

Reducing Diagnostic Error | Physicians, PAs, and NPs

Ten Things I Could Do Tomorrow

Background

Diagnosis is the first step in addressing any new patient complaint or concern, and typically the diagnostic process is completed efficiently and accurately. Diagnostic errors, when they occur, derive from the complexity of the diagnostic process itself — from minor flaws in our health care systems, and from the inherent limitations of clinical reasoning.

Although we now have a basic understanding of how diagnostic errors arise, we know very little about how to prevent them. A wide range of interventions have been proposed, but very few have been formally evaluated.¹⁻⁷ Until the science of error prevention catches up with the need that exists, the best we can do is adopt common-sense steps that address the most common and important factors known to contribute to diagnostic error and harm. The list that follows presents initial suggestions, acknowledging that diagnosis involves not just the patient and the physician, but other members of the health care team and the practice environment.

1. Be reflective. Take a diagnostic ‘time out.’
2. Listen to your patients and their caregivers.
3. Learn the causes of diagnostic error and how to avoid pitfalls.
4. Don’t trust your intuition — always construct a differential diagnosis.
5. Take advantage of second opinions.
6. Use diagnosis-specific decision support resources: DXplain, Isabel, VisualDx, or simple checklists.
7. Make the patient your partner in diagnosis. Ensure he or she knows how to get back to you if symptoms change or persist.
8. Ensure all ordered diagnostic tests and consults are completed.
9. Speak directly with the staff providing you with diagnostic test results (radiologists, pathologists, and clinical pathologists). If you aren’t sure of the most appropriate diagnostic strategy, ask or use online test-ordering advice.
10. Empower your colleagues to let you know if they become aware that a diagnosis you made has changed. Learn from your own diagnostic errors, and others discussed at M&M conferences. Read the online AHRQ Web M&Ms.

References

- 1 Graber M, Kissam S, Payne V, Meyer A, Sorensen A, Lenfestey N, et al. Cognitive interventions to reduce diagnostic error: A narrative review. *BMJ Quality and Safety*. 2012;21:535-57.
- 2 Graber ML. Reducing diagnostic error in medicine — There’s a job for everyone. *NPSF Focus on Patient Safety*. 2009;12(2): 6-7.
- 3 Singh H, Graber M, Kissam S, et al. System-related interventions to reduce diagnostic errors: A narrative review. *BMJ Quality and Safety*. 2012;21:160-70.
- 4 McDonald K, Matesic B, Contopoulos-Iannidis D, Lonhart J, Schmidt E, Pineda N, et al. Patient Safety Strategies Targeted at Diagnostic Errors — A Systematic Review. *Ann Int Med*. 2013;158(5):381-9.
- 5 Croskerry P, Singhal G, Mamede S. Cognitive debiasing 2: impediments to and strategies for change. *BMJ Quality and Safety*. 2013;22ii:65-72.
- 6 Croskerry P, Singhal G, Mamede S. Cognitive debiasing 1: Origins of bias and theory of debiasing. *BMJ Quality and Safety*. 2013;22 Suppl 2:ii58-64.
- 7 Mamede S, Schmidt HG, Rikers R. Diagnostic errors and reflective practice in medicine. *J Eval Clin Pract*. 2007;13(1):138-45.