Morbidity & Mortality (M&M) Conference

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<th>Approved By</th>
<th>Steering Committee</th>
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<td>Applies To</td>
<td>All Faculty, Fellows, Residents</td>
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<tr>
<td>Effective Date</td>
<td>January 27, 2010</td>
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<td>Revision Date</td>
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ACGME Program Requirements for Graduate Medical Education in Obstetrics and Gynecology as of January 1, 2008

II.A.4.r.) The Program Direction must ensure that formal teaching activities in obstetrics- gynecology be structured and regularly scheduled. They generally should consist of patient rounds, case conferences, journal clubs, and protected time for didactic conferences covering all aspects of the specialty, including basic sciences pertinent to the specialty. In cross-disciplinary conferences such as perinatology, physicians from appropriate specialties should be invited to participate; and,

II.B.5.a.) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

Purpose of M&M Conference

A. Provide a safe venue for residents to identify areas of improvement, and promote professionalism, ethical integrity and transparency in assessing and improving patient care.

B. Promote leadership, research, and scholarly activity and incorporate into a learning opportunity the six core ACGME competencies of
   i. patient care
   ii. medical knowledge
   iii. practice-based learning and improvement
   iv. interpersonal and communication skills,
   v. professionalism
   vi. systems-based practice

C. Provide a forum to teach curriculum on quality improvement and medico legal issues to residents and students.

D. Foster a climate of openness and discussion about medical errors.

Participants

A. Faculty Moderator and Resident Presenter
B. All Residents are expected to attend
C. All Faculty are invited and expected to attend
D. All Medical Students in the Ob/Gyn rotation
E. Anyone involved in the case with direct knowledge of the systems and events relevant to the discussion. This may include other physicians, nurses, pharmacists, therapists, lab personnel, and representatives of ancillary departments.
Case Selection
A. Cases should be selected from the entire practice population. Cases (inpatient or outpatient), should involve:
   i. a poor or unintended outcome which might have been due to or worsened by error or system problems, or
   ii. “near-misses,” where there was an error or misstep in care delivery that could have led to a poor patient outcome, or
   iii. an interesting and unique case that may provide new learning and inquiry

B. Resident Presenter should complete the M&M Conference Preparation Worksheet and review in advance with the Faculty Moderator.

Preparation
A. The M&M Case Preparation Guide & Worksheet should be used to create your presentation.

Ground Rules
A. Follow the format
B. No finger-pointing – focus on systems of care rather than individual errors
C. Confidentiality – avoid patient identifiers (no names, dates, record numbers) and do not discuss casually outside the conference
D. Add the following statement to all documents: “Privileged & Confidential: Subject to Peer Review and Medical Review Protections, O.C.G.A. § 31-7-130 et seq. and § 31-7-140 et seq.”.

Conference Format
A. PowerPoint Presentation limited to 30 minutes
B. Introduction of Moderator & Resident
C. Case Presentation by Resident
   i. Overview of the case
   ii. Review timeline of events
   iii. Describe how the patient care issue(s) caused potential or actual harm to the patient, family, or a healthcare professional
   iv. Identify any evidenced-based literature that is applicable
   v. Identify the ACGME competency the patient care issue related to
   vi. Identify the nature of the patient care issue
   vii. Identify the “Take Home Points”
   viii. Recommend any clinical or system changes that should be considered to prevent this patient care issue from occurring in the future
D. Faculty moderator facilities the discussion of the case and Take Home Points– 15 minutes