

Chapter 2

Organisation

Being organised, having a structure and order in what you do, can improve your productivity, and enhance your influence upon your workplace. Being organised may help you stay on top of things in dealing with high volume and complex workload that a doctor's role may entail.

The ability to plan, utilise time efficiently and effectively, prioritise, delegate, foresee (so that you give others the time they need or allow for the un-expected), use to-do lists, and the ability to be systematic, are important skills to develop. These skills are described in this chapter. Leading a ward round requires a combination of such skills, and advice is given as how to bring these together in such an important clinical task.



Plan

It takes as much energy to wish as it does to plan

Eleanor Roosevelt [1]

Think of the future, and plan in advance. Think of the next day, next week, next month, next year. What tasks need to be accomplished? What deadlines must be met? What personal commitments must be kept? Think of what is coming and plan how to tackle it. Time spent in planning is time well spent. Planning in advance will let you get organised, juggle things around, avoid last minute rushes, avoid last second panics.

You may plan as how to tackle the various outstanding jobs on your next ward duty, plan in what order to see your on-call referrals, how to revise for the upcoming exams alongside a busy clinical schedule, how to deal with your lengthy list of patients awaiting surgery, how to set up meetings to resolve work issues. You may plan which courses to attend as part of continuous learning, plan for completing all paperwork for your training program assessment, plan for that long awaited holiday, for your wedding, for that weekend break.

Keep an electronic diary, a notebook, a desk calendar, a wall calendar. Note the various upcoming events as you think of them, as they arise. Mark the deadlines, and set warnings for their approach. This will help you think ahead, get organised, and allow you to put a structure to your future ventures.

It may feel like a big transition from medical school days, when many of the yearly events were scheduled by others, when the deadlines were pre-set and known well in advance. It may seem like a life change from university studies, when the main plans were for attending lectures, studying, and passing exams. Some of your activities may still be scheduled by others, by your employer, your supervisors or your trainers. You may have to follow a weekly rota or job plan. You may have to attend clinics, theatres, ward rounds, or be on-call at predefined times. But at last, you can have more flexibility, more control, more influence, in much of your professional life. You can set your goals and the course for the future. Make the most of this by planning in advance.

Be Time Efficient and Time Effective

The bad news is that time flies. The good news is that you are the pilot

Michael Altshuler [1]

You have a set amount of time within which to do various tasks. You have deadlines to meet, fixed timetables to keep. Not enough time to go round the wards, not much time for your overbooked clinic, limited time for operating, even less time to read and study. The day has so many hours, the week so many days, the year just 12 months. And the tasks are many. Make the most of time, use time efficiently and effectively. How well time is spent is more important than the quantity of time. If you manage your time well, you may be able to accomplish more. The following may help you achieve that:

Allocate time and stick to it

You may allocate time for a meeting, a teaching session, for ringing up a patient's relatives, for seeing each patient in clinic, for completing a ward round, for preparing a research presentation, or for having a break. Try and stick to it. Avoid letting time slip by. Try and be one step ahead, rather than a step behind. Keep an eye on the clock, know when to stop, know when to move on.

Allocate tasks according to energy and concentration levels

You may have a multitude of tasks to perform. Some may involve direct clinical care; reviewing or assessing patients, taking bloods, putting a chest drain, inserting an arterial line. Some may be administrative tasks; completing discharge summaries, signing letters, ordering tests, completing insurance forms, pharmacy chart refills, entering audit data on a database. Our concentration levels, and alertness, may vary throughout the day [2]. You may be freshest in the morning, more tired and sleepy after a lunch, or as time goes by. You may be an early morning starter, may need a few hours to get going, or may function better later on in the day or night. You may feel more exhausted after assisting in theatre or after a busy clinic. Try and allocate the most important tasks, those that require the highest alertness, to the time when you feel the best. But still, use the rest of the time in doing those tasks, that can be safely accomplished, even when not at your best.

Minimise empty time

In completing one task you may rely on other staff doing their bit first. Instead of stopping and waiting, leaving that as empty time, try and make use of it. You may consider the following:

- You are doing a ward round, you want to have a look at a patient's wound, you ask the nurse to take the dressings down, but the nurse is busy. Go and do something else, whilst the dressing is taken down. Say you will be back, and do be back on time.
- You are in clinic, you see a patient, and need to review the results of the last blood tests, but these are not in the hospital records. Ask one of your administrative assistants to ring the laboratory to get those results, and try seeing another patient whilst that happens.

- You are a surgeon, you are operating, you know what surgical instrument you will need next. Ask the nurse to get the next instrument ready, before you need it, rather than having to wait for it. The next instrument should be out and in the tray, but on occasions someone may have to go to the store room, to look for it.
- You are doing a ward round in intensive care, you want to insert an arterial line in an un-well patient, ask the staff to get the equipment ready, whilst you continue your ward round and then come back for it.
- You are doing a clinic, some patients may need to have an up to date radiograph in their next clinic visit. You may fill the radiograph request card so it is ready for next time. You save time for patients waiting before sent for the radiograph, and you save yourself time waiting for the patient to return from the radiology department.
- You are in clinic, ensure the staff assisting you, know to bring the next patient into the examination room, whilst you are writing in the notes or dictating a letter for the last patient.
- You just consented and marked, in the ward, the first patient for your surgical list. You are about to set off to theatres at the other end of the hospital. Ring the theatre staff to inform them that the first patient is ready, and that the patient can be sent for. By the time you reach theatres and change in your scrubs, the patient may thus have arrived.

Minimise travel time – Hospitals are huge places, wards are often lengthy. You may have to review patients throughout the hospital, review patients in various bays. You may be on home visits with patients all over town. Choose the best plan to take you smoothly round.

- Avoid running back and forth to the computer to check the blood results or the radiographs of the next patient to be reviewed. Print and carry those, or go through them, before the start of the ward round.
- Carry forms with you to complete investigations requests at the bed site, or make a note of what is needed and fill those at the end of the round.
- Carry with you other essentials, your stethoscope, light torch, reflex hammer, skin marker, according to your duties and specialty, rather than wondering, looking for one around.
- If setting up your own office, your own clinic, your own practise, take travel time into account. Where will patients be seated in clinic? How far do they need to walk before they enter the examination room? Should any patient attending for a wound check be going straight to the dressing room rather than coming first into the consultation room? Where should wards be located in relation to the Emergency Department? Where should theatres be located in relation to the wards?

Limit interruptions

You may want to concentrate on a particular task, but you repeatedly get interrupted. It maybe the ward staff, keep coming up to you with questions, it maybe your pager going off, your phone receiving text messages, your electronic tablet

bleeping every time a new email arrives. Try and eliminate any potential distractions, concentrate on what you do. You may need to:

- Sit and work in a quiet area, away from every one's eyes.
- Hand your pager to a colleague for cover.
- Take the phone off the socket, turn off your electronic tablet.
- Close the door, put a "do not disturb" sign on the door, lock the door.

Minimise time looking up information

Have easily accessible information that you regularly need in your day to day practise, rather than having to keep looking for it every time the need arises. Having regularly needed information at your fingertips, can save you valuable time.

You may:

- Carry a pocket size-reference clinical book, relevant to your current post. A book that you can refer to easily and one likely to give you the necessary answers. Alternatively, have access to a relevant electronic clinical book, website or app on your phone or tablet.
- Make your own lists of tests to order, or investigations to request, for commonly encountered clinical conditions. You may have a list of tests to order for acute onset epigastric pain, acute onset hip pain, pyrexia of unknown origin, recent onset weight loss. Avoid relying on memory and hence leaving out some of these tests.
- Have a list of commonly used phone numbers or pagers, rather than having to look them up each time. You may need to ring up the pathology lab to order urgent blood tests, or ask for an urgent lumbar puncture gram stain. You may have to ring from the ward, from the Emergency Department, from the hospital corridor, but the switchboard may not be answering.
- Have a list of clinical diagnostic codes or surgical procedure codes. You may have to provide clinical codes when admitting a patient, when listing a patient for surgery or after carrying a surgical procedure. Such codes may aid remuneration of yourself or your institution, for the work provided. Rather than having to go through endless lists of codes each time, keep the ones you most commonly use, in an easily accessible format.
- Have a list of equipment you need for commonly performed procedures, surgical or otherwise. You may be asked to perform such procedures in the middle of the night, in a ward you attend for the first time, with staff you never met before. You may have a list of what you need to catheterise a patient; what type of catheter, what size, local anaesthetic agent, or volume of fluid to inflate the catheter balloon.

Avoid Procrastination

Procrastination is like a credit card: it's a lot of fun until you get the bill

Christopher Parker [1]

Procrastination describes the habit of putting off things or unnecessarily delaying tasks that should be promptly completed [3]. Avoid postponing for tomorrow, what should and can be done today. You may keep putting off the work-based assessments, the surgical logbook update, the medico legal reports, completing the discharge summaries or the disability assessment forms, copying the drug charts, responding to a complaint, replying to an email, going through those patients' records for the upcoming audit meeting, writing or submitting that research article, getting the presentation slides ready.

Putting off things results in workload mounting, results in unnecessary worry and anxiety. If postponing becomes a habit, try and break it. In doing so, you may consider the reasons for avoiding those tasks, to help find suitable solutions:

- Tasks not interesting- appreciate that not all tasks will be as stimulating or exciting. Some will be boring or daunting, but still have to be completed. Rather than concentrating on how uninspired you will be whilst doing those tasks, try and see how relieved you may feel once they are out of the way.
- Tasks not rewarding or of minimal training value- service provision and training go hand and hand. Something new can be learnt even from the most repetitive task.
- Tasks not important- all tasks have a relative value, work out what that is. Completing discharge summaries promptly may ensure patients are discharged on time, allowing new ones to move from Emergency Department trolleys to ward beds.
- Not sure where to start- break the task down into small segments, small fragments that can easily be tackled.
- Not skilled or trained- get training, ask for guidance.
- Something else keeps turning up- put such tasks high up on your to-do list and get them done early. Try and complete tasks as soon as you come across them, rather than putting them on the side for later on.

Allow for the Unexpected

What we anticipate seldom occurs: but what we least expect generally happens
Benjamin Disraeli [1]

Anticipate that some tasks will take longer than planned, answers may take longer to receive, solutions may take longer to figure out. Do not leave completion of tasks and meeting of deadlines, for the last moment. Avoid working on the edge and assuming all will go smoothly, according to plan, all will fall in place on time. Allow for the unexpected:

- A patient may crash, disrupting your routine ward round.
- The appendix may be too inflamed and stuck, taking time to mobilise and remove, prolonging your operating list.
- A patient may present with a long list of questions to your clinic, which take time to answer.
- Your trainer may be on holidays or have a full schedule, and not be available to sign you off in time for your upcoming training program assessment.
- Some audit records may be off site and take longer to get, for that next audit presentation.
- You may be kept up all night whilst on call, too tired to finish the research abstract that needs submitting.
- Your clinical post may be busier than expected, with less free time to study for the upcoming exams.
- The medical illustration department may be overwhelmed with lots of last minute requests for posters printing, with yours having to be pushed down the queue.
- The article you need for the upcoming departmental teaching may not be available locally, and has to be obtained through an inter-library loan.
- Your laptop may crash, just as you are about to submit the next post application.

Try and be one step ahead. Avoid working on a tight schedule. Allow time for late starts, interruptions, emergencies, overruns. Allow for you not being able to work at full speed, allow for others not being able to perform at their best.

You may be assigned a new task, you may be asked to take on a new project. You may be asked to write a research proposal, carry out an audit, write an article, prepare a presentation, organise the departmental teaching, devise a new protocol, revise a care pathway, organise next year's rota. Set realistic deadlines. Be an optimist but also a pragmatist before you make promises. Err towards caution. It may be better to under-promise and over-perform, rather than overpromise and under-deliver. It is better to impress with a prompt delivery, rather than disappoint with a failed promise of a prompt deadline.

In estimating how much time you may need for a task, and what deadlines to set up you may consider:

- What other work do you already have scheduled and how much time is that likely to take? How much free time does that leave you for the new task? Could you drop other tasks to concentrate on the new one?
- Is it likely that new additional work could turn up during the time under consideration? If additional work keeps turning up now, it is highly likely it will do so in the future. Is a busy or quiet time of the year coming up?
- Break the task into small components, as it may be easier to grasp their size, and hence estimate the time that each of those may take.
- Does completion of the task depend solely on you or do you rely on input from others? If relying on others, how much time will they take? Are others reliable and available to deliver on time? How much influence do you have as to when they deliver?
- If the task does prove to take longer than expected, can you call upon additional staff, help and resources, to make up for lost time?
- What happened last time you undertook a similar task? What delays occurred then? What lessons were learnt?

Work out how much time you think you will need. Then add some more, and even some more again.

Have to-Do Lists

The project may be the lion, but the list is your whip

Adam Savage [1]

Prepare lists of tasks to do. Such lists may be hand written or in electronic format. You may carry to-do lists on paper sheets, notebooks, or electronic tablets. Use whichever format suits you, whatever format enables you to quickly add new tasks, and cross off those completed. Some situations where to-do lists may be useful:

- You are on out-of hours duty, you get calls for referrals from the Emergency Department, wards, community doctors; make a record of each of these and get the contact of the referrer, in case you need more information.
- You do a ward round; make a list of investigations you need to request for each patient, to be acted upon.
- You are doing a research project; make a list of experiments to do, collaborators to meet, articles to read.
- You are revising for your post-graduate exams; make a list of topics you need to cover, clinical signs you need to see, clinical diagnoses to make, courses to attend.
- You want to further develop your surgical skills; make a list of operations you want to observe, to assist in or perform.

Lists help you easily see what is outstanding, allow you to prioritise the various tasks, and help you avoid relying on memory. Lists may even give you the satisfaction every time a completed task is crossed off. When it comes to drawing up lists you may consider:

- For each item make an adequate meaningful record, easy to action when its turn comes.
- Make a record as to when each item was added, as that may guide as to when to act upon.
- Mark the tasks as high and low priority. Keep re-assessing the list, and re-prioritise as needed.
- Break down tasks into smaller components that make it easier to see what is outstanding.
- Distinguish the tasks that only you can do from those that can be delegated.

Prioritise

The key is not to prioritise what's on your schedule, but to schedule your priorities
Stephen Covey [1]

Allocate priority to various tasks. We often think of triage in the war field or in triaging patients in the Emergency Department. However, triaging is a vital skill for a doctor's day to day professional life. Time is limited, so many tasks to be completed. Some tasks must be done promptly, others can wait. Identify those tasks that matter the most and ensure they are done first. Prioritising is a skill that needs to be mastered.

You may prioritise according to clinical urgency and importance, according to up-coming deadlines, according to waiting time, according to availability of skills and resources. Consider:

- You may prioritise the assessment of a ward chesty patient with dropping blood pressure, as compared to reviewing stable long stayers whose condition has not changed.
- You may prioritise rushing to surgery a nasty fracture with a pulseless arm, as compared to plastering an ankle sprain.
- You may prioritise ringing the radiologist to request a brain scan in newly-onset blurred speech, as compared to ordering routine post-knee replacement radiographs.
- You may prioritise the completion of discharge summaries for patients to be discharged early in the day (to free beds and admit others), as compared to putting out routine blood test requests.
- You may prioritise the write up of an abstract for a scientific meeting with a looming deadline, as compared to writing up the detailed methodology for a newly thought project.
- You may prioritise reviewing a case for which you are likely to need senior input, before your boss sets off for an off-site clinic.
- You may be handed a list of patients waiting to be seen at the start of your on-call duty. Who is to be seen first?

Obtain the necessary information from other healthcare staff or patients themselves, to enable you to quickly prioritise various tasks. Know as to who is the best source of such information. You may consider:

- You may be looking after lots of patients in the ward, and you are ready to start your morning ward round. Ask the night shift nursing staff, or the night shift ward doctor, as to how patients have been overnight, to identify problems that need prompt attention.
- You may be on call and turn up to the Emergency Department with many referrals to be seen. Scan the referrals and prioritise the order of review, firstly according to clinical urgency and then wait time. Ask the charge nurse if anything has changed in patients' condition since their referral, rather than simply relying on the referral charts.

- You may be handed over by a colleague a list of jobs to do or patients to see. Ask that colleague if there are any patients that need immediate attention, or any tasks that should be done first.

In deciding how to prioritise, clinical importance and urgency come first. Make a list of outstanding jobs to put a structure into what is waiting, and mark on the list the clinical priority of each. If you could do only one job, which one would that be? With more and more doctors working shifts, outstanding jobs have to be passed from one shift to the other. You may be worried of the perception you give, if you pass on tasks which have been waiting a long time. Others may wonder how you could not have done those jobs earlier on in the day. If, however, clinical need dictates that you deal with other tasks first, then do so. The performance of institutions and departments is increasingly assessed using targets of length of patients' wait; wait in the Emergency Department, wait to be seen in clinic, wait to surgery [4–6]. You may occasionally feel pressure to deal with long waiters first, pressures of the consequences if targets are not met. Again, clinical urgency takes priority. Apologise to those waiting long, and explain why you did not attend to them earlier. Most may well agree that the sicker should be dealt first. Prioritise, deal with the most unwell first.

Delegate

I either delegate something, I dump it, or I deal with it

Daniel Doctoroff [1]

We can not do absolutely everything, complete all tasks in person. No matter how talented we are, how enthusiastic, committed, keen, skilled and hard working we feel, we often have to ask others for help, we often have to delegate some tasks to others. These may be clinical, administrative, technical, managerial or other tasks. For tasks which can be done by others, ask them to do so. It is not a sign of weakness or failure but a skill that combines the ability to organise, prioritise, and work effectively as part of a team. It is a skill that requires the ability to recognise which tasks can be delegated and to whom they can be delegated, in order to ensure their prompt, safe and successful completion.

You may ask a colleague to clinically assess a patient in clinic or the ward, take bloods, order blood tests, speak to a radiologist for an investigation, suture the surgical incision wound, collect data for an upcoming audit, counsel a patient about a research trial. You may ask the scrub nurse to prep the patient whilst you are scrubbing, your secretary to set up the projector ready for your presentation, the rota master to print the rota guidelines for the induction of the new trainees. You may ask your juniors or peers to lead the medical students' teaching, represent you in a multi-disciplinary meeting, or liaise with a specialist team to ensure prompt assessment of an unwell patient.

Share the jobs rather than piling them up. It may initially be faster and easier to do everything yourself rather than showing others how to do things. You may be able to do things much better than everyone else. However, if you delegate, whilst offering guidance as needed, others may develop the knowledge and skills, to carry those tasks under minimal supervision, an important component of professional development and training. Delegate important tasks rather than simply those you do not fancy doing. As others become more confident in sharing your work, and as you develop the confidence they will deliver, give them tasks which need more responsibility. Show that you value their contribution, that you trust them to follow things through. Sharing may help you all work towards a common goal.

Give Others the Time They Need

If they try to rush me, I always say, I've only got one other speed and it's slower

Glenn Ford [1]

You may feel like the centre of the world, you may enjoy having what you ask for without delays, your deadlines may be the most important, your tasks the most critical.

However, the people we work with have their own tasks, their own deadlines to meet, so many others to please. They may really want to help you out but other jobs are holding them back. They may want to do their best, but cannot just drop all they are doing. Hence, give them ample time to meet your requests. You may consider:

- Give your trainers ample time for setting up your final sign off meeting, in time for your training program paperwork submission deadline.
- Give ample time to the medical records department to pull out the notes, in time for the next audit meeting presentation.
- Give your co-researchers ample time to comment on your research funding proposal, in time for the application deadline.
- Give ample warning to your clinic administrators for your holidays, to re-arrange clinic appointments.
- Give ample time to your secretary to type your response to a patient's complaint, in time for the response deadline.
- Give ample time to the ward staff to bring a patient down to clinic for plaster change. Let them know from the start of the clinic, if not from the day before.
- Give the library sufficient time to get those references for your research introduction, rather than waiting until the end when you are about to start writing up your thesis.
- Give the journal sufficient time to consider your article submission, for that long awaited decision to boost your curriculum vitae (CV).

Show that you are organised, you respect and value the time of others, that you can plan ahead.

Have a Routine, Follow a System

We are what we repeatedly do. Excellence, then, is not an act, but a habit

Aristotle [1]

Some of your activities may be scheduled or structured by others, but some will be directly guided by you. Develop a routine or system as to how you do things. It may be a routine with regards timing, methodology, approach. You may consider:

- If covering multiple wards, have set times when you go round. If staff know that you will come round, they will be more likely to leave non-urgent jobs till then, rather than keep paging you. Tell staff when you will be back. As many tasks can wait, ask staff to make a list, and explain that you will do regular ward rounds. Otherwise, you may end up rushing from ward to ward to do tasks as they arise.
- If you do a weekly ward round, have fixed time and starting place and stick to it. Staff will wait for you, will do their best to ensure someone is available to join you, rather than turning up and looking for staff to go round.
- If you have a time when you will go through your non urgent administration work, your secretary will keep it for then rather than ringing every time something new turns up.
- If you are doing a certain procedure or operation the same way, same sequence, and using the same instruments and equipment every time, then staff will know what to get ready for you, and will be able to follow your operating. You may even be handed the next instrument before you ask for it!
- If you are discharging patients have a system as to what thrombo-prophylaxis you prescribe, when you follow up patients in clinic, how you communicate with out of hospital carers.

If you keep changing your habits, you may have to explain this from scratch every time to all those working with you. If you keep changing you may confuse everyone. Stick to a system. It allows others to get used to your ways. It would be unfair to expect others to lay the red carpet if you keep changing your habits for no reason. Practise makes better. If you stick to a system you can get better and faster at what you do. There will be exceptions, but that is understandable.

Leading a Ward Round

Organizing is what you do before you do something, so that when you do it, it is not all mixed up

Alan Alexander Milne [1]

As a doctor you may have to lead a ward round. Often it is a junior member of the team that takes the seniors round, informing them about any new patients admitted after an on-call duty, or informing them about existing patients, about their current state, the decisions made and the decisions that need to be made. Being able to lead an efficient ward round during your day to day work or on call cover is an important skill to develop. It incorporates many of the organisational skills that this chapter addresses, and allows you to put many of them into practise [7–12].

A ward round aims to review patients' clinical condition, make, adjust, or change the underlying diagnosis, assess progress, review investigation and treatment plans, formulate discharge arrangements. A ward round gives the opportunity to check investigation results, drug charts, fluid and dietary prescriptions, outputs, thromboprophylaxis, mobilisation status, surgical wounds. A ward round may ensure that clear communication about patients' care is established amongst healthcare workers. A ward round may allow communication with patients and relatives regarding condition, progress and future plans.

Aim to lead a well paced, structured ward round, rather than thinking what to do next, where to go, wandering purpose-less around. The following may help you achieve that:

- Know where and when the ward round takes place, and be there on time.
- Remind any healthcare staff that will join you (nurses, physiotherapists, occupational therapists, pharmacists) of the upcoming ward round.
- Know where your patients are, as patients get moved around the hospital to different wards and within a ward to different bays. Walking all the way to the Emergency Department at the other end of the hospital, just to find out the patient has been moved to a ward, is not an effective way of time utilisation. Consider ringing outlier wards to ensure patients are still there, before you set off.
- Plan as how you will go round, plan the order of seeing patients. Prioritise according to clinical urgency, and then according to other factors such as patient's location. If a patient is very unwell and their senior review happens to coincide with the ward round, start from that case.
- Have at hand a summary of the condition of each patient, including the timing of important milestones (date of admission, days from significant event, days post surgery or other procedure, days post commencement of new treatment). Have information with regards to discharge arrangements, as such arrangements may have to be initiated early.
- Have at hand up to date investigations and test results. Electronic tablets may make that easy [11].
- Have checklists to ensure all relevant issues are covered.

- If the ward round involves looking at radiographs, get those out, leave them by the bedside, or ensure they are easily accessible. If radiographs are in electronic form, ensure you can easily get to see them.
- Ensure medical records and other charts are available, and know where they are. The records of patients awaiting surgery may be kept in a separate part of the ward compared to those of the remaining patients. The medication charts may have been sent to the hospital pharmacy to order new drugs.
- Ensure any equipment you may need is available. You may need a doppler to look for pulses, an ophthalmoscope for fundoscopy, are these available?
- Have the details of your patients ready. Double check your list, make sure that all patients to be seen are indeed on your list, and that all patients on the list are indeed to be seen.
- Know the current state of patients. If you admitted a patient the previous night, whilst on call, visit the patient in the morning prior to the ward round, to determine how they have been overnight. Are they better, have they deteriorated? Have they been seen by the other team from whom you asked an assessment?
- Know any specific requests made or questions raised by your seniors in their last ward round, and have the answers to those ready. Know the plan of action of the last ward round. This might have been a request for a further opinion, investigation or assessment.
- Make notes in the patients' records as you go along, or make separate notes and come and write back in the patients' records at the end of the ward round. Even if your seniors are dictating a typed letter, as a means of documenting their ward round findings, still write in the notes, as typed letters may take time to reach the charts.
- Carry investigation forms or other referral forms, as some of these may need to be completed and signed by seniors.

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