

Mixed Methods Assessment of Uncivility During Surgical Mortality and Morbidity Conference

Egide Abahuje, MD, MHPEd¹; Anne Stey, MD, MS¹; Ivuoma Ngozi Onyeado, PhD²; Alam Hasan¹, MD; Yue-Yung Hu, MD, MPH¹; Julie Johnson, MSPH, PhD¹

¹Northwestern University, Department of Surgery, Feinberg School of Medicine, Chicago, IL

²Northwestern University, Kellogg School of Management, Chicago, IL

BACKGROUND

- Mortality and Morbidity (M&M) Conferences enable clinicians to learn from and address individual and system factors that lead to complications.
- Ideally, M&M provides a safe environment without fear of being criticized, blamed, or humiliated is necessary for open discussion and to generate actionable recommendations.

OBJECTIVES

- The aim of this study was to assess occurrences of uncivility during M&M Conference in an academic Department of Surgery.

METHODS

- Convergent mixed methods design
- **Quantitative data collection:** standardized survey instruments were distributed to all the Department of Surgery faculty and residents:
 1. The Positive and Negative Affect Schedule Short-Form (PANAS) and the
 2. Uncivil Behavior in Clinical Nursing Education (UBCNE) survey
- Linear regression quantified participants' characteristics (e.g sex, academic rank) association with uncivility score.
- **Qualitative data collection:** Non-participant observations of M&M conferences to collect field notes of uncivility and unprofessional communication.
- Qualitative data were analyzed thematically.

Female and junior faculty were more likely to report uncivility in the context of unstructured discussions.

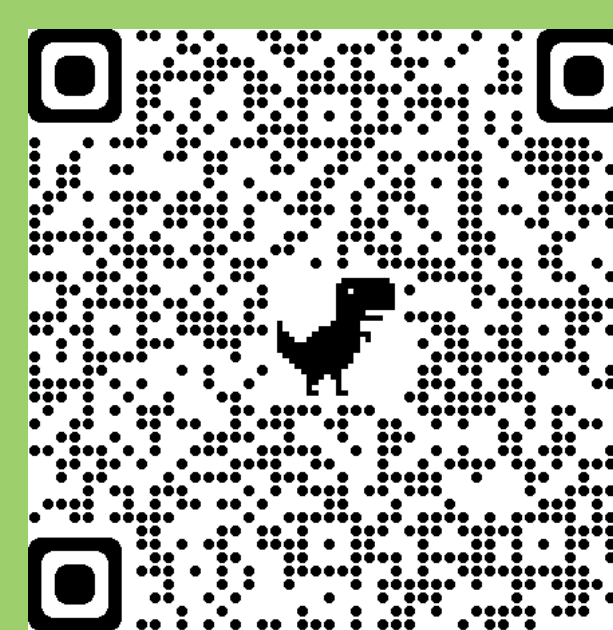
In order to make meaningful changes in patient care processes, M&M needs to be a place for open, honest discussions.

Implementation of guidelines for structured discussion may minimize uncivil comments and lead to more effective communication about surgical care delivery.



E-mail: abegid@gmail.com

Data Collection tools



 @AbahujeEgide

Results

- 54 (36.7%) participants completed survey (residents: 27.5%, faculty: 37.6%)
- Junior faculty had a 2.60 higher Negative Affect Total score (p-value=0.02), a 4.13 higher Exclusion Behavior Total score (p-value=0.03), and 7.68 higher UBCNE Total score (p-value=0.04) compared to senior faculty.
- Females had a 2.71 higher Negative Affect Total Score compared to males (p-value=0.04).
- We observed 11 M&Ms, involving 30 cases, over four months with four different moderators.

M&M Outline:

1. Clinical Scenario
2. Decision Making
3. Operative Mgt
4. Complication
5. Mgt of complication

Open discussions

- Errors of Omission or Commission
- Patient risk factors
- System factors
- Complications' impact on patient
- Prevention of future complications.

No Structure
No Boundaries

Qualitative analysis revealed that female and junior faculty experienced uncivil communication during M&M conference

