Proposal for adjustments to daily U-M Pathology consensus conference

16 March 2011

OBJECTIVES:
1. Increased faculty participation and case presentation
2. Diagnostic “value-added” input from broad range of faculty
3. Solidification/formalization of consensus conference as part of QA/OPPE activities for accreditation purposes
4. Resident and faculty education

PROPOSED ACTIONS:
1. Begin organized format with conference recorder (currently Laurie Quay)
2. All services required to bring at least one case to consensus conference daily, including 1) all cases in which there is major diagnostic discordance* between permanent and frozen section diagnoses, 2) transfer cases in which there is major diagnostic discordance with the outside interpretation, 3) UMHS cases sent for outside review in which there is major diagnostic discordance between our original diagnosis and the diagnosis made elsewhere.
3. Fellow on Room I rotation to drive microscope
4. Formal record-keeping by conference recorder using attendance/opinion sheet with formalized language (see attachment)
   a. Agree/consensus
   b. Disagree/no consensus
   c. Further review
5. Laurie Quay manages attendance/opinion sheet, records information, and readies room for conference daily; data from case review is entered in spreadsheet kept by Laurie
6. To keep conference momentum, in cases without consensus, with further pending studies, or when individual interest prompts it, faculty members may review cases further (“further review”)
7. Apply for certification of conference as MOC Part IV activity for American Board of Path

*major diagnostic discordance is any change in diagnosis likely to significantly impact patient management or outcome