

**University of Oklahoma College of Medicine
Office of Continuing Professional Development**

**2021-2022 Session Reporting Form
Case-based Conference**

Instructions: This form must be completed after/during each case-based session and returned to the CPD Office.

Deadline: Two (2) weeks from the date of the session.

CME Course ID #: _____ **Session #:** _____ **Date of Session:** _____

Presenter(s) / Facilitator: _____

Number of Cases/Patients: _____

Goals of the pediatric cardiothoracic surgery case-based conference are to address that: (1) The needs of the patient are understood, (2) the needs of the patient are being met, (3) a long-term care plan is developed, and (4) adequate communication with the patient or their care-provider is being performed.

1. Identify the type of case(s) or patient(s) that were presented (check all that apply and/or add cases not listed):

Types of Surgery

- Atrial Septal Defect (ASD) repair
- Coarctation of the aorta repair
- Congenital heart surgery
- Hypoplastic left heart repair
- Patent ductus arteriosus ligation
- Tetralogy of Fallot repair
- Total anomalous pulmonary artery correction
- Transposition of great vessels repair
- Tricuspid atresia repair
- Truncus arteriosus repair
- Ventricular Septal Defect (VSD) repair
- _____
- _____
- _____
- _____
- _____
- _____

Treatment & Procedures

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

2. Identify the type of case(s) or patient(s) that were presented (check all that apply):

- Assessment & Analysis
- Background
- History: Family
- History: Past Medical
- History: Present Illness
- History: Social
- Imaging
- Laboratory
- Literature Review
- Medication
- Pathology
- Question-and-Answer
- Recommendations
- Situation
- Other: _____

3. List additional resources/materials used/reviewed (if applicable):

4. Summarize the key teaching points discussed at the end of the case:

5. Nature of the Group Discussion:

- General Consensus
- Mild Disagreement
- Strong Opinions with Differing Views
- No Discussion

6. Did the moderator provide discussion to cover the remaining time?

- Yes
- No
- Not Needed

Name (Please Print)

Signature

Date (MM/DD/YYYY)