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## Grand Rounds: What's in It for You?

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## Grand Rounds: What's In It For You?

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The national accreditation body for continuing medical education, the Accreditation Council for Continuing Medical Education (ACCME), has increased its emphasis on the "outcomes" of CME. In order to attain the highest level of accreditation, a provider must design activities that have documented outcomes either in terms of changes in physician behavior or improvement in the healthcare outcome for the patients of those physicians. For CME providers who certify grand rounds activities, this is a challenging task.

Grand rounds are defined by the ACCME as a "series typically offered in one-hour regularly recurring sessions and designated for credit as one activity."<sup>1</sup> They should be evaluated as a single activity that follows a planned curriculum over the course of time. Since grand rounds topics are often so diverse, it is difficult to apply the evaluation requirement set forth by the ACCME.

The literature on the evaluation of grand rounds is relatively sparse. Over the past 10 to 15 years, there have been just a few articles published that directly address grand rounds as educational activities for physicians beyond their training years.

In 1985 Richmond published his findings on the "Educational Value of Grand Rounds."<sup>2</sup> He reported an abundance of literature on the effectiveness of small group learning and lectures but a dearth of data on the effectiveness of grand rounds as a learning experience. Richmond, in Auckland, New Zealand, had conducted two surveys of grand rounds attendees at his hospital. He found that attendee recall of content was inconsistent and that incorrect conclusions from the discussions within the presentations could be made by attendees. He did not attempt to evaluate the participant's ability to use information presented or gained during the sessions.

Hull et al.<sup>3</sup>, in 1989, presented results of a descriptive study of various grand rounds held within the medical school and affiliated hospitals of the Case Western Reserve University (CWRU) in Ohio. The article culled information from the CWRU CME office records and also surveyed key physician leaders of these grand rounds to ascertain the "nature" of the "typical grand rounds." They found grand rounds to be a significant source of CME for the physician attendees, they "presumed" the practicing physicians who attended "are there to update their knowledge and skills," and they discussed the use of required syllabi/hand out materials for each session as an indicator of forethought that "probably" leads to increased educational value.

In 1990 Parrino and White<sup>4</sup> undertook a survey of all United States medical school departments of medicine and their departmental grand rounds. They queried chairs of medicine (or their designees) about the format, objectives, and popularity of grand rounds, and inquired as to who attended and what changes the chairs had noted over time. One interesting statement in this brief survey report is that "the educational impact of grand rounds is infrequently assessed" in spite of the high regard with which chairs and other respondents claim to hold the activity, and in spite of the amount of resources designated to the support of medicine grand rounds at these institutions.

That same year, McLeod and Gold<sup>5</sup> published a similar study of medicine grand rounds at Canadian teaching hospitals. They queried chairs of medicine about

current practices (objectives, content, clinical vs. basic science emphasis, audience participation, format) and their perceptions of changes and issues and provided an opportunity for comment on any "areas of grand rounds not addressed in the questionnaire." Results were similar to Parrino and White in terms of objectives and content though with slight differences in formats used (i.e., Canadians reported a dominant use of case presentation format, though patients themselves were rarely present). Evaluation of the effectiveness of GR in meeting their objectives was not addressed in this survey.

In 1995 Lewkonja and Murray in Calgary, Alberta, Canada<sup>6</sup> conducted a survey to assess the perceptions of the importance and educational purpose of grand rounds among physician planners and administrators in that city, and to examine organizational aspects of GR as educational events. To this end, they surveyed all teaching hospitals in Calgary. Similar to Parrino's findings, Lewkonja et al. noted contradictions in the data they analyzed. They note the respondents placed a high value on the perceived importance of grand rounds but few reported using a curricular structure in place for planning grand rounds, basing topic selection on demonstrated needs of participants. Further, they note that "little interest is shown in the educational structure or the evaluation of learning." In their literature review, they note that "solid evidence for educational efficacy of traditional grand rounds is lacking in the literature" and call for a "philosophical and methodological evaluation of traditional grand rounds models."

Most recently (1999) Boucek et al.<sup>7</sup> presented the results of a national survey on Anesthesia Department Grand Rounds. It was intended to assess the timing, frequency, format, audience makeup and accreditation (CME) status of the key anesthesia department education activity in institutions across the U.S. The survey reports the "usual methods" of lecture evaluation – anonymous completion of a set form, with a poor return rate cited as an issue of concern. The report goes on to identify factors that affect outcomes (such as frequency of education, intensity, timing, and the value of repetitive sessions with links to educational tools like reminders, feedback). It concludes that "many programs need to more carefully document mechanisms for dealing with conflict of interest and program evaluation."

Why is the evaluation of Grand Rounds important? The latest available ACCME Report (Summer 2001, with data for 2000)<sup>8</sup> shows that medical schools, only one type of provider of CME approved by the ACCME, provided 36% of all reported activities in 2000. However, medical schools provided 54% of all grand rounds-type activities. In addition, in 2000, grand rounds-type activities accounted for over half (64%) of all medical school CME credit hours, with episodes of participation totaling 1,494,727 physicians and 312,595 other health care-related learners.

While there are many solid rationales for grand rounds (training of students, residents, fellows, socialization to the culture of medicine, modeling of clinical problem solving, etc.), it is important to remember that these are certified educational venues. It is possible for a practicing physician to obtain all required annual CME hours by attending local grand rounds. Yet there is no clear understanding of how participation in grand rounds affects the practicing physician's continuing professional development, practice behavior, or patient outcomes.

This is the challenge facing medical school providers of CME, and as a result, Jefferson Medical College is reexamining how it looks at the effectiveness of grand rounds. We welcome your thoughts on this topic as we formulate new approaches to

evaluation of grand rounds. If you wish to comment, please contact Jeanne Cole at [jeanne.cole@mail.tju.edu](mailto:jeanne.cole@mail.tju.edu).

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