

Common Cognitive Biases: A Primer

CORD Academic Assembly 2020

Cognitive Bias	Description	Clinical Example
Availability bias	The likelihood of an event is judged based on the ease of mental retrieval.	Memory of your last patient with a headache who ultimately had a diagnosis of subarachnoid hemorrhage may prompt you to think of this diagnosis in your next patient with headache.
Anchoring	Specific features of a patient's initial presentation are fixated or "anchored" on, with a failure to adjust with new information.	It is influenza season in the ED and your patient tells you that they have myalgias, sick contacts and did not get a flu shot. You anchor to this feature of the history, failing to adjust your impression upon hearing they have severe headache and neck stiffness.
Diagnosis momentum	A diagnosis is passed on and becomes established without adequate evidence, suppressing further thinking.	A vomiting patient is labeled and passed on 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.
Search satisfying	The search is called off once something has been found.	A young adult is altered and smells of alcohol on a Saturday night. Plan is made to let patient "sleep it off" without considering co-ingestion. Many hours later, pt is found to have increased anion gap and elevated ASA level.
Ascertainment bias	Thinking is shaped by what one expects or hopes to find.	If your patient has been previously identified to you as a "difficult" or "frequent visitor" to the emergency room, you may be more dismissive of their complaints.

Twelve Tips

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

(1) Croskerry, P. (2002). *Achieving Quality in Clinical Decision Making: Cognitive Strategies and Detection of*