

**Common Cognitive Biases: A Primer**  
*CORD Academic Assembly 2019*

<b>Cognitive Bias</b>	<b>Description</b>	<b>Clinical Example</b>
<b>Availability bias</b>	The likelihood of an event is judged based on the ease of mental retrieval.	A recent/vivid image of your last patient with a headache who ultimately had a diagnosis of subarachnoid hemorrhage may <b>prompt</b> you to think of this diagnosis in your next patient with headache (despite low true base rate).
<b>Anchoring</b>	Specific features of a patient's initial presentation are fixated or "anchored" on, with a failure to adjust with new information.	It is the middle of gastroenteritis season in the ED and your patient tells you that they have vomiting and a sick contact with a "virus". You <b>anchor</b> to this feature of the history, failing to adjust your impression upon hearing that they have not had diarrhea.
<b>Diagnosis momentum</b>	A diagnosis is passed on and becomes established without adequate evidence, suppressing further thinking.	The patient is <b>labeled and passed on</b> as having "a GI bug" when care is signed out to you, preventing you from considering and investigating alternatives such as DKA or increased ICP.
<b>Search satisfying</b>	The search is called off once something has been found.	A groggy young adult who reported "taking pills" is <b>found</b> to have an increased anion gap and elevated ASA level. Treatment is initiated, without checking blood alcohol levels and identifying co-ingestions.
<b>Ascertainment bias</b>	Thinking is shaped by what one expects or hopes to find.	If your patient has been previously identified to you as a "frequent flier" to the emergency room, you may be more <b>dismissive</b> of their complaints as being attention-seeking, rather than considering new/serious pathology.

**Twelve Tips**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>Recognize heuristics</b></li> <li>• Use "diagnostic timeouts"</li> <li>• Worst Case Scenario, Most Common Scenario</li> <li>• <b>Ask Why</b></li> <li>• Thorough history and physical exam</li> <li>• Use a systematic approach to common problems</li> </ul> | <ul style="list-style-type: none"> <li>• Consider Bayesian theory or the use of base rates</li> <li>• Acknowledge how the patient makes you feel</li> <li>• <b>Ask: "What doesn't fit? What can't we explain?"</b></li> <li>• Know when to Slow Down</li> <li>• <b>Admit one's own mistakes: reflect and discuss</b></li> </ul> |
|---|---|