of the attendees feel that the information is more easily available via a plethora of online sources. However, the most notable difference is the absence of the patient from these rounds.

As I try to pay attention to the pathophysiology of Parkinson's disease, I covertly scan the room to find the patient missing. The colorful but busy slides fail, once again, to suppress my yawn. I begin to wonder if the technology that pushes grand rounds toward obsolescence might in some way help revitalize it.

My thoughts trail off to a day when I walk into grand rounds and struggle to find a place to sit. The amphitheater is bustling with staff, residents, and medical students, all engaged in academic dialogue. Junior staff and residents vie to fill the first rows. As the audience enters the amphitheater, pagers and telephones are automatically turned silent by some powerful, almost alien-like Wi-Fi technology. Each cushioned chair is equipped with a touchscreen LCD digital monitor that allows the audience to pose or answer questions related to the presentation. These digital monitors also have the ability to track CME points and add additional points for any correct answers. The speaker walks in, immediately engaging the crowd. Her succinct PowerPoint slides are visible on the digital monitors, complementing her talk. Her tone and emphasis change intermittently to keep the audience engaged, and she breaks at intervals to ask questions, perhaps introduce some

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humor. After 25 minutes, she introduces a second speaker who is equally engaging and offers a somewhat different perspective with potential alternatives to the presentation. Everyone is wide awake after 45 minutes, with questions to ask and points to clarify. Questions are submitted electronically via the digital monitors. Most of them are directed to the patient present in a wheelchair. Only a few of the questions are answered, but the rest appear on the digital screen and help stimulate further thought and discussion. At precisely 60 minutes, the lights faintly flicker, signaling the end of the talk. Before the digital monitors shut down, they vibrantly flash to remind the audience to complete a brief touchscreen survey on the presentation.

The audience gets up and heads to the foyer. Individuals mingle and chat as they walk, introductions take place, and previous conversations are rekindled. Once outside the amphitheater, phones and pagers come alive. The ping of an e-mail adds to the melody, alerting the audience members about their updated CME points. In the foyer is a table covered with a tablecloth and fresh flowers. It has a variety of healthy breakfast foods and beverages, placed strategically to avoid crowding around the table. Constructive conversations continue over food, and the audience members get a chance to meet the speaker and the wheelchair-bound patient. Reluctantly, the crowd disperses to attend to their duties while eagerly looking forward to another grand rounds the following week.

"Beep, beep, beep . . ." I fumble to silence my pager. It's from my resident, reminding me of morning patient care rounds. Reality sinks in. I cannot help but grin at my vivid imagination, but maybe this is the future of educational activities, particularly grand rounds. I gather my thoughts as I look around, trying to find the easiest way to exit. As I slip away, seemingly unnoticed, I pledge to be more attentive next week, and to encourage my team of residents and medical students to attend grand rounds in the future.

Reference

1 Osler W. The natural method of teaching the subject of medicine. *JAMA*. 1901;36(24):1673–1679.