

By Professor Chee Yam Cheng, Editorial Board Member

## Grand Ward Rounds in Singapore

*"... in recent years, grand rounds have become didactic lectures focusing on technical aspects of the newest biomedical research. Patients have disappeared. If a case history is presented, it is usually as a brief synopsis and the discussant rarely makes even a passing reference to it. Now grand rounds are often led by visiting professors from distant hospitals and medical schools. Sometimes, manufacturers of drugs and devices pay the visitor an honorarium and expenses, a practice that has drawn criticism. And the Socratic dialogue has given way to PowerPoint. These rounds are often useful, but certainly not grand."*

– "The Doctor's World: Socratic Dialogue Gives Way to PowerPoint" by Lawrence K Altman, MD  
(Source: The New York Times, 12 December 2006)

Grand ward rounds were the highlight of the trainee doctor's week in the 1970s. These have all but disappeared in 2007. Not only are they not held in the wards, but the grandeur has diminished a great deal.

Why so? I believe there are at least three reasons. The first is that the patient may not agree to be the central focus of so many doctors and medical students. The second is that with the increase in numbers of department staff, it becomes almost meaningless (and impossible) to stand all the staff around a patient's bed in the ward. The third reason is that the conductor of these Grand Ward Rounds exists no more.

Let me elaborate.

Patients today demand confidentiality to the hilt (and perhaps rightly so). In this internet world, *Stomp* (or "Straits Times Online Mobile Print"), camera telephones, and lightning speed electronic connectivity, it may be impossible to prevent patient data, photos and so on, from being spread round the world. Even Saddam had difficulty keeping his last moments a secret.

Department strength has ballooned through the last 50 years, even as more and more departments are breaking away from General Medicine and General Surgery. This seemingly inevitable trend means there are more doctors caring for a single inpatient,

especially the elderly whose every organ seems to have gone a little bit wrong. So how can more than 10 doctors stand around a bed to watch the conductor demonstrate his skills? And if you are a passive observer some four rows removed from the bedside, what can you see or even hear?

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*"In those days, when costs were less of an obstacle, professors sometimes hospitalised patients a few extra days so they could be presented at grand rounds. In other cases, many patients returned after discharge in gratitude for their free care. Even the smartest experts had to be on their toes, because younger doctors often selected a case intended to tax their brains. Another intention was to have the experts explain their thinking as they matched wits against colleagues and the illness itself."*

– "The Doctor's World: Socratic Dialogue Gives Way to PowerPoint"

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Moreover, who is brave enough to be the conductor of such rounds today? Who speaks? Who demonstrates what signs? If



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we think back to Professor Ransome, Professor Khoo, or Seah, or Monteiro, or Wong, would they be functional in the same way today? With modern technology, very few clinical bedside signs cannot be confirmed. That is, you do not need the master's touch to confirm whether the spleen is palpable – the ultrasound or CT will provide the answer.

So what is the purpose of the grand round? I have dropped the ward because the environment is no longer suitable. In fact, the ward is a dangerous place to be in, with all kinds of bugs lurking around; some of these bugs unknown yet to man.

With infection control as top priority, why move herds of doctors from bed to bed within one ward?

The grand round in today's context usually means an early morning one-hour presentation cum discussion in a lecture theatre with breakfast provided (to entice attendance, since there are no more Professors who can demand that you, the trainee, attend anything, even if it was deemed useful to your future). The element of surprise is gone because in the circular advertising this event, some diagnosis is mentioned (in basic science jargon if possible, to create an attraction or interest in the reader to attend). So what skills are required of the chairperson? The conductor has disappeared and the grand round is just another CME point gaining activity.

Some have tried to be multi-disciplinary in approach to the grand round hoping thus to gain more speakers and a bigger crowd (from the different disciplines). But I doubt this has been successful.

So how do doctors learn today? The master is extinct (or will be so soon) because diagnostic problems in the age of modern imaging and tests have taken on a much higher plane. Disease diagnosis is being split further. It is not just breast cancer but the many subtypes according to markers, genes and cytokines. So what is the master to demonstrate? Anyway, the greatest intellectually gifted doctor is not the best rewarded; so who would want to be in his shoes? Values have changed. Learning is really value-focused – on value for the

doctor; how much the doctor can charge for the exhibition of his skill. So if thinking hard about a problem for one hour in one patient brings in only less than \$300, then why bother to learn this skill at all?




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*“In an era of proliferating subspecialties, a chief aim of grand rounds is to emphasise a core body of knowledge that all physicians need to share and to keep abreast of. And the meetings serve a social function. With coffee cups and bagels or pizza in hand, doctors mingle with colleagues before and after grand rounds. For some, it is the only time they see one another during the week.”*

– “The Doctor’s World: Socratic Dialogue Gives Way to PowerPoint”

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Perhaps I am too pessimistic. Perhaps it is not like “why do basic research versus applied clinical research”. We are chasing patents and devices to market, and not chasing to find out the why or how of physiology or pathology. The “maybe it will pay back” attitude is not pragmatic enough – “maybe” is too ill-defined. We need to bet on sure winners.

That being the culture of today in a competitive and rapidly changing world, it is no wonder that the grand round finds survival difficult. ■