

Introduction

I recently completed twenty-six years of surgical practice at a major metropolitan medical center with an international reputation and easy freeway access to recreational areas.

I sat in our hospital coffee shop in a reflective mood sipping my coffee. The new chief resident came over to chat. This is how it is on the American West Coast - "chatting" with the attending surgeon. It was a far different state of affairs in the mid-nineteen seventies on the East Coast. The closest thing to a "chat" I ever had with any surgical attending was a perfunctory bow in the hallway - but that is for another book.

That resident and I discussed many things about the upcoming year. We focused on what he had learned in the past four years and how he was about to apply it to this year. For this would be "his" year - the crowning achievement of four years of hard work - a year of refinement of skills and of honing that razor-sharp surgical mind.

What advice could I give him? What could I share with him? (The West Coast is also big on "sharing." As near as I can figure it "sharing" is just like "chatting," only longer).

I began listing several important pieces of advice for him. It struck me that all of the advice was rather practical, maybe even mundane. The advice involved the day-to-day functioning of a busy surgical service and practice. We talked less about the physiology of septic shock than about the machinations of the radiology department. We spoke briefly about the technical aspects of pancreatic resections, but endlessly about diagnostic restraint. I mentioned some issues of breast disease. I also discussed the absolute futility of trying to control the surgical day.

Essentially, we discussed the practical laws of daily surgical life as opposed to the theoretical and technical aspects of that life. As the conversation progressed, I started to list these practical lessons I had learned over the course of my own career.

It became clear to me that most of this practical knowledge had been analyzed during discussions at our morbidity and mortality conference. But our conference, as with such conferences throughout the country had no mechanism for recording, memorializing and distributing this valuable information - information one cannot find in standard surgical texts.

The M & M Matrix Program was born.*

Since that discussion, our morbidity and mortality conference has been reconfigured, redefined and re-invented via the M+M Matrix. The Matrix concept generates a weekly error and complication-reducing curriculum from the points made at the traditional surgical morbidity and mortality conference. The lessons of the morbidity and mortality conference became lessons in patient safety.

Such a patient safety effort had never been done in this manner in the history of organized surgical education. The public demands patient safety. Surgical educators are obligated to create a culture of patient safety at the inception of surgical education. At its best the surgical morbidity and mortality conference is a patient safety conference. At worst it is a useless exercise in shame and blame that has probably

* Gordon LA. Can Cedars-Sinai's M+M Matrix Save Surgical Education? *Bulletin of the American College of Surgeons* 2004; 89(6): 16-20.

driven thousands of eager fourth year students away from this great discipline.

To change the culture of a conference, the first place to start is with its name. There should be no more morbidity and mortality conferences. There should only be Matrix Conferences - conferences that take the lessons of an error or a complication and construct a curriculum of safety around them. These are the lessons that comprise this book.

Except for Matrix Lesson #1, the lessons in this book are not listed in any particular order of importance or preference. The lessons mirror the surgical day - sporadic, uneven, random and impossible to organize. Although most of the Matrix Lessons are surgically oriented, they have applicability to all areas of medicine.

The lessons discussed govern the nuts and bolts of medical practice. They have been tested and are quite functional. True to surgical form, they are personal and opinionated.

Read these Matrix Lessons. Use them as you see fit. Above all, enjoy them!

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