

# Case Conference Format – Revised December 10, 2004

| Case Type   | Questions to be answered (Reflection)                         |
|---|---|
| Interesting Case (not usually seen, to be shared with   | Why specifically is it of interest?                           |
| colleagues)   |   |
| 2. Surgical Morbidity   | How might outcomes be improved in similar cases?              |
|   | Could I have predicted or anticipated this outcome?           |
|   | Is this outcome preventable?                                  |
|   | What communication barriers may have contributed to this      |
|   | outcome?  |
| 3. Anesthesia Morbidity/Mortality: No deviation from standard practice, + sequelae or questions | What is the standard of care in this type of case?            |
|   | How did this case differ from others of its kind?             |
|   | What were the unusual circumstances that contributed to the   |
|   | outcome?  |
|   | What anesthetic related decisions contributed to the outcome? |
|   | Having the benefit of hindsight, what if anything would you   |
|   | change?   |
| 4. Anesthesia Morbidity/Mortality: Deviation from standard practice, no sequelae                | What is the standard of care in this case?                    |
|   | What was the deviation from the standard of care?             |
|   | What were the compelling reasons for the                      |
|   | treatment/management decisions?                               |
|   | What other options were considered?                           |
| 5. Anesthesia Morbidity/Mortality: Deviation from standard practice, + sequelae                 | What is the standard of care in this case?                    |
|   | What was the deviation from the standard of care?             |
|   | What other options were considered?                           |
|   | What were the compelling reasons for the                      |
|   | treatment/management decisions?                               |
|   | How are/were the sequelae managed?                            |
|   | What procedural processes will result from this               |
|   | deviation/outcome (e.g. Root Cause Analysis)?                 |

## **Guidelines:**

#### I. Presentation

- a. Power Point Large text (≥24 point font)
- b. Format
  - i. Title
  - ii. History
  - iii. Physical Exam
  - iv. Perioperative plan
  - v. Anesthetic management (must include full screen anesthesia record)
  - vi. Postoperative course
  - vii. Determination of case type
  - viii. Evaluation and Reflection
- c. Timing Schedule for 25 minutes, unless otherwise directed
  - i. Case 10-12 minutes
  - ii. Discussion 13-15 minutes
  - iii. Assume approximately one minute per slide

## II. Discussion

- a. Audience participation
  - i. Minimize questions until presenter has finished the anesthetic management (see l.b.v. above), unless to clarify a slide or point; questions/discussion will then be fielded as the presentation continues.
  - ii. The atmosphere will be one of support so that the presentation will be **reflective** rather than defensive.
  - iii. Questions and comments should address specific points, and should be supported by published data whenever possible.
  - iv. Only one person shall speak at a time; moderator will determine the order of questions
- b. Guest faculty
  - i. Are invited and encouraged to participate whenever possible
  - ii. Should adhere to the above guidelines

# III. Moderator

- a. Enforces the above guidelines
- b. Manages conference time