

## The Role of the Anesthesia Morbidity and Mortality Conference at a Teaching Hospital

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**Introduction:** The morbidity and mortality, (M and M), conference has been an integral part of our teaching program in anesthesia for the last 30 years. The format of the conference has undergone a number of changes in format, length, and perceived importance in the curriculum as reflected by interest and attendance, as well as participation. The objective of this report is to describe how our current M and M conference is organized and presented at our major teaching hospital.

**Methods:** A database of cases with management challenges, adverse outcomes, or interesting qualities is maintained in the anesthesia office in close proximity to the main operating room suite. Every month, four to five cases are chosen for the weekly 30 minute M and M conference. The conference is transmitted by video techniques to another teaching site, the Omaha Veterans Administration Hospital, so that faculty and residents at this site may participate. For each topic selected, a search is made for recent pertinent references from the PubMed web site. Textbooks and other references may also be used. The references are distributed prior to the conference to all anesthesia faculty, residents, students, and certified registered nurse anesthetists (CRNAs). A list of 3 or 4 learning objectives are also distributed with the references to guide discussion after the case presentation. The case is presented by a resident or CRNA and facilitated by the faculty responsible for the case and the conference moderator. Continuing medical education credits are available for faculty.

**Results:** Approximately 46 M and M conferences are presented each academic year with an average resident attendance of 20 out of a possible 26, and faculty attendance of 8 out of possible 16. Medical student attendance is especially high in August and September, with usually all 10 students attending who are on the clerkship. The most common topics presented in the last 3 years were in the broad categories of airway, cardiovascular, respiratory, neurologic, regional, equipment, vascular access, and obstetric anesthesia which comprise the most common events in our adverse event checklist. Discussion is collegial and the conference is geared to the educational goals without assignment of blame or criticism in any case.

**Discussion:** A search of the medical literature reveals relatively few papers discussing the role of the M and M conference. An article by Pierluissi, et al, used trained observers to compare the M and M conference in internal medicine and surgery and found that in both disciplines the moderators uncommonly identified errors or even discussed that an error had been made. Harrison, et al, found differences of opinion in the value of M and M conferences between surgery faculty and residents. At a teaching hospital in Belgium, Baele, et al, found that the topics of M and M presentations mirrored the common complications found in anesthesia and the conference was a valuable teaching tool. We have found widespread interest and participation by both faculty and residents in our M and M conference. Important to this interest is distribution of key references prior to the conference and use of learning objectives to guide discussion.

### **References:**

1. Pierluissi, E, Fischer MA, Campbell AF, Landefeld CS. Discussion of medical errors in morbidity and mortality conferences. *JAMA* 2003;290:2838-2842.
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3. Baele PL, Veyckemans FA, Gribomont BF. Mortality and morbidity conferences in a teaching anesthesia department. *Acta Anaesthesiol Belg.* 1991;42:133-147.