

# ANESTHESIOLOGY® 2020 Call for PBLDs

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*Chair, Committee on Problem-Based Learning Discussions*

## **The Committee on Problem-Based Learning Discussions invites submissions for the ANESTHESIOLOGY 2020 Problem-Based Learning Discussions (PBLDs) program planned for Washington, D.C.**

In Orlando this past October, 103 unique cases were scheduled for two presentations, and nearly all sessions sold out. Each case was presented twice to maximize the opportunity for attendees to participate. There was lively debate and discussion at the tables. All PBLDs were scheduled over a one-hour period with a maximum of 11 participants and a moderator. For 2020, the committee will again continue the open-call process for PBLD case submissions. Submissions in each of the meeting tracks are being solicited, including ambulatory anesthesia, cardiac anesthesia, critical care medicine, fundamentals of anesthesia, geriatric anesthesia, neuroanesthesia, obstetric anesthesia, pain medicine, pediatric anesthesia, perioperative medicine, regional anesthesia and professional issues. Submitted cases should only have one moderator, who must be at the faculty or attending level. For the past seven years, fellows have been allowed to submit cases together with an attending. We will again provide this opportunity for fellows. At the time of the presentation, both attendings need to be present to moderate the PBLD.

PBLD authors often ask why a particular case was not selected and how to improve his or her presentation. In order to increase transparency and improve the success in getting cases accepted, members of the PBLD committee have presented sessions on preparing, submitting and moderating a PBLD at recent ANESTHESIOLOGY meetings, including this year's meeting in Orlando. In addition, for the past eight years, there have been PBLD offerings on how to write and moderate a PBLD.



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An ideal PBLD case presents an interesting hypothetical patient, has a teaching point and includes controversies or a conflict in management. The case should be relevant to current clinical practice and require that dilemmas be solved, and decisions made. The case asks open-ended questions and, as in clinical practice, unfolds gradually with new information. The questions should be interspersed and not be asked at the end of the case. A common approach is to have multiple iterations of one or two descriptive sentences of the case followed by a few questions. It is best to avoid questions where answers could be given without reading the case. The discussion section should not be in the form of an outline; it should reveal some scholarship and not answer question by question. It is better for participants to have to go over the entire discussion and extract the information. You can think of the discussion as a short review article, with the references numbered in the text and entered at the end. For the past several years, the PBLD committee has noticed that many excellent PBLDs included figures, tables and diagrams that were copyrighted. It is imperative that discussions do not contain copyright material. PBLDs with copyrighted material will be automatically rejected. The committee prefers the use of graphics designed by the authors. If original figures, tables or diagrams are utilized, permission needs to be obtained from the publisher and not from the authors.

A good way to start choosing a topic is to identify current debates in your particular field. Find a topic that is interesting, relevant and presents a clinical dilemma. The case should evaluate and treat a patient in a challenging situation. Good cases allow for many different techniques to be discussed. Important rules to follow when writing a PBLD are to avoid following your own recipe, as it may not be the best or the only way, and to avoid writing something that may not be perceived as safe or best practice. It is imperative that authors provide current information (e.g., ACC/AHA guidelines, ACLS guidelines) and provide generic drugs with accepted doses.

Although it is fine to start with your own experiences, the case should be hypothetical. A PBLD is not about how you took care of an interesting patient. A fictitious amalgam of several cases with more than one possible solution presents an ideal case. Extremely rare or unusual cases, with limited management options, are more ideally suited to the Medically Challenging Cases section of the meeting. A medically challenging case describes an uncommon disease or a complicated patient and how you managed the case. Unique cases should also be considered for publication review.



All cases undergo review by multiple committee members and are selected for their relevance, content, scholarship and adherence to the guidelines and instructions posted on the ASA website and included here. It is important not to choose a common dilemma, as cases are divided by subspecialty to ensure quality and breadth of cases. Each of the tracks requires enough cases, and they can't all be the same topic. At the same time, it is also important not to present a case that is too esoteric. Common reasons for rejection include unique cases and those with limited management options. Other common reasons for rejection include the presence of typos, grammatical errors and factual errors, or HIPAA violations such as patient initials or health center information. Unlike a publication for review, the reviewers do not have the opportunity to write comments back and forth with the authors. Hence, PBLDs that require more than minor edits are likely to be rejected. Authors are strongly encouraged to check for typos and grammar and to have a colleague review the case.

The best cases for submission are provocative or controversial and offer more than one plausible approach or strategy. Multiple decision points or controversies should be a prominent feature. At the PBLD sessions, which include groups of about 11 discussants, emphasis is placed on an interactive, team-based discussion rather than a lecture by the moderator. The moderator starts the session by presenting the case with clear objectives and creates an atmosphere for participants to work together to find solutions. In addition, the moderator provides feedback to the group and guides participants through discussion and decision-making as the case unfolds. Moderators should be prepared to facilitate discussion among attendees, and audiovisual equipment is not allowed. All cases must be submitted online in the annual meeting section of the ASA website at [www.goanesthesiology.org](http://www.goanesthesiology.org). The link to the site opens **December 16, 2019** and closes **February 10, 2020**.