

# Conducting Case Reviews for Facilitation of Interprofessional Team Development

## **Purpose**

It is widely recognized that evaluation and learning from events and clinical experience can be pivotal in enhancing and improving service delivery in any clinical organization. Formal Case Reviews provide a setting and materials that support the experiential learning essential for professional development. Traditional approaches involve the introduction of a systematic approach to Case Review that recognizes the influence of environmental or system factors. These typically include factors related to the client (e.g. complexity of the case), the individual practitioner (e.g. training, fatigue), and the organization(s) (e.g. practice protocols, hospital policies). Case Review can include presentation and discussion of both past and current situations. However mock scenarios that address recognized barriers to interprofessional collaboration may also be developed for the purpose of Case Review presentation within new and/or established collaborative teams.

The objectives of traditional Case Reviews include:

1. Providing educational opportunity.
2. Prevention of adverse events.
3. Quality Improvement.
4. Review and clarification of college regulations, standards, policies and guidelines.
5. Making recommendations for updating or developing clinical practice guidelines to the appropriate bodies.
6. Sharing information and experience about clinical practice.
7. Developing and revising practice protocols.

The further objectives of Case Reviews developed to combine clinical learning and the facilitation of competencies and relationships that support interprofessional teams for practicing collaborative teams include:

## **Principles**

The following principles contribute to quality case review:

1. Commitment to quality improvement, and continuing education through case review process.
2. Presenter is organized, well prepared and open to answering questions and addressing issues raised.
3. Presenter gives a clear introduction of issues.
4. Good etiquette is followed:
  - a) Minimal interruptions
  - b) Active listening of participants
  - c) A safe environment is provided
5. Clear, concise and relevant information is exchanged.
6. Current evidence, and community and college standards are applied in the discussion.
7. The specific situation and larger context are considered, keeping in mind a systems approach and trying to identify systemic issues rather than assigning blame to individuals.
8. Presenter and participants give feedback, evaluation and recommendations.
9. Appropriate documentation is carried out (see Appendix A).

**Examples of cases for review:**

- These types of cases may be appropriate for Case Review, and may also inform case planning and practice review.
  1. Significant morbidity.
  2. Maternal or perinatal mortality.
  3. Client refusal of recommendations.
  4. Client dissatisfaction with care.
  5. Cases that provide opportunity for continuing education.
  6. Cases involving unusual conditions or findings, ie: female circumcision.
  7. Cases involving interprofessional and intraprofessional conflict.

8. Cases challenging practice protocols, community, regulatory or college guidelines or policies.
9. Near misses – cases where an error occurred but no adverse event resulted.

### **Case Planning**

Practitioners may use the opportunity provided through case review to ask for ideas about the ongoing care management of an individual client, i.e. case planning. This discussion should not be recorded in the client chart.

The case review setting is not appropriate for mandatory discussion, consultation and transfer of care requirements.

### **Presentation of the Case**

The presenter should be well organized with clear notes describing pertinent details. If presenting an actual case, all relevant records should be present for the presenter to refer to if necessary. During the presentation, omit the client's name to protect the client's identity (see Personal Health Information Act Bill 64). The presenter then proceeds to state the pertinent history and events of the case or situation. Participants of the case review then discuss the substantive issues and elements of the case, including application of relevant community and college standards and practice and hospital protocols. The group then makes recommendations regarding the case. When the case review involves an actual case it is confidential. A breach of confidentiality is considered professional misconduct.

A sample case is provided as Appendix A.

### **Documentation**

For the purpose of professional development each presentation should be documented as follows:

- Date
- Names of those in attendance
- Length of case presentation
- Recommendations

See appendix B.

**Appendix A****Sample Case**

- A G5 P4 presented to the birthing unit in labour accompanied by her partner
- She reported to the nurse that her contractions had begun 4 hours earlier, that she thought her membranes ruptured during the commute to the hospital and that she was at term
- She was taken to a LBR room by the nurse
- Antenatals were retrieved which confirmed a term pregnancy
- It was quickly apparent that the woman was advancing rapidly in labour and contractions were 2 min apart
- The on call midwife was notified of the woman's arrival

**Appendix B****CASE REVIEW DETAILS****NAMES OF THOSE IN ATTENDANCE:**

<b>OBS</b>	<b>Midwifery</b>	<b>Family Physicians</b>	<b>Nursing</b>	<b>Other</b>

**NUMBER OF CASES REVIEWED:**

1. AMOUNT OF TIME SPENT: \_\_\_ HR \_\_\_ MIN
2. AMOUNT OF TIME SPENT: \_\_\_ HR \_\_\_ MIN
3. AMOUNT OF TIME SPENT: \_\_\_ HR \_\_\_ MIN
4. AMOUNT OF TIME SPENT: \_\_\_ HR \_\_\_ MIN
5. AMOUNT OF TIME SPENT: \_\_\_ HR \_\_\_ MIN

**CHANGES RESULTING FROM CASE REVIEW:**

**TO POLICY:**

**TO PROTOCOL:**

**TO CALL SCHEDULE:**

**OTHER (Please describe what and which changes)**