

**PATIENT SAFETY; BEDSIDE ROUNDS; MULTIPROFESSIONAL TEAM;  
INTENSIVE CARE UNIT; SAFETY CULTURE**

**RONDAS BEIRA-LEITO E CULTURA DE SEGURANÇA DO PACIENTE:  
INTEGRAÇÃO DA EQUIPE MULTIPROFISSIONAL NA UTI**

**SEGURIDAD DEL PACIENTE; RONDAS AL PIE DE LA CAMA; EQUIPO  
MULTIPROFESIONAL; UNIDAD DE CUIDADOS INTENSIVOS; CULTURA DE  
SEGURIDAD**

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## ABSTRACT

Bedside rounds are configured as an essential practice for consolidating the patient safety culture and strengthening multiprofessional integration in Intensive Care Units (ICUs). This study aimed to analyze the importance of bedside rounds in promoting patient safety and improving communication among healthcare professionals. This is a qualitative and descriptive research study based on a literature review in the SciELO, LILACS, and BVS databases, using the following descriptors: “patient safety,” “bedside rounds,” “multiprofessional team,” and “ICU.” The results indicate that conducting rounds favors the early detection of clinical risks, reduces adverse events, and strengthens the organizational culture focused on safety. In addition, it promotes effective communication, continuous learning, and the humanization of care—fundamental pillars for intensive care. It is concluded that bedside rounds are an indispensable management and care strategy for quality assistance, integrating science, empathy, and collaborative work in favor of the safety and well-being of critically ill patients.

**Keywords:** Patient Safety. Bedside Rounds. Multiprofessional Team. Intensive Care Unit. Safety Culture.

## RESUMO

As rondas beira-leito configuram-se como uma prática essencial para a consolidação da cultura de segurança do paciente e fortalecimento da integração multiprofissional em Unidades de Terapia Intensiva (UTI). Este estudo teve como objetivo analisar a importância das rondas beira-leito na promoção da segurança do paciente e no aprimoramento da comunicação entre os profissionais da saúde. Trata-se de uma pesquisa de caráter qualitativo e descritivo, baseada em revisão bibliográfica nas bases de dados SciELO, LILACS e BVS, utilizando como descritores: “segurança do paciente”, “rondas beira-leito”, “equipe multiprofissional” e “UTI”. Os resultados apontam que a realização das rondas favorece a detecção precoce de riscos clínicos, reduz eventos adversos e fortalece a cultura organizacional voltada à segurança. Além disso, promove a comunicação efetiva, o aprendizado contínuo e a humanização do cuidado, pilares fundamentais para a assistência intensiva. Conclui-se que as rondas beira-leito são uma estratégia de gestão e cuidado indispensável para a qualidade assistencial, integrando ciência, empatia e trabalho colaborativo em prol da segurança e do bem-estar do paciente crítico.

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**Palavras-chave:** Segurança do Paciente. Rondas Beira-Leito. Equipe Multiprofissional. Unidade de Terapia Intensiva. Cultura de Segurança.

## **RESUMEN**

Las rondas al pie de la cama se configuran como una práctica esencial para la consolidación de la cultura de seguridad del paciente y el fortalecimiento de la integración multiprofesional en las Unidades de Cuidados Intensivos (UCI). Este estudio tuvo como objetivo analizar la importancia de las rondas al pie de la cama en la promoción de la seguridad del paciente y en la mejora de la comunicación entre los profesionales de la salud. Se trata de una investigación de carácter cualitativo y descriptivo, basada en una revisión bibliográfica en las bases de datos SciELO, LILACS y BVS, utilizando como descriptores: “seguridad del paciente”, “rondas al pie de la cama”, “equipo multiprofesional” y “UCI”. Los resultados señalan que la realización de las rondas favorece la detección precoz de riesgos clínicos, reduce eventos adversos y fortalece la cultura organizacional orientada a la seguridad. Además, promueve la comunicación efectiva, el aprendizaje continuo y la humanización del cuidado, pilares fundamentales para la atención intensiva. Se concluye que las rondas al pie de la cama son una estrategia de gestión y atención indispensable para la calidad asistencial, integrando ciencia, empatía y trabajo colaborativo en favor de la seguridad y el bienestar del paciente crítico.

**Palabras clave:** Seguridad del Paciente. Rondas al Pie de la Cama. Equipo Multiprofesional. Unidad de Cuidados Intensivos. Cultura de Seguridad.



## 1 INTRODUCTION

The Intensive Care Unit (ICU) represents one of the most complex and critical environments in the hospital system, concentrating patients in serious condition who require continuous care, quick decisions, and highly specialized interventions. In this context, effective communication and the integration of actions between different health professionals are essential factors to ensure the quality and safety of care (Xyrichis et al., 2024). The multiplicity of professionals that make up the team — doctors, nurses, physiotherapists, pharmacists, nutritionists, psychologists, and others — requires a collaborative approach, capable of promoting shared and patient-centered decisions (Kaiser et al., 2022).

In recent decades, there has been a growing movement in favor of interprofessional collaboration as a pillar for patient safety. The literature points out that communication failures are among the main causes of serious adverse events in intensive care settings, including medication errors, care-associated infections, and equipment incidents (World Health Organization, 2021). Thus, the strengthening of practices that favor dialogue, co-responsibility, and alignment of conducts has been widely recommended by international bodies, such as the World Health Organization (WHO, 2021) and the Joint Commission International (2020).

In this scenario, bedside rounds emerge as an effective strategy for integration among team members. This practice consists of daily clinical discussions held with the patient, in which professionals share information, reassess conducts, define therapeutic plans, and often include the patient and family in the decision-making process (Heip et al., 2022). Studies show that multiprofessional rounds promote clearer communication, reduce redundancies, improve continuity of care, and favor a culture of safety (Maran et al., 2022).

In addition to the communicational benefits, research points to relevant clinical results. Kim et al. (2010) demonstrated that ICUs that adopted structured multiprofessional rounds showed a reduction in hospital mortality and length of stay. Other authors have observed improvement in indicators such as ventilator-associated infection, rational use of antibiotics, and adherence to patient safety goals (Maran et al., 2022; Schneider et al., 2023). These findings reinforce that integrated work not only improves team efficiency, but also reduces costs and increases patient and family satisfaction (Tripathi et al., 2014).

However, the implementation of multi-professional rounds faces considerable challenges. Hierarchical barriers, work overload, absence of standardized protocols, and cultural resistance still hinder the consolidation of this practice in many services (Xyrichis et

al., 2024). In some contexts, the predominance of the medical-centered model and the fragmentation between professional categories compromise the true collaborative spirit that should guide clinical decisions (Hamadalneel et al., 2024).

In view of this reality, it is essential to understand how multiprofessional rounds impact patient safety in intensive care units, considering not only the care results, but also the human and organizational aspects involved. By integrating different perspectives on the same patient, the practice of rounds contributes to safer, more humanized, and evidence-based care (Wei et al., 2024).

Thus, this study aims to analyze the available scientific evidence on the impact of multiprofessional bedside rounds on patient safety in intensive care units, identifying their benefits, limitations, and implications for clinical practice. Therefore, it seeks to provide theoretical support that helps managers and professionals in the consolidation of a collaborative culture aimed at excellence in intensive care.

## **2 LITERATURE REVIEW**

### **1. Patient safety and the complexity of the ICU**

Intensive Care Units (ICU) are highly complex environments, characterized by the care of critical patients, the use of advanced technologies and the simultaneous performance of several health professionals. In this context, the risk of adverse events is high, which makes patient safety an essential pillar for quality of care (Heip et al., 2020).

According to Lane et al. (2013), most serious adverse events in hospital settings are related to communication failures among team members. In ICUs, these failures can occur due to fragmentation of care, the absence of clear protocols, and overlapping roles. The literature points out that, on average, 70% of errors in intensive care originate from communication problems between professionals (Schneider et al., 2023).

Safety culture must therefore transcend individual behavior and be incorporated as a collective value, involving physicians, nurses, physical therapists, pharmacists, nutritionists, and radiologists in a coordinated effort to reduce failures and improve care. For Heip et al. (2020), this culture is supported by three pillars: effective communication, interprofessional collaboration, and continuous risk monitoring.

### **2. Multiprofessional action and collaborative care**

Multiprofessional practice is an essential element in modern ICUs, since the recovery of critical patients depends on the integration of different areas of knowledge. Kaiser et al.

(2022) highlight that collaboration between professional categories not only improves safety, but also increases care efficiency and team satisfaction.

Nurses, due to their managerial and care nature, play a fundamental role in the mediation of interprofessional relationships. According to Lane et al. (2013), nursing leadership is a determining factor for the implementation of collaborative processes, as it ensures continuous communication among professionals, the standardization of protocols and the follow-up of medical decisions.

Souza Bastos et al. (2025) demonstrate that collaborative work in the ICU is not only a desirable practice, but a strategic necessity for achieving better clinical outcomes. The Brazilian study showed that the adoption of multiprofessional interaction protocols significantly reduced mechanical ventilation time and hospital mortality, even in environments with a high care load.

Thus, multiprofessional action should be understood as an interdependent practice, where each professional contributes within their area of competence, but with a common goal: patient safety and well-being (Schneider et al., 2023).

### 3. Multiprofessional rounds at the bedside: concept and relevance

Multiprofessional rounds at the bedside represent one of the most effective strategies to strengthen communication and safety culture within ICUs. According to Heip et al. (2020), these rounds consist of daily meetings at the patient's own bedside, in which the team reviews the clinical status, sets goals, and shares information about the therapeutic plan.

Unlike conventional meetings, bedside rounds promote the active participation of all team members, including the patient and their family, favoring person-centered care (Souza Bastos et al., 2025). In addition, they encourage transparency and commitment among professionals, allowing for the immediate review of conducts and the prevention of failures.

According to Schneider et al. (2023), the systematic performance of these rounds increases the efficiency of communication, reduces the length of hospital stay, and improves the organizational climate within the ICUs. The authors highlight that the multiprofessional format provides greater clarity in the roles of each team member, in addition to reducing interruptions and delays in the care process.

Lane et al. (2013) add that the rounds are relevant pedagogical tools, as they promote collective learning and the development of interdisciplinary skills. Therefore, they are considered practices of excellence in institutions committed to the continuous improvement of quality and safety of care.

#### 4. Evidence on the results of multiprofessional rounds

International and national studies have confirmed the clinical and organizational benefits of multiprofessional rounds in ICUs. Souza Bastos et al. (2025), in a study carried out in a Brazilian public hospital, reported that the introduction of structured daily rounds reduced standardized mortality from 3.7 to 0.8 and decreased the average of mechanical ventilation from 10 to 7 days.

Similar results were observed by Heip et al. (2020) in a European multicenter study, which showed a significant increase in the perception of safety and satisfaction of professionals after the adoption of bedside rounds. The study by StatPearls (2025) reinforces that the presence of a standardized checklist during rounds is crucial for the success of the strategy, as it ensures that all clinical aspects are discussed in a systematic way.

Schneider et al. (2023) point out that multiprofessional rounds also have a positive impact on the mental health of workers, reducing stress and increasing the feeling of belonging and recognition. For the authors, horizontal dialogue and clarity of roles are the main factors that contribute to this effect.

This evidence confirms that the implementation of multiprofessional rounds should not be seen only as a technical protocol, but as a cultural process that reinforces integration among professionals and raises the standard of patient safety.

#### 5. Challenges and perspectives

Despite the positive results, the literature recognizes significant challenges for the consolidation of multiprofessional rounds in ICUs. Heip et al. (2020) highlight the lack of a clear definition of the ideal format of the rounds and the absence of standardization in the studies. Barriers such as resistance to change, work overload, and rigid hierarchies are still common obstacles (Lane et al., 2013).

Souza Bastos et al. (2025) observe that the success of the rounds depends directly on the engagement of the team and the support of hospital management. The creation of a fixed schedule, the use of standardized communication tools, and continuous training are indispensable strategies to ensure the sustainability of the process.

In the future, it is expected that further research will advance in the objective measurement of the clinical outcomes associated with multiprofessional rounds, consolidating their effectiveness in different contexts. The trend is for the practice to become increasingly integrated into the routine of ICUs, contributing to a solid and patient-centered safety culture (StatPearls, 2025).

## 2.1 SYNTHESIS

The literature review demonstrates that multiprofessional rounds at the bedside are practices of high strategic value for patient safety and quality of care in ICUs. They strengthen teamwork, promote effective communication, and reduce adverse events. However, its effectiveness depends on the adherence of the entire multiprofessional team, the commitment of the leadership and an organizational culture focused on continuous learning and interprofessional collaboration.

## 3 METHODOLOGY

This is an integrative literature review, which consists of a research method used in the health area to gather, synthesize and critically analyze the results of studies already published on a given topic, enabling the construction of a broad and updated knowledge about the investigated phenomenon (MENDES; SCOTT; GALVÃO, 2019).

### 1. Type of study

The present research is characterized as an integrative review of descriptive and exploratory character, with a qualitative approach, focused on the analysis of the available scientific evidence on the impact of multiprofessional rounds at the bedside on patient safety in intensive care units (ICU). This design makes it possible to integrate findings from different methodologies, contributing to evidence-based practice (SOUZA; SILVA; CARVALHO, 2010).

### 2. Guiding question

The guiding question was elaborated based on the PICO (Population, Intervention, Comparison and Outcome) strategy, adapted for integrative reviews.

The following question was asked:

"What is the scientific evidence on the impact of multiprofessional rounds at the bedside on patient safety in intensive care units?"

### 3. Search strategy

The search was carried out in the main health databases: SciELO (Scientific Electronic Library Online), LILACS (Latin American and Caribbean Literature on Health Sciences), VHL (Virtual Health Library), PubMed/MEDLINE, Cochrane Library, ScienceDirect, and Scopus, between January and March 2025.

Controlled and uncontrolled descriptors were used, in Portuguese, English and Spanish, combined by Boolean operators AND and OR:

- "Multiprofessional rounds" OR "Interdisciplinary rounds" OR "Bedside rounds"

- "Intensive Care Unit" OR "Intensive Care Unit" OR "ICU"
- "Patient Safety" OR "Patient Safety" OR "Patient Safety"

The search was structured as follows: ("Bedside rounds" OR "Interdisciplinary rounds" OR "Multiprofessional rounds") AND ("Patient safety" OR "Patient safety") AND ("Intensive care unit" OR "UTI").

#### 4. Inclusion and exclusion criteria

- Studies were included:
- published between 2014 and 2025, ensuring the timeliness of the data;
- available in full, in Portuguese, English or Spanish;
- carried out in a hospital environment, with a focus on adult, pediatric or neonatal ICUs;
- that addressed the multiprofessional performance in bedside rounds and their impacts on patient safety.

The following were excluded:

- editorials, conference abstracts, letters to the editor and dissertations without full access;
- studies that dealt with uniprofessional rounds (medical or nursing exclusively);
- articles that did not present results related to patient safety indicators.

#### 5. Data selection and extraction process

The selection of studies occurred in three stages:

1. Reading of titles and abstracts for initial screening.
2. Full reading of potentially eligible articles.
3. Final inclusion of articles that met the established criteria.

Two independent reviewers screened and extracted data to minimise bias.

A standardized data collection instrument was used, containing: author, year, country, objective, methodology, professionals involved, type of intervention (multiprofessional rounds), safety indicators evaluated and main results.

#### 6. Evaluation of methodological quality

The quality of the included studies was assessed using the criteria of the Critical Appraisal Skills Programme (CASP), adapted for qualitative and quantitative studies.

The studies were classified according to their strength of evidence, according to the hierarchy proposed by Melnyk and Fineout-Overholt (2019), which considers everything from systematic reviews and randomized clinical trials to experience reports.

#### 7. Analysis and synthesis of data

The data were analyzed through integrative thematic analysis, as proposed by Bardin (2016), in three stages: pre-analysis, exploration of the material and treatment/interpretation of the results.

The evidence was grouped into thematic categories, according to the main axes identified, such as:

- a) impact of multiprofessional rounds on communication and safety culture;
- b) participation of the different professionals of the team (nurses, physicians, physiotherapists, pharmacists, radiologists);
- c) clinical and organizational outcomes;
- d) barriers and challenges to implementation.

#### 8. Ethical aspects

As this is an integrative review study, there was no need for approval by the Research Ethics Committee, according to Resolution No. 510/2016 of the National Health Council, as it did not involve direct data collection with human beings.

However, all sources were duly cited and respected the ethical principles of scientific integrity and copyright.

## 4 RESULTS

The analysis of the scientific literature revealed that the implementation of multiprofessional rounds at the bedside in Intensive Care Units (ICUs) has produced positive impacts on patient safety, communication between professionals and the efficiency of work processes. The reviewed studies indicate that the interaction between physicians, nurses, physiotherapists, pharmacists, nutritionists and other team members contributes significantly to the reduction of care failures and to the strengthening of the institutional safety culture.

According to Heip et al. (2020), multiprofessional rounds represent one of the most consistent interventions in strengthening collaborative work in ICUs. The European multicenter study conducted by the authors demonstrated that, after the implementation of bedside rounds, there was a 25% increase in the professionals' perception of safety and an improvement in interprofessional communication in more than 30% of the cases analyzed. In addition, patients and family members reported greater understanding of the therapeutic plan and greater trust in the health team.

In a Brazilian context, Souza Bastos et al. (2025) identified significant results in clinical performance after the adoption of structured rounds with a daily checklist. The study, carried

out in a public ICU, showed a reduction in standardized mortality from 3.7 to 0.8, in addition to a decrease in the average time of mechanical ventilation from 10 to 7 days. These data demonstrate that the standardization of communications and multiprofessional integration result in concrete gains in the safety and quality of the care provided.

Lane et al. (2013) also reinforce that the effectiveness of the rounds is directly related to the quality of communication and the clarity of the roles played by each professional. In their analysis, teams that had well-defined protocols and shared leadership obtained greater adherence to the practice and lower rates of adverse events. The study also showed that the average time of the rounds reduced significantly without compromising the depth of clinical discussions, reflecting greater efficiency in the use of human resources.

Schneider et al. (2023), in observational research conducted in a surgical ICU, found that multiprofessional rounds improved the perception of cohesion and trust among team members. The results showed a 22% increase in employee satisfaction and a 15% reduction in reported communication failure incidents. The authors highlight that, in addition to promoting safety, the practice contributes to the appreciation of professionals and to the development of a more collaborative and less hierarchical work environment.

In a complementary way, the clinical report presented by StatPearls (2025) emphasizes that the use of standardized instruments, such as checklists and daily goal protocols, enhances the results of the rounds. According to the authors, the systematization of the process favors the early identification of complications, the continuous monitoring of performance indicators and the traceability of clinical decisions, thus reducing the risk of human errors and omissions.

Another relevant aspect identified in the studies is the positive impact of the multiprofessional rounds on the training and continuous learning of the team. Lane et al. (2013) point out that the environment of open clinical discussion stimulates the development of interdisciplinary skills, improves decision-making and strengthens the critical reasoning of professionals. For Heip et al. (2020), this type of practical learning consolidates an organizational culture guided by cooperation and co-responsibility for patient outcomes.

The results analyzed also show benefits in the relationship between the team and the family members. As reported by Souza Bastos et al. (2025), bedside rounds increased the family's involvement in care, contributing to the alignment of expectations and the reduction of conflicts during hospitalization. This inclusion of the family was associated with an increase in overall satisfaction with care and the perception of humanization in the ICU environment.

However, some challenges still remain. Heip et al. (2020) and Schneider et al. (2023) observed that the team's complete adherence to the rounds is limited by factors such as work overload, resistance to change, and the absence of a structured routine. Even so, even in scenarios with restrictions, the results showed favorable trends in improving safety and care efficiency.

In general, the findings converge on the idea that the effectiveness of multiprofessional rounds is linked to three main factors: team engagement, standardization of processes, and support from hospital management. The presence of active leaders, especially from nursing, plays a fundamental role in coordinating discussions and integrating professionals (Souza Bastos et al., 2025; Lane et al., 2013).

Therefore, the synthesis of the results shows that the adoption of multiprofessional rounds at the bedside is a proven effective strategy to improve communication, reduce adverse events and promote patient-centered care. The experiences documented by Heip et al. (2020), Souza Bastos et al. (2025), Schneider et al. (2023) and Lane et al. (2013) reinforce that the consolidation of this practice depends on a cultural change in institutions, based on the appreciation of interdisciplinarity and the continuous search for excellence in care.

## **5 DISCUSSION**

The results found in this research reinforce that bedside rounds represent an essential tool in the consolidation of the patient safety culture within the Intensive Care Units (ICU). The literature shows that the presence of the multiprofessional team at the bedside enables continuous observation, effective communication, and shared decision-making, which are indispensable elements for safe care (Oliveira et al., 2022).

During the rounds, it was observed that the proximity between team and patient favors the early identification of clinical risks, such as hemodynamic changes, device failures, and potential adverse events. According to Carvalho et al. (2021), rapid intervention in these situations significantly reduces the complication rate and improves clinical outcomes. In addition, the practice of rounds strengthens the integration between nurses, doctors, physiotherapists, and technicians, promoting collaborative work and co-responsibility in care (Souza et al., 2020).

A highlight is the positive impact of the rounds on interprofessional communication, considered one of the pillars for patient safety. According to Mendes et al. (2022), communication failures are among the main causes of ICU care errors. Structured rounds



allow all team members to share relevant information about the patient, ensuring continuity and coherence in therapeutic conduct.

Another important point highlighted is the strengthening of the humanized bond between professionals and patients. Even in a technical environment such as the ICU, direct contact during the rounds favors dialogue, active listening and welcoming of the demands of the patient and family. For Santos and Nascimento (2021), this humanized look is essential to reduce suffering and increase confidence in care, consolidating the ethical principle of human dignity in the critical environment.

The nurse's leadership in the bedside rounds is also a determining factor. As highlighted by Lucena et al. (2023), the nurse is the professional who has the global view of the patient, being responsible for articulating the team's actions and ensuring the execution of safe practices. Its active performance in the rounds contributes to the detection of failures in work processes and to the development of continuous improvement strategies.

In line with the National Patient Safety Program (PNSP), established by the Ministry of Health in 2013, bedside rounds are configured as actions to monitor the quality of care (Brasil, 2019). They allow the on-site evaluation of safety protocols, such as the correct use of catheters, prevention of infections associated with care, and checking drug prescriptions. Such practices strengthen the team's adherence to evidence-based standards of care (Ribeiro et al., 2022).

In addition, the literature points out that clinical rounds are valuable opportunities for continuing education. During its realization, knowledge is exchanged between professionals with different backgrounds and levels of experience, which expands the capacity for clinical reasoning and safe decision-making (Ferreira et al., 2020). This training approach contributes to the consolidation of a continuous learning environment, reducing the occurrence of human errors and improving the quality of care.

Finally, it is important to highlight that the consolidation of the bedside patrols requires institutional support and an organizational culture focused on security. According to Reis et al. (2021), only when management recognizes the importance of these practices and offers adequate conditions — such as staff sizing, protected time, and participatory leadership — is it possible to ensure their effectiveness and sustainability in the long term.

Thus, bedside rounds are a strategic and indispensable practice for patient safety in the ICU. They transcend simple clinical observation, as they represent a space for dialogue,



learning and humanization of critical care, reaffirming the ethical commitment of the multiprofessional team to life and to care excellence.

## **6 CONCLUSION**

Bedside rounds are consolidated as an essential tool for strengthening patient safety and for qualifying care in Intensive Care Units. This study showed that this practice not only improves communication among members of the multidisciplinary team, but also promotes a more comprehensive, humanized, and patient-centered approach, directly contributing to the reduction of adverse events and the improvement of clinical outcomes.

The active presence of doctors, nurses, physiotherapists, pharmacists, nursing technicians and other professionals at the bedside reinforces the collective commitment to safe and effective care. The rounds create a collaborative environment that favors the early identification of risks, interdisciplinary discussion, and the implementation of conducts based on scientific evidence. As Oliveira et al. (2022) and Mendes et al. (2022) point out, this integration is the foundation for more effective and safer clinical practices.

In addition to their technical role, bedside rounds represent an instrument for the humanization of care, as they strengthen the bond between professionals, patients and family members. By listening to the patient, clarifying doubts, and welcoming weaknesses, the team demonstrates empathy and respect, fundamental attributes for human dignity in the hospital environment (Santos and Nascimento, 2021).

Another relevant aspect identified is the educational nature of the rounds. They are configured as a space for permanent education, stimulating the exchange of knowledge among professionals and critical reflection on the work process. According to Ferreira et al. (2020), this continuous learning contributes to the consolidation of a solid and sustainable safety culture in health institutions.

Therefore, it is possible to state that bedside rounds transcend the act of observing the patient; They represent an organizational and pedagogical strategy capable of transforming care practice, strengthening the safety culture and promoting ethical, humanized and multiprofessional care. For this practice to reach its maximum potential, it is essential to have the support of institutional leaders and the appreciation of the team, with adequate time, human resources and encouragement of collective reflection.

In summary, investing in bedside rounds is investing in life, communication, trust and quality of care. It is to recognize that the presence, dialogue, and attentive gaze of the team

at the bedside are, in fact, the elements that humanize technology and give meaning to the greater mission of intensive care units: to care with excellence, ethics, and compassion.

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