

Educational Case Rounds ¹

(not protected under Section 9 of the *Alberta Evidence Act*.)

WHAT ARE EDUCATIONAL CASE ROUNDS?

Educational case rounds are designed to engage a number of individuals to focus on learning from case studies within a Just Culture ([Appendix A](#)). Historically, Educational Case Rounds (previously termed morbidity and mortality rounds) have been completed by groups of physicians. Consideration should be given to the value of conducting Educational Case Rounds with an inter-professional team that also includes residents and students. To be clear - the purpose of these rounds is to provide education for health care providers. This is not a venue to produce system level recommendations or to assess individual provider performance. Educational Case Rounds may inadvertently identify events that require other [review processes](#). Should this occur, the session leader should refer the case to the appropriate administrative or medical leader.

RECOMMENDATIONS FOR CONDUCTING EDUCATIONAL CASE ROUNDS:

- Conduct as an educational activity. These are informal educational sessions, minutes should not be taken.
- De-identify details of any case being discussed (remove names, site, dates, etc.).
- Do not print, publish or post on websites case specific details in order to maintain confidentiality of patient and provider information.
- A third party not involved in providing care to the patient may present the de-identified case to ask specific questions, such as how it could have been done differently?
- Suggested method for conducting an Educational Case Round:
 - 10 minutes for overview of the case (presenting problem and case course) and state of evidence on current management
 - 10-20 minutes for case analysis considering Cognitive Human Factors ([Appendix B](#)) and Health System Components ([Appendix C](#)). Present any supporting literature for discussion.

Does the case presented require additional review? If so consider contacting the appropriate Accountable Leader to discuss the following options:

- Y *Quality Assurance Review (QAR) or Patient Safety Review (PSR)*
- Y *Administrative Review*
- Y *Quality Improvement Initiative*
- Y *Human Factors Evaluation*
- Y *Simulation*
- Y *Patient Concerns Resolution Process*

IDENTIFYING CASES FOR DISCUSSION

Cases may be chosen from various sources such as those that:

- relate to medical management, clinical processes or pathways
- highlight a recurring system issue
- caused you to think about them long after they occurred
- identified in the Reporting and Learning System (RLS)

Figure 1. Options for Further Review

¹ The most recent version is available at: <http://www.albertahealthservices.ca/info/patientsafety.aspx>. For questions and/or additional information: provincialpatientsafety@ahs.ca.