

Implementation of a “Cases and Conundrums” Conference Among Early Career Internal Medicine Clinicians

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THE INNOVATION

Isolation among primary care clinicians impacts diagnostic accuracy, clinical confidence, and joy in work. In residency training programs, formal case conferences are foundational to the collaborative learning experience; however, in modern outpatient practice, informal discussions of challenging cases in the hospital physician’s lounge or clinic lunchroom have often disappeared due to time pressures. To rediscover the power of collaboration within our practice, we developed a structured, “Cases and Conundrums” conference where early career internal medicine clinicians could socialize, share food, and crowdsource ideas on management of clinical conundrums faced in everyday practice.

WHO & WHERE

Mayo Clinic’s division of Community Internal Medicine (CIM) delivers comprehensive primary care across 4 clinics located in Rochester, Minn. Two early career internal medicine physicians (J.C.M., S.B.), recognized a shared need for a reliable forum to review challenging cases and seek input on difficult clinical decision-making scenarios. The food budget was provided through an internal “Joy in Work” grant. For the first month of the program, the biweekly sessions were held in person, but due to the COVID-19 pandemic were converted to a virtual format.

HOW

The organizers intentionally sought to keep the tone and dialog of the conference informal to promote participation and psychological safety. The conference followed a consistent structure with the first 10 minutes allowing participants to eat and socialize; life updates and interests outside of work were shared. The next 10 minutes allowed for prior patient case

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updates, wherein the presenter of the previous case could again ask for input if desired. New cases were then solicited. Given the time demands on primary care clinicians, no formal preparation was asked of the presenter and the electronic health record (EHR) was shared to review relevant clinical data, medical history, or radiology or dermatology images. The presenter then asked a focused question and the group provided input. Before going to the next case, key learning points and clinical pearls were confirmed and summarized by the group.

Keys to a successful launch of this program included support from clinic leadership, a dedicated group leader with administrative support to coordinate electronic calendar invites, and a modest budget for desirable lunch options. Determining a mutually acceptable time for the majority of interested participants was an important early challenge. Promotion and e-mail reminders of the conference were also helpful in gaining early engagement. Word of mouth around the value the conference provided to attendees proved most important in sustaining engagement.

LEARNING

Of the 34 early career clinicians invited to participate, including 22 physicians, and 12 advanced practice providers (APPs), 25 participated in the conference (18 physicians and 7 APPs). An average of 2.8 cases were discussed per session and 3.2 learning points confirmed for each case. Assessment of joy in work was conducted before initiation of the conference in January 2020 ($n = 16$), and after completion of the first year in December 2020 ($n = 14$). Among participants, sense of belonging improved by 25 points (pre: 62.4/100, post: 87.5/100; $P = 0.008$) and enthusiasm to work in CIM improved by 18 points on a 100-point scale (pre: 67.2/100, post: 85.3/100; $P = 0.004$). Non-statistically significant improvements occurred in overall quality of life scores, burnout scores, and meaning in work. All (100%) of respondents on the post survey were very likely to continue participating in the conference.

A cases and conundrums conference may be an effective intervention for building community among early career clinicians while improving patient care. Coupling the development of relationships with case-based learning appears to provide durable value to participants. Further evaluations of long-term associations with joy in work, diagnostic outcomes, and sustainability are needed to confirm the role of this intervention in improving primary care practice.

Supplemental material is available at <https://www.AnnFamMed.org/lookup/suppl/doi:10.1370/afm.2743/-/DC1>