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

Nitin K. Sethi (New York)

I read with interest the study by Solomon et al., 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.”


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Author disclosures are available upon request (journal@neurology.org).
Author Response: Randomized Study of Bedside vs Hallway Rounding: Neurology Rounding Study

Jacqueline M. Solomon (Hamilton, Ontario)


I am grateful to the reader for the thoughtful comment on our research and for sharing their own experience rounding at the bedside.¹ 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.


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CORRECTIONS

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


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


The 2013 Clinical Course Descriptors for Multiple Sclerosis
A Clarification


In the Views & Reviews article “The 2013 Clinical Course Descriptors for Multiple Sclerosis: A Clarification” by Lublin et al.,¹ 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
