

University of Nebraska Medical Center
Division of Plastic and Reconstructive Surgery
Resident Case Conference Protocol

In preparation of the weekly Resident Case Conference, the following protocol is required when preparing and presenting your cases.

Patient History

Presentation will be in the format of a PowerPoint presentation to include 1-5 slides (depending on volume of relevant data) reviewing:

- Chief complaint
- Brief HPI (including patient age, sex, smoking status, handedness if applicable, occupation and all relevant medical/surgical history, medications etc.
- All relevant labs, pathology results, imaging studies (if the imaging modality is CT or MRI, take a screen shot of the important, representative views for inclusion in your presentation)
- All relevant photographic documentation including pre op, intra op, and post op photos. Include dates when known. For post op photos, you may use the date or the number of post-operative days/weeks/months since surgery. Discuss case with the attending to obtain pre and post op photos if you do not have them.

A complete understanding of the patient's history and the clinical context leading up to surgery is required.

Operative details

You must know all relevant operative details. If do not know all relevant operative details, discuss the case with the attending.

If your patient has not yet undergone an operation and the intent of your case presentation is to stimulate a surgical management discussion prospectively, see below:

Discussion and literature review

Following the case presentation, you will lead a brief discussion in TWO or more of the following areas, depending on what you believe will be the most educational:

1. Disease or condition review: 2-4 salient articles describing the disease, condition, population, indications for surgical intervention etc.
2. Technique review: 2-4 salient articles describing the technique, its variants and when said technique is indicated. Include descriptive photos from the articles in question when applicable.

3. Outcomes studies: 2-4 salient articles reviewing outcomes of the technique in question. This can include comparative studies, meta analyses, etc. Chose articles based on the quality of the study, giving priority to well powered, well-designed studies.

4. Other: If there is a technology, social issue, political/legislative/legal issue of import to the case in question, you may address these topics at your discretion.

If the disease or condition in question is rare, it is safest to include a review of said disease in your discussion.

References

All articles you choose to review must be cited at the bottom of the relevant PowerPoint slide. Include the level of evidence if known. If you do the math, a minimum of four (4) articles constitutes a complete case presentation.

For ALL presentations, you will:

List four (4) additional strategies or technique variants to address the problem at hand.

- If you include a strategy, be prepared to defend why you chose it.
- If you choose non-operative management as one of your treatment strategies, be prepared to defend your decision.

Example:

Closed 5th metacarpal neck fracture managed with open reduction and plate/screw fixation:

1. *Closed reduction and casting*
2. *Closed reduction and collateral recess pinning*
3. *Closed reduction and retrograde, axial headless screw fixation*
4. *Closed reduction and bouquet pinning*

If you would like to present a case more than once, you must have a good reason to do so. In other words, there must be additional follow up, additional operations, and additional photographic documentation. You will focus your discussion on an area of the case that was not discussed previously or that will be informative to the group in terms of follow up.

If, during the case presentation, questions arise that require additional clarification, literature review, or discussion, you will be required to prepare a 1-3 minute presentation on that topic the following week. **Come prepared or prepare to do extra work!**

Overall Expectations:

Residents are expected to take every case presentation seriously. These presentations are an essential part of the program's educational process. Anything less than a full effort on your part equates to a lost opportunity to learn for the entire group.

*"Good enough isn't. Press on."
- Dr. William J. Futrell MD*