Diagnostic error (Part 5) – learning and teaching about diagnostic error

With Dr Mark Graber, leader in the field of patient safety, and Dr Owen Bradfield, lawyer, doctor and Senior Claims Manager for Avant

Introduction
This is Part 5 of a series of 5 podcasts on diagnostic error. Diagnosis is important to both patient and doctor. Diagnostic error accounts for 10% of medicolegal claims and 25% of the cost of medicolegal claims made through Avant Insurance. What can we do to minimise these errors?

1. How do most junior doctors learn about clinical decision-making?
   - Mentorship or Apprenticeship model
     - Learning by watching how senior clinicians:
       ▪ Interact with patients
       ▪ Formulate impressions
       ▪ Arrive at diagnoses
     - Similar method used worldwide
     - Generally works well – data show that the correct diagnosis is made 90% of the time

2. How can we improve the accuracy of diagnosis?
   - Medical student teaching of the factors contributing to making a diagnosis
     - Awareness and understanding of cognitive biases
     - How the complexity of the medical system can contribute to diagnostic error
     - If practitioners are aware of how errors arise, they may be able to prevent or at least minimise the associated harm
     - Teaching of these ideas does not require a great deal of medical knowledge and could be taught early in medical school
   - Inter-professional training at the medical student level
   - Medical student teaching of specific communication strategies
     - Not taking “good communication skills” for granted
     - Common feedback that patients feel that their doctor does not listen to them
   - Within the Apprenticeship model, senior clinicians can facilitate junior doctor education by speaking aloud their thought processes when arriving at a diagnosis
     - Makes tangible to the junior doctor what usually happens intuitively for the senior clinician
     - Makes conscious a process that usually happens subconsciously and therefore can help reveal cognitive biases
     - Can also be beneficial for patient understanding

3. Importance of experience
   - To be able to construct a skillful differential diagnosis, students and junior doctors need to see many patients – they need to see both classical and unusual presentations
   - Confidence can exceed experience – a potentially dangerous situation
     - Often seen amongst junior doctors who become more assured in their diagnostic skills but have not yet seen an adequate diversity of cases to justify that confidence
   - Simulation
     - Allows us to generate a large range of cases that would otherwise take much longer to come by
     - Facilitates trainees to attain a comfortable level of experience more rapidly
4. Avant’s initiative to help junior doctors understand diagnostic error
   - Claims Coding Project
     o Gathers and analyses data from the Avant portfolio of claims, including diagnostic error claims
     o Aims to identify the types of errors made and the underlying causes
     o Once trends have been identified Avant, will be able to provide targeted education

Take Home Message
   - Learning how diagnostic errors arise will produce better doctors