Cognitive Autopsy

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Report Card

• ED physicians are accurate, could do better
  – 98% ortho/83% surgery/78% medicine
• Misdiagnosis assoc with bad outcomes
  – 30% discrepancy btn diagnosis and post-mortem
  – Canada 50% closed malpractice due to misdiagnosis
• Accurate diagnosis cornerstone of efficient ED
“ED is a laboratory for errors”
Croskerry 2009
Type 1 vs Type 2 Thinking

Fig 1 – The deterministic model

- History taking
  - Physical examination
  - Investigations
    - Diagnosis
    - Treatment

Fig 2 – The tactical performance model

- b) The tactical performance model
  - Immediate treatment
  - Monitoring
  - Unstable patient
    - Stable patient
      - Disposal
  - Physical examination
  - Problem Orientated History Taking
• Why not more Type 1 thinking?
  – ED grind to a halt
• Type 2, 30 types, heuristics
• metacognitive psychology suggest dual-process thinking is ideal i.e. cognitive autopsy
How do I think?

**Individual**
- Resuscitation
- Likely diagnosis
- ROWCS
- Rate limiting step?
- Try to document
- Assess data
  - More testing?
  - Home or admit?
  - Remember cognitive autopsy!

**Departmental**
- Is my department safe?
- Any staff sick, what are my resources vs demands
- Free beds, disposition ASAP
- Bottlenecks
- KPI!!!
- CQI
thankyou