Surgical Morbidity and Mortality Meetings: What's the score?

Presenting at a morbity and mortality (m&m) meeting seems to be a hidden art. Standing up in front of peers, seniors and the consultant body can be a daunting experience. As I sat in the last M&M at my current hospital and listened to the new Foundation year doctors prior to the meeting I realised that they had been given very little if not any guidance on what the M&M entailed. This was the same way that I felt prior to my first M&M as a foundation year doctor four years ago. Here are just a few hints and tips that those presenting at an M&M may find useful.

Why have an M&M?

They provide an excellent opportunity to review patient cases in a constructive environment. Often ideas are sought to address patient safety. Each case presented can act as a learning tool with the opportunity to learn from possible mistakes and prevent them from occurring again in the future. The meetings offer the chance for the department to meet together and encourage the collaborative management of patients. As well as discussing patients they can also act as a forum for research and teaching in the department.

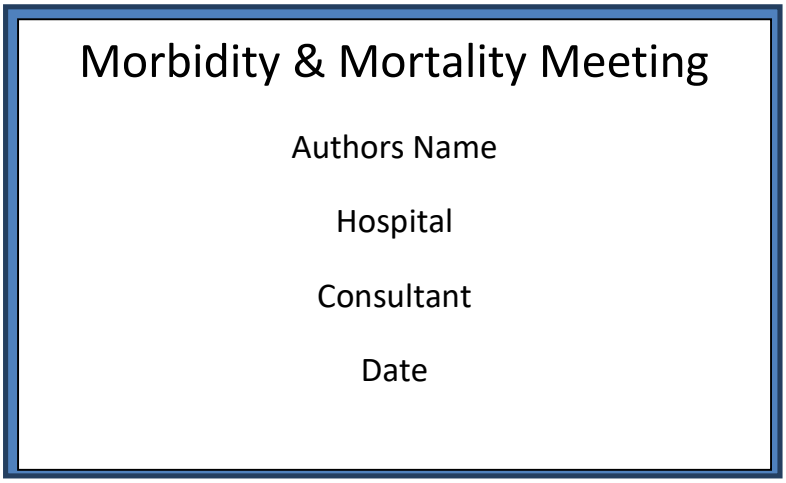
Data Collection

Speak to consultants prior to the meeting to get a complete list of all patients that need to be presented. Patient notes may need to be collected from medical records for a detailed account of events and these may take a few days to retrieve particularly if archived and electronic notes are unavailable. Patient notes may not necessarily be written in chronological order and specific timing and dates of events should be noted.

Presenting

Most consultants prefer a PowerPoint presentation; there are various software packages that can be used and this is largely subject to author preference. Plain slide designs are generally favoured with as little text on the slide as possible; simply reading off the slide can make the presentation dull and uninteresting.

Below is an example of a title slide with the key information stated:

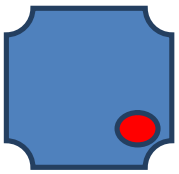


There should be no patient identifiers in the presentation. Ideally the initials of the patient and consultants name should be on top of every slide. The headings for subsequent slides may be:

- Presenting complaint
- Patient co morbidities, social history
- Investigations
- Management
- Cause of death / Morbidity
- Discussion

Below are a few sample slides for a fictional patient:

Patient: TN, age 84	Consultant: Mr Pitcher
Presenting Complaint: 2/10/13 Left sided Abdominal Pain and Vomiting	
Past Surgical History – Open Appendicectomy 1974	
Past Medical History - Diabetic	
Social History – Lives with wife, Engineer, ETOH – occasional	
Non-smoker, Frail TDS Careers	

Patient: TN, age 84	Consultant: Mr Pitcher
OE – Temp 38.5, P 120, BP 120/80, Sats 98% on Room air	
	Soft, LIF Pain, localised Rebound, and Guarding, No hernias
PR – Inspection, no skin tags, no Haemorrhoids, soft brown stool on glove no blood	

Patient: TN, age 84	Consultant: Mr Pitcher
Differential Diagnosis: Diverticulitis	
Bowel Obstruction	
Colorectal CA	
Investigations - Bloods: WCC 20.5, CRP 299, LFT N, U&E N	
- Erect CXR Normal, AXR Normal, CT SigmoidDiverticulitis	

Patient: TN, age 84	Consultant: Mr Pitcher
Management: IV Antibiotics (Abx)	
Analgesia	
IV fluids	
Symptoms not resolving after 48hours of Abx	
Hartmann's Procedure	
Chest Infection	

Patient: TN, age 84	Consultant: Mr Pitcher
Mortality: Pneumonia	
Emergency Surgery	
Learning Points: Emergency Patients high chance of Pneumonia	
Ensure adequate analgesia +Chest physiotherapy	

Most juniors should present to consultants prior to the meeting and allow sufficient time to make any changes. At the end of each presentation sufficient time should be spent to discuss the individual case. The patient's consultant should ideally be present when the case is being discussed.

We hope that you have found the above useful and wish you all excellent presentations in your upcoming meetings.