

MSA Case Presentations--Spring 2009
Department of Anesthesiology - CWRU
Biomedical Research Building 105 – Tuesdays - 4:00 to 5:30 PM
 Except when otherwise noted

Date	Topic	Presenter	Mentor
1/06/2009		Lipian	
1/13/2009		Eberlein	
1/20/2009		Kroll	
1/27/2009		Balog	
2/02/2009 Monday		Tomsic	
2/03/2009		Jansen	
2/10/2009		Donohoe	
2/17/2009		Nguyen	
2/24/2009		Cook	
3/02/2009 Monday		Ferrara	
3/03/2009		Saraniti	
3/10/2009		Beastrom/Beech	
3/17/2009		Bodnar/Byrum	
3/24/2009		Lee/McClain	
3/30/2009 Monday		McCourt/Nearman	
3/31/2009		O'Malia/Schumann	
4/07/2009		McDermott	
4/14/2009		Shupienis/Vuong Sincerney	
4/28/2009		Kaufmann	
5/05/2009		Sumner	

Guidelines for MSAS I Case Presentations

Spring Semester – ANES 464

Case Western Reserve University

1. The presentation should be approximately 25-30 minutes long with about 5 minutes for questions and follow up.
2. You **MUST** present a case in which you have participated, and one that is of special interest to the audience.
3. Handout:
 - a) Learning objectives for the Case Presentation **MUST** be submitted to the Education Coordinator two (2) weeks prior to each conference.
 - b) The learning objectives should be printed on the cover page of the handout.
 - c) The student should submit the **final version** of the PowerPoint presentation in electronic form to the Education Coordinator **ONE WEEK** before the start of his or her presentation.
 - d) The student should deliver an oral presentation designed to enhance the written handout.
 - e) The student should not “read” the handout, but rather should augment the information in the handout with an oral interaction.
 - f) An extensive chart review is required.
 - g) A synopsis of the chart review should be included in the handout:
 - i) Give a brief description of the patient (age, race, and gender).
 - ii) List the patient's admitting diagnosis.
 - iii) List the social history of the patient (religion, occupation, ETOH abuse?, tobacco abuse?, recreational drugs?, etc.).
 - iv) Give a concise medical history of the patient.
 - v) Give a chronological synopsis of the patient's surgical history, including dates, types of anesthetics, and known complications.
 - ⇒ Relate previous surgeries and anesthetics to the present surgery and choice of anesthesia as appropriate.
 - vi) List drug allergies and untoward effects.
 - vii) List the medications that the patient is currently taking.
 - ⇒ Include doses and times of administration.
 - ⇒ **KNOW** the method of action and pharmacokinetics of **ALL** drugs that are listed.
 - viii) List any significant (abnormal) lab values.
 - ⇒ Discuss the systems that are affected by these lab values.
 - ⇒ Discuss the anesthetic plan as it might be affected by abnormal values.
 - ix) List abnormal ECG and CXR results.
 - ⇒ Discuss pertinent consultations.
 - x) Give a brief description of the current surgical procedure.
 - xi) Provide a succinct summary of the anesthetic plan.
 - xii) List a chronology of significant intraoperative anesthetic events with times and outcomes (induction, intubation, incision, blood loss, anything worth mentioning during the course of the anesthetic, emergence,

- extubation, recovery, etc.).
- xiii) List the patient's condition:
 - ⇒ for the immediate postoperative period.
 - ⇒ status post 24 hrs.
 - ⇒ status post 48 hrs.
 - xiv) List and discuss any anesthetic or surgical complications.
 - xv) Make a transparency of the anesthetic record (intra-op) and be prepared to discuss the course of events **(keeping the pt's identity unknown)**.
 - xvi) Include a copy of this record in the handout.
 - ⇒ This record is the only piece of information that you are required to copy from the patient's chart.

- b) **Submit annotated bibliographies (summaries) reviewing three (3) articles that directly relate to the patient's medical condition or the anesthetic technique.**
 - i) The annotation should be about one single-spaced typed page for each article.
 - ii) Each reference should include the citation, a summary of the article, and discussion of the correlation between the article and your patient.
 - iii) You **should not** discuss the articles during the oral presentation.
 - c) **An electronic copy of your handout should be submitted to the Education Coordinator at least one week prior to the presentation.**
4. **Be prepared to defend your choice of therapy.**
 5. **If you are not sure about the justification in a choice of therapy, consult the other members of the team.**
 6. **The student is responsible for any physiology, pharmacology, anatomy, etc. which has a practical relationship to the patient's medical history or perioperative treatment.**
 7. **Choice of faculty mentor should meet the following criteria:**
 - **Able to personally attend the majority of your presentation**
 - **Attending anesthesiologist**
 - **Preferably the supervising anesthesiologist for the presented case, but not necessary if the above criteria are met**
 8. **Schedule a conference with your faculty mentor at least three weeks prior to the date of your presentation to clarify any questions concerning format and content.**
 9. **Be sure to limit your presentation to 30 minutes total. Be considerate of your colleague who presents on the same day.**

BE PREPARED!

Guidelines for Case Presentations

Spring Semester – ANES 470

Case Western Reserve University

1. The presentation should be approximately 40 minutes long with about 5 minutes for questions and follow up.
2. You **MUST** present a case in which you have participated, and one that is at least moderately complicated.
3. Handout:
 - a) Learning objectives for the Case Presentation **MUST** be submitted to Education Coordinator two (2) weeks prior to each conference.
 - b) The learning objectives should be printed on the cover page of the handout.
 - c) The student should submit the **final** POWERPoint presentation in electronic form to the Education Coordinator **ONE WEEK** before the start of his or her presentation
 - d) The student should deliver an oral presentation designed to enhance the written handout.
 - e) The student should not “read” the handout, but rather should augment the information in the handout with an oral interaction.
 - f) An extensive chart review is required.
 - g) A synopsis of the chart review should be included in the handout:
 - i) Give a brief description of the patient (age, race, and gender).
 - ii) List the patient's admitting diagnosis.
 - iii) List the social history of the patient (religion, occupation, ETOH abuse?, tobacco abuse?, recreational drugs?, etc.).
 - iv) Give a concise medical history of the patient.
 - v) Give a chronological synopsis of the patient's surgical history, including dates, types of anesthetics, and known complications.
 - ⇒ Relate previous surgeries and anesthetics to the present surgery and choice of anesthesia as appropriate.
 - vi) List drug allergies and untoward effects.
 - vii) List the medications that the patient is currently taking.
 - ⇒ Include doses and times of administration.
 - ⇒ **KNOW** the method of action and pharmacokinetics of **ALL** drugs that are listed.
 - viii) List any significant (abnormal) lab values.
 - ⇒ Discuss the systems that are affected by these lab values.
 - ⇒ Discuss the anesthetic plan as it might be affected by abnormal values.
 - ix) List abnormal ECG and CXR results.
 - ⇒ Discuss pertinent consultations.
 - x) Give a brief description of the current surgical procedure.
 - xi) Provide a succinct summary of the anesthetic plan.
 - xii) List a chronology of significant intraoperative anesthetic events with

times and outcomes (induction, intubation, incision, blood loss, anything worth mentioning during the course of the anesthetic, emergence, extubation, recovery, etc.).

- xiii) List the patient's condition:
 - ⇒ for the immediate postoperative period.
 - ⇒ status post 24 hrs.
 - ⇒ status post 48 hrs.
- xiv) List and discuss any anesthetic or surgical complications.
- xv) Make a transparency of the anesthetic record (intra-op) and be prepared to discuss the course of events (**keeping the pt's identity unknown**).
- xvi) Include a copy of this record in the handout.
 - ⇒ This record is the only piece of information that you are required to copy from the patient's chart.

b) Submit annotated bibliographies (summary) reviewing three (3) articles that directly relate to the patient's medical condition or the anesthetic technique.

- i) The annotation should be about one single-spaced typed page for each article.
- ii) Each reference should include the citation, a summary of the article, and discussion of the correlation between the article and your patient.
- iii) Discuss the content of each article in your presentation.

c) One (1) copy of the completed handout should be submitted to the Education Coordinator at least one week prior to the presentation.

4. **Be prepared to defend your choice of therapy.**
5. **If you are not sure about the justification in a choice of therapy, consult the other members of the team.**
6. **The student is responsible for any physiology, pharmacology, anatomy, etc. which has a practical relationship to the patient's medical history or perioperative treatment.**
7. **Choice of faculty mentor should meet the following criteria:**
 - **Able to personally attend the majority of your presentation**
 - **Attending anesthesiologist**
 - **Preferably the supervising anesthesiologist for the presented case, but not necessary if the above criteria are met**
8. **Schedule a conference with your faculty mentor at least three weeks prior to the date of your presentation to clarify any questions concerning format and content.**

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