Diagnosis & Error v04.18.2013/KroheRitterSessums/WRBethesda

Step1. Assessment of Confidence and Self-Reflection
How Confident am I in this diagnosis? (or Why am I confident?)
How Clear and unbiased is my thinking? (Check list of biases)

Step2. If confident, still consider that you might be wrong (or prematurely stopping thought) and ask:
What else could it be? (At least common, dangerous and exotic (CDE) alternatives)
Broaden DDx w/support tools, e.g., John Ely's Cklist http://pie.med.utoronto.ca/DC/index.htm
Why does this patient-problem exist? Think systematically such as VITAMINC CD (on reverse).

Step3. If not confident, label the problem as Not Yet Diagnosed (NYD). Then:
Take a time out to intentionally analyze and document using this SOAP format:
Subj1: **Listen again to the patient** – Get the worst or first symptom and complete history.
Subj2: **Recruit patient's help:** Ask directly what (s)he thinks is wrong.
Obj1: **Refresh your ROS&PE.** Focus on symptoms and the problem list**.**
Obj2: **Review all lab and radiology studies** (recent & past), esp for changes
Asst1: **Refresh & prioritize a complete problem list.** Verify DXs from the PMH
Asst2: **Reflect systematically WHY each new problem exists (at least CDE)**
(Always consider meds/iatrogenesis and affective dx)
Asst3: **Propose multiple etiologies when Occam's razor does not fit.**
Pers1: **What's YOUR perspective? Check your biases/emotions (and listen to gut)**.
Pers2: **Ask colleagues to help.** Set up a "diagnostic huddle"
Can you wait to diagnose? If so, consider diagnostic testing to rule out can't-miss diagnoses, with awareness of test characteristics including sensitivity, specificity. If not, treat and think.

Step 4: AFTER a diagnosis (or a NYD label)
GET FEEDBACK: ***Call /revisit/invite patient to*** reassess, identify any overlooked issues.
Set up and USE a **system** to verify that test/ referral data were received /acted upon**.**
If your diagnosis was WRONG (studies suggest 15% error for IM cases), ask:

1. **WHY?** (missed data, incomplete HPE , rare disease, unusual presentation, etc).
   Did disease pace outrun the diagnostic pace?
2. **How clear was your thinking.** Review biases and limitations (time, pace)
3. **Keep a running list of your errors, successes & surprises.**
   Read /review periodically about often confounding, missed or rare foes.

Heuristics/ThinkingPatterns to consider :
Anchoring/Premature Closure: Too early choice of Dx/stopped thinking; Could I be wrong?
Blind obedience/Diagnostic momentum: over-trusting a prepackaged dx; was that info reliable?
Availability: Swayed by recent or memorable case of easy recall?
Visceral/Emotional: feelings toward patient. How would I treat my parent?
Representativeness: Hearing hoof beats is more likely horse than zebra.
Framing: Overemphasizing certain selected features or outcome; try to change perspective
Confirmation: actively selecting and seeking confirming> refuting evidence. Take the opp side.

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