

Department of Emergency Medicine

Morbidity & Mortality Conference

Director: Isaac Tawil MD

This weekly exercise (on Tuesdays 12-1 pm) will prove to be one of the most educational and beneficial parts of your didactic curriculum.

The objectives are several...

1. to foster personal responsibility for your diagnostic and treatment decisions
2. to learn to critically analyze diagnostic and treatment decisions
3. to answer clinical questions based on the available literature and care guidelines
4. to educate your colleagues from your experiences
5. to improve your public presentation skills

Cases which are appropriate for presentation may fall under one of several types.

1. Any Death in the Emergency Department which has some learning value (most do)
2. Any bad outcome either while in the ED or within 24 hours of admission
3. Any return visit to the ED leading to new diagnoses or hospital admission
4. Any significant discrepancy between the care rendered in the ED and the care rendered by the consulting/ admitting service.
5. Any particularly interesting case to share (ie. Common presentation of a rare disease or rare presentation of a common problem)

While it is important to share “interesting cases” with the group, these cases do not allow fulfillment of the first three objectives and so should represent only half of the cases presented by second and third year residents (2 max). Interns are only to present M&M type cases. Throughout your residency you will be responsible for approximately 10 such presentations. Interns are responsible for presenting 2-3 cases and residents are responsible for presenting 4 cases per year.

What M&M is not for: There is NO place for “finger-pointing”. The purpose is not to place blame or find fault in others. Furthermore, everything discussed during this session is protected under the guise of this educational forum and cannot be used for litigation.

Format:

The format of your presentation may vary (ie. a power point presentation is not mandatory though it may help organize your presentation). Pertinent imaging studies and other visual diagnostics like ECGs should be included. What should not vary is your detailed knowledge of the case, as well as a thorough review of the available literature or practice guidelines pertaining to the learning objectives you choose to cover. It is best to focus on one or two particular issues/ questions that arise as a consequence of the case. M&M presentations should be between 10-20 minutes in length, leaving time for discussion afterwards.

*** At the end of your case you must categorize the complication as one of the following:

NP = not preventable **P** = preventable
PP = potentially preventable **DNK** = do not know

*** You must further annotate each complication

A = Delay in Diagnosis **F** = System related
B = Error in Diagnosis **G** = Inadequate Protocol
C = Error in Judgment **H** = Care appropriate
D = Error in Technique **I** = Care inappropriate
E = Patient Disease **J** = none of the above **K** = Do not know

*** **Important Note:** I am personally available to all residents to help focus and hone your presentations. We can discuss if a particular case is worth presenting. I can help you pick the learning points, and direct you to pertinent literature in an effort to cut down on your preparation time. I would encourage you to use this assistance. I am usually in one of the ICUs or in my office in the department of surgery.

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The chief resident is responsible for scheduling your presentations. They will also be logging your presentations and may ask you to present at a certain time if you fall behind.

An assigned physician in the department will be reviewing all possible QA cases. Residents may receive notifications of particular patient charts that they are to review and evaluate for M&M presentation.

*** All physicians involved in the case must be notified well in advance of the case presentation.