Disputes & Debates: Editors' Choice

Steven Galetta, MD, FAAN, Editor Aravind Ganesh, MD, DPhil, FRCPC, Deputy Editor Ariane Lewis, MD, Deputy Editor James E. Siegler III, MD, Deputy Editor

Editors' Note: Randomized Study of Bedside vs Hallway Rounding: Neurology Rounding Study

Dr. Solomon and colleagues reported their findings of a single-center prospective, randomized time-motion study of bedside vs hallway rounding. The investigators found no difference in rounding efficiency, although bedside rounds led to significantly greater time spent by providers with their patients. Nurses and patients responded more favorably to the bedside strategy, whereas residents felt that hallway rounds were more educational and permitted more accurate review of medical data (using an electronic medical record). Each rounding technique has its own advantages and disadvantages. As Dr. Sethi recounts from his training experience, bedside rounds may fuel trainee anxiety as they are simultaneously questioned by senior team members and scrutinized by patients during oral presentations. In conclusion, as with all medical management strategies, the optimal rounding paradigm is likely the one that is tailored to each unique clinical scenario.

James E. Siegler, MD, and Steven Galetta, MD Neurology® 2022;98:214. doi:10.1212/WNL.000000000013178

Reader Response: Randomized Study of Bedside vs Hallway Rounding: Neurology Rounding Study

Nitin K. Sethi (New York)

Neurology® 2022;98:214. doi:10.1212/WNL.000000000013179

I read with interest the study by Solomon et al. 1 comparing bedside and hallway rounding. I did my medical school and residency training in Internal Medicine in India where rounds were conducted bedside twice daily. A detailed round occurred in the morning with the attending and the entire team. The patient was presented and examined, investigations were reviewed, and the care plan was discussed. The abridged round late in the afternoon with the senior resident followed up the events of the day and acted as a sign-out to the night call team. As residents, we dreaded the morning rounds because we were quizzed on our knowledge of the patients' presentation and management, but it also helped us to become good bedside clinicians and master the skills of clinical examination. In fact, Charles Miller Fisher, an expert neurologist, proposed that "the method of clinical observation should be just as rigorous as that of the laboratory bench."

- Solomon JM, Bhattacharyya S, Ali AS, et al. Randomized study of bedside vs hallway rounding: neurology rounding study. Neurology. 2021;97(9):434-442.
- 2. Caplan LR. Fisher's rules. Arch Neurol. 1982;39(7):389-390.

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Author Response: Randomized Study of Bedside vs Hallway Rounding: Neurology Rounding Study

Jacqueline M. Solomon (Hamilton, Ontario)

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I am grateful to the reader for the thoughtful comment on our research and for sharing their own experience rounding at the bedside. I agree that even within the realm of bedside rounding, there are variations in how it is conducted. There are advantages and disadvantages to each rounding style and often there is room for the bedside rounding method to be improved, to provide trainees with the tools to become master clinicians without the intimidation factor of rounds that they so commonly dread.

 Solomon JM, Bhattacharyya S, Ali AS, et al. Randomized study of bedside vs hallway rounding: neurology rounding study. Neurology. 2021;97(9):434-442.

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CORRECTIONS

A Clinico-Neurophysiological Study of Urogenital Dysfunction in MOG-Antibody Transverse Myelitis

Neurology® 2022;98:215. doi:10.1212/WNL.000000000012887

In the article "A Clinico-Neurophysiological Study of Urogenital Dysfunction in MOG-Antibody Transverse Myelitis" by Li et al., 1 the x-axis of Figure 2 should have the label "no conus lesion" on the left and the label "conus lesion" on the right. The authors regret the error.

Reference

 Li V, Malladi P, Simeoni S, et al. A clinico-neurophysiological study of urogenital dysfunction in MOG-antibody transverse myelitis. Neurology. 2020;95(21):e2924-e2934.

The 2013 Clinical Course Descriptors for Multiple Sclerosis

A Clarification

Neurology® 2022;98:215. doi:10.1212/WNL.000000000011198

In the Views & Reviews article "The 2013 Clinical Course Descriptors for Multiple Sclerosis: A Clarification" by Lublin et al., the contributions of Dr. Myla Goldman, Virginia Commonwealth University, were previously omitted from the author contributions section. Dr. Goldman was a committee member, and she reviewed the manuscript. The authors regret the error.

Reference

 Lublin F, Coetzee T, Cohen J, et al. The 2013 clinical course descriptors for multiple sclerosis: a clarification. Neurology. 2020;94(24): 1088-1092.



The 2013 Clinical Course Descriptors for Multiple Sclerosis: A Clarification

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