

The New Morbidity and Mortality Conference – A Prospective Approach

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Course Description:

In an effort to make our Morbidity and Mortality (M&M) conference more engaging and with a stronger focus on cognitive biases, we launched a novel prospective approach. Traditionally, the M&M format has been a case presentation in a lecture based format with a retrospective analysis to assess where errors could have occurred. Our residents felt that this format did not allow for optimal interaction and participation nor adequate attention to cognitive biases.

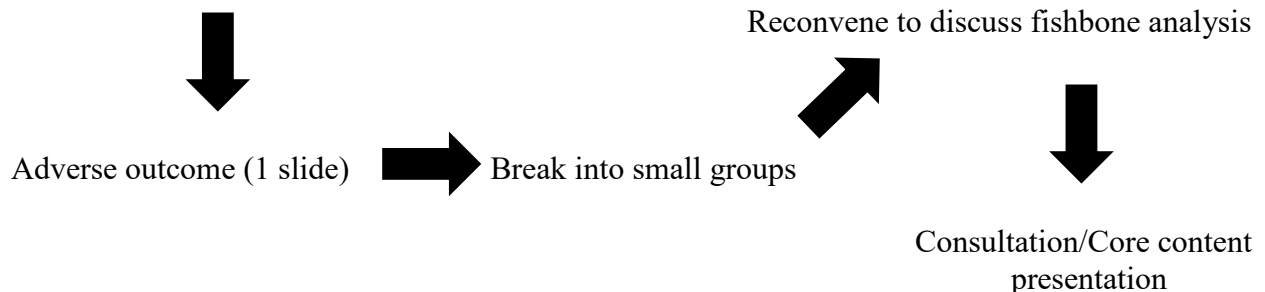
In this talk we will describe the format of our new M&M conference and present data from our residency program on the efficacy of this novel approach.

Educational Objectives:

1. To present an alternative format to M&M conference with a stronger focus cognitive autopsy and de-biasing strategies
2. To describe the benefits of a prospective approach to analyzing M&M cases
3. To demonstrate how to effectively incorporate small group session within the M&M conference as a way to improve resident and faculty engagement.

Course Outline:

Critical patient information/data (1-2 slides)



Common Cognitive Biases and De-Biasing Strategies in Emergency Medicine:

	Description	De-biasing strategy
Anchoring	Failure to consider an alternative diagnosis when faced with additional data	Refrain from clinging to certain diagnoses. Always keep a broad differential
Confirmation Bias	The tendency to look for confirming evidence to support a diagnosis rather than look for disconfirming evidence to refute it, despite the latter often being more persuasive and definitive.	Always consider alternatives. Formulate an argument against your clinical impression.
Diagnostic Momentum	Adopting someone else's thinking. Taking a diagnosis at face value.	Utilize 'group thinking'. Ask colleagues for independent assessment of the case.
Framing/Triage Cueing	Geography is destiny. When diagnostic decisions are influenced by where the patient is within the ED.	See the patient yourself prior to reading triage nursing notes.
Premature Closure	Making a diagnosis before it has been fully verified	Force yourself to consider alternative diagnoses. Always ask yourself, "what else could it be?"
Psych-Out Error	Assuming a psychiatric over a medical diagnosis	Utilize the "until proven otherwise" mentality to assure medical conditions are ruled out
Search Satisficing	Readiness to call off the search for diagnosis once a possible etiology is found.	Ask yourself why did this happen? What else could be going on?

Sample Fishbone Analysis:

