

Emory University
Department of Gynecology & Obstetrics
M&M Conference Preparation Guide

Why: The motivation for M&M is not to criticize but to profit from sharing and examining our experience in a blame free environment.

Format: The allotted time for the M&M conference is 1 hour. Ideally the case presentation should last no more than 30-35 minutes, and should raise questions specific to either systemic or clinical errors pertinent to the case. After the case presentation, there should be time for questions and discussion. The Faculty Moderator will **facilitate** a discussion of the case. After this discussion, a concise review of the evidence based literature and teaching points should be presented for **one or two of the salient clinical points in the case.**

Faculty Moderator Role:

- Assist the resident in identifying an appropriate case
- Review the residents presentation in advance and be prepared for the topic
- No finger-pointing – focus on systems of care rather than individual errors
- Open the Conference with an overview of the purpose of M&M and brief points about why the case selected
- Facilitate and engage the audience in the discussion using the Socratic method
- Close with Key Take Home Points

Resident Presenter Role:

- Prepare the case presentation using the M&M Conference Preparation Worksheet
- Review the presentation with the assigned Faculty Moderator in advance
- Provide copies of any relevant articles cited

How to find a case: Talk the assigned Faculty Moderator, chief residents, Chief of Service(s) or Division Directors for case ideas. Cases (inpatient or outpatient), should involve:

- A. a poor or unintended outcome which might have been due to or worsened by error or system problems, or
- B. “near-misses,” where there was an error or misstep in care delivery that could have led to a poor patient outcome, or
- C. an interesting and unique case that may provide new learning and inquiry.
- D. Clinical indicators such as: *(Source: ACOG, 2000, Quality Improvement in Women’s Health Care)*
 - a. Obstetrical Indicators
 - i. Maternal Mortality
 - ii. Unplanned readmissions
 - iii. Maternal cardiopulmonary arrest
 - iv. Unplanned removal, injury or repair of organ during operative procedure
 - v. Excessive maternal blood loss
 - vi. Excessive length of stay
 - vii. Eclampsia
 - viii. Unattended delivery

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- ix. Unplanned postpartum return to the OR
- x. Cesarean delivery for uncertain fetal status
- xi. Cesarean delivery for failure to progress
- xii. Elective induction < 39 weeks gestation
- b. Neonatal Indicators
 - i. Birth trauma
 - ii. Unexpected Intrauterine fetal demise &/or term stillborn
- c. Gynecological Indicators
 - i. Mortality
 - ii. Unplanned readmission with 14 days
 - iii. Admission after return to the emergency room for the same problem
 - iv. Cardiopulmonary arrest
 - v. Unplanned admission to intensive care unit
 - vi. Unplanned return to the operating room during the same admission
 - vii. Ambulatory surgery patient admitted or retained for complication of surgery or anesthesia
 - viii. Excessive blood loss
 - ix. Unplanned removal, injury or repair of organ during operative procedure
 - x. Discrepancy between preoperative diagnosis and postoperative tissue report
 - xi. Removal of uterus weighing < 280 g for leiomyomata
 - xii. Removal of follicular cyst or corpus luteum of ovary
 - xiii. Hysterectomy performed on woman younger than 30 years of age except for malignancy

When to start: At least 1 month prior to your scheduled presentation date.

How to organize your presentation: Use the M&M Conference Preparation Worksheet to develop your PowerPoint presentation from. Use the M&M Conference standard PowerPoint template.

What to include: Include the history, vital signs, physical exam, labs, x-rays, CT scans, EKGs, FHR tracings and consultant opinions as they were obtained during in the patient's course. You should obtain the relevant images for xrays, EKGs, and CTs for display in your presentation. Ask colleagues or a chief for help in obtaining all the information. Remember that to construct the case for the audience, it is crucial to chart a time course, so that the case can be followed as it evolves over minutes to hours.

How to research your discussion: Each M&M presents one or two opportunities for an evidence-based discussion of in the broad field of obstetrics and gynecology. **Do not approach this as a core lecture.** If the chosen topic is unfamiliar to you, of course you should read up on it in a textbook. But quickly move on to more specialized and up-to-date resources, which will make up the foundation of your discussion. The completion of a root cause analysis should aid in your ability to determine all the factors impacting the case.

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Root Cause Analysis: Root Cause Analysis is a technique that helps answer the question of why the problem occurred in the first place and seeks to identify the origin of a problem. It uses a specific set of steps, to find the primary cause of the problem, so that you can:

1. Determine what happened.
2. Determine why it happened.
3. Figure out what to do to reduce the likelihood that it will happen again.

You'll usually find three basic types of causes:

Physical causes - Tangible, material items failed in some way (for example, the fetal monitor stopped working).

Human causes - People did something wrong or did not do something that was needed. Human causes typically lead to physical causes (for example, no one checked to be sure the maintenance was performed on the fetal monitor, which led to it failing).

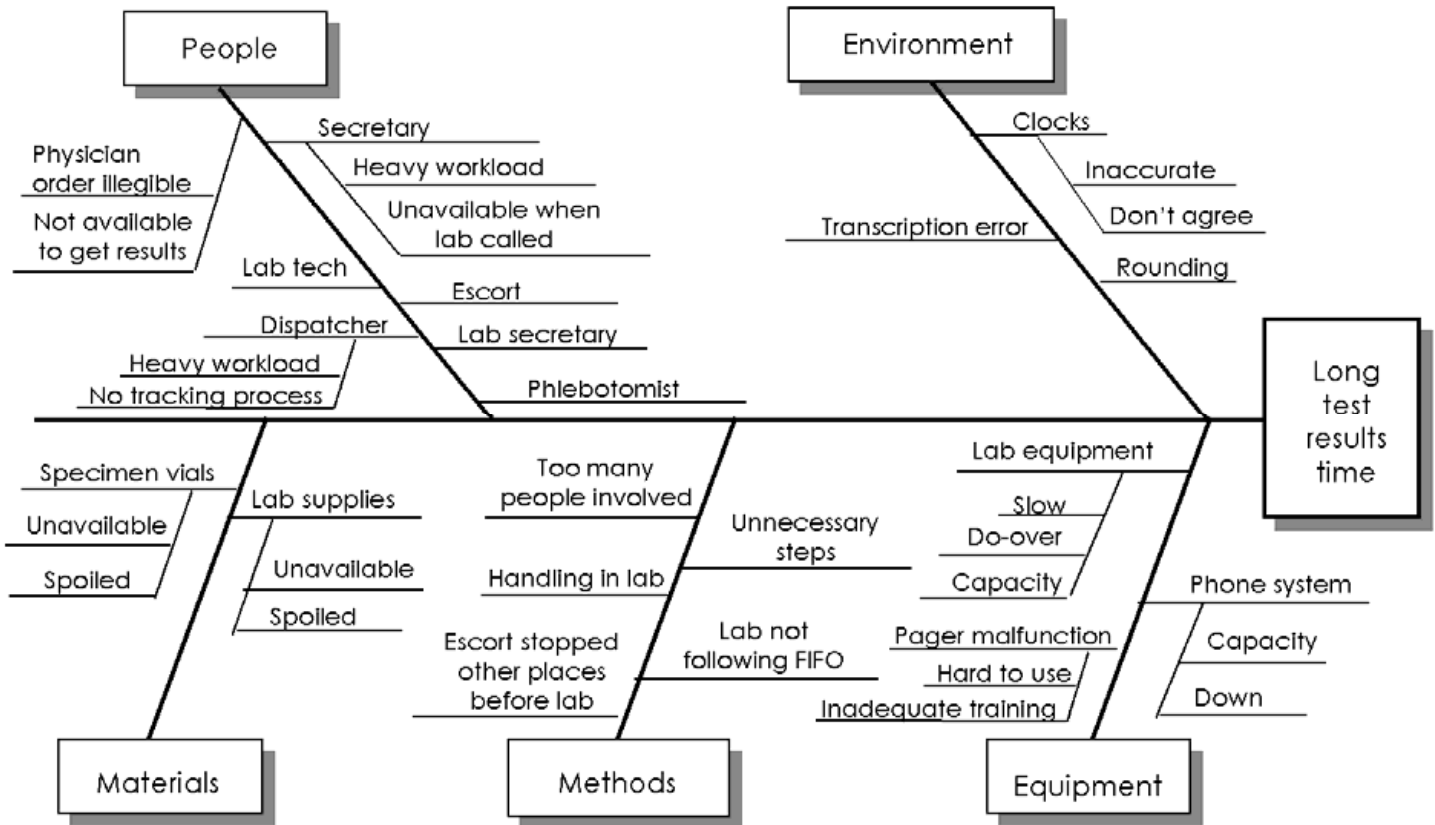
Organizational causes - A system, process, or policy that people use to make decisions or do their work is faulty (for example, no one person was responsible for maintenance, and everyone assumed someone else had checked the fetal monitor).

You may also want to use a **Fishbone Diagram** to assist with your analysis of the root cause.

- Draw the diagram with a process arrow to the effect and draw a box around it.
- Decide what the major categories of the causes are (i.e., people, machines, measurement, materials, methods, environment, policies, etc.).
- Label categories important to your situation. Make it work for you.
- Brainstorm all possible causes and label each cause under the appropriate category.
- Analyze causes and eliminate trivial and/or frivolous ideas.
- Rank causes and circle the most likely ones for further consideration and study.
- Investigate the circled causes.

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Example of a Fishbone Diagram



Tips:

- Know the case well, especially the timeline.
- Chart documentation only takes you so far -- speak with the involved residents and attendings and other nursing and ancillary staff so that you know their thought process.
- Ask for help early if you need guidance.
- Practice your presentation early and often.
- Tactfully point out errors or near misses, but do it without blaming or being smug.
- Control the room while you are presenting. Try to limit early, frequent interruptions as these questions are often answered later in the course of the case. It's your room!
- Leave time for discussion and questions at the end. This is when people can fire away with their comments, clarifications, questions, and pontifications.

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When to finish: Review your entire presentation (slides, images, videos, etc...) to the Faculty Moderator at least **1 week prior to your talk**. This allows a second pair of eyes to review your slides, ensures that there are no computer mishaps, and gives you enough time to practice delivery.