

Curricular Innovation

'Medical Examiner's Jurisdiction: A Vignette Based Approach to Resident Education'

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Problem: On review of Medical Examiner referrals to the Pathology Department, it was determined that Pathology Residents had difficulty making determinations as to what types of cases fall under Medical Examiner's jurisdiction. Medical Examiner's jurisdiction is defined by statutes laid out by the government of North Carolina. Failure to make an appropriate determination can result in accidental release of decedents, delay of release to funeral homes and/or delay in examinations which can lead to undue stress on their loved ones.

Program Objectives: Develop a new vignette based educational program for the most commonly referred cases for which residents had difficulty in making appropriate determinations.

Description of Program: A written guide was developed based off the 9 most commonly referred case types which resulted in errors. Each referral type had a base vignette with decision trees to determine the appropriate types of information needed to make a determination about jurisdiction. Each decision tree was then summarized with the ultimate determination of which cases should be accepted under the Medical Examiner's jurisdiction. Other commonly experienced problems were also integrated into the vignettes as reference materials.

Evaluation/Assessment: All 18 pathology residents underwent a written 5 question, multiple choice pre-test prior to the guide being made available to them. The questions were based off scenarios similar to those posed in the vignettes. After all residents had responded, a post-test with the same questions was administered but with the guide as a reference. The correct answers to the tests and individual scores were not made available until after all residents had completed the post-test. The post-test scores showed no statistically significant improvement in correct answer choices (likely due to small sample size). Anecdotal evidence has shown an improvement in information gathering and documentation in resident referrals as well as question content at the weekly resident call conference. Some particular referrals do still cause significant problems for some residents. The referral system

does not allow for tracking of cases which have jurisdiction decisions 'changed' by their attending physician.

Conclusions and Lessons Learned: This approach has improved resident decision making and comfort with determining medical examiner's jurisdiction. Challenges included identifying appropriate case materials and developing a useful but quick reference guide.