

## Educational Conference Descriptions

### **Trauma Service and Emergency General Surgery Morning Reports:**

The problem of safe and efficient transfer of care has increased over the past decade as resident work hour restrictions have been implemented, an ever-increasing number of diagnostic tools has become available, and an increasing percentage of complex patients has become concentrated at fewer and fewer facilities. In an effort to accomplish these educational responsibilities, centralize information handling, and facilitate the management and transfer of patient care information, a formalized morning report system will be conducted. This will improve the quality of the information transferred during the sign-out process, enhance resident and physician extender efficiency, provide an open forum for discussing the diagnostic work-up and management of the acutely injured patient, and improve the quality of the resident didactic experience. An organized sign out process will utilize the presence of post-call team members, a large chalk/marker board to organize and identify patient encounters (listed by alias), and a digital viewer allowing access to previous radiographic studies obtained over the previous 24-hour period.

### **Trauma/Emergency Department Resuscitation Conference:**

This is a joint ED/Trauma quality assurance/process improvement conference with the Emergency Medicine Department that reviews the evaluation and resuscitation of critically ill trauma. Videos of resuscitations are reviewed for assessment of quality and performance improvement purposes. This is coordinated and moderated by Kevin High, RN.

### **Critical Care Fellows Journal Club/PBLD:**

Weekly conference administered and hosted by Anesthesia Critical Care that alternates formats, covering both a journal club format and problem-based learning and development.

### **Acute Care Surgery (ACS) Fellows Conference:**

Weekly conference administered by the Division of Trauma and designed to provide Acute Care Surgery Fellows with in-depth knowledge of topics pertinent to the advanced delivery of care and operative management in trauma and emergency general surgery. The format is intended to be a fellow/attending level discussion of up-to-date topics in Acute Care Surgery with majority participation of faculty and trainees when possible. The conference combines topics such as surgical management, administrative issues, epidemiology, citizenship and social media, billing/coding/business and in-depth case reviews in a roundtable session to maximize participation and engagement.

Emergency General Surgery	Trauma
Acute Appendicitis	ED Thoracotomy
Acute Cholecystitis	Trauma Laparotomy & Damage Control
Cholangitis and Choledocholithiasis	Trauma Thoracotomy / Median Sternotomy
Duodenal and Gastric Ulcers	Operative Pulmonary Injuries
Pancreatitis	Operative Cardiac Injuries
Diverticulitis	Operative Liver Injuries
Acute Abdomen in the ICU	Operative Spleen Injuries
Skin and Soft Tissue Infections	Operative Stomach Injuries
Necrotizing Fasciitis	Operative Pancreatic Injuries
Liver Abscess	Operative Bowel Injuries
Small and Large Bowel obstruction	Operative Bladder and Ureteral Injuries
Mesenteric Ischemia – all types	Operative Management of Penetrating Neck Injuries
Hernia – Incarcerated and Strangulated –all types	Damage Control Chest Abdomen Extremities
Percutaneous Tracheostomy	Additional conferences as requested
Enteral Access: PEG, PEG-J, etc.	

**Multidisciplinary Critical Care Fellows Conference:**

Weekly conference administered by the Division of Trauma, designed to provide Anesthesia and Surgical Critical Care Fellows with in-depth knowledge of topics pertinent to the advanced delivery of Critical Care Medicine. The conference may alternate in format between Socratic topic reviews provided by invited speakers or Critical Care Faculty, topic review seminars provided by the Critical Care Residents, and journal club format in which the first-year fellows pick articles to be discussed. Handouts for the seminars and recent and/or landmark articles relevant to the topic will be selected and provided for review by attendees prior to the meeting.

**Surgical Critical Care Resident’s Conference:**

This didactic conference is for residents and students rotating in the SICU. Each Tuesday, Wednesday, and Thursday, from 1P-2P in the SICU 9T3 Conference Room, lectures incorporating material from the resident intensive care unit education course from the Society of Critical Care Medicine will be given. Faculty and instructors provide lectures and supervisory role.

**Surgical Critical Care Divisional Research Conference:**

The goal of the Research Conference is to provide research training incorporating elements of study design, biostatistics, funding mechanisms, ethics and resources available at divisional, institutional and departmental level.

**Trauma Morbidity and Mortality (M&M) Conference:**

Monthly conference where in-depth discussions of trauma related morbid and mortal outcomes are discussed by fellows and residents. Selected cases are then presented at the Department of Surgery M and M.

**SICU Morbidity and Mortality (M&M) Conference:**

The goal of M&M is to identify and discuss serious adverse events that may indicate process or knowledge deficiencies amongst team members in the SICU. It provides a venue for fellow education regarding prevention of adverse events in complex settings and allows preparation for the SICU presentation in the Department of Surgery's M & M conference. The SICU fellow for the month will be responsible for the identification and management of the morbidity and mortality data on a daily basis. Admission data will be provided by the Process Improvement nurse prior to the conference. Please see Appendix 11 for additional detail.

**SICU Process Improvement and Quality Assurance Conference:**

Intensivist/physician driven efforts to improve the delivery of care within the ICU realm are mandatory if patient care is to be maximized. Such efforts are complex, labor intensive and mandate involvement of multiple care groups and harmonious interfaces with broader systems within the hospital. The SICU has a well formed and established Process Improvement system and committee. All fellows are encouraged to attend the meeting, but attendance is mandatory during their SICU rotation and when systems issues identified in M & M require presentation at the PI/QA level. The organizational structure is shown below. Fellows in the SICU for the month should review and present all morbidities and mortalities and will receive their Practice Habits comparison data in this format to demonstrate performance level compared to peers.

**TPOPPS (Trauma QA/PI) Conference:**

Monthly quality review, assessment of performance measures, and referral for process improvement of cases identified and reviewed by trauma coordinator and PI chair. All faculty, instructors, and fellows on trauma attend.

**Division of Trauma Faculty Meeting:**

Bimonthly meeting of all faculty, fellows, and administrative support from the Division of Trauma for the discussion of quality, educational, administrative, financial, and personnel issues that affect the Division related to Trauma, EGS, RGS, and SICU. First and second year fellows should make every effort to attend.

### **Multidisciplinary Surgical Critical Care Meeting:**

Monthly meeting of Surgical and Anesthesia Critical Care faculty, fellows, ACNP leadership, nursing leadership, and PharmD for the discussion of quality, educational, administrative, financial, and personnel issues for the Surgical ICU.

*Currently, many conferences are virtual by Zoom or other methods. **Fellows are expected to attend all the above conferences when they are available, and those are considered protected time except in cases of dire patient emergencies and no other available coverage. The night fellows are excused except for Grand Rounds and M&M.** Additional conferences are available throughout the medical center. The Fellows will be invited to additional conferences through the Anesthesia Critical Care program and are invited to attend if they are available and the topic is relevant to surgical critical care.*