

Cognitive Bias	Description	Recall Questions
Anchoring	Locking onto salient features in a patient's initial presentation too early in the diagnostic process; failing to adjust this impression in the light of later information	<ul style="list-style-type: none"> • Tell me how you came to this diagnosis. • How did you incorporate (<i>insert additional data trainee may have disregarded</i>) into your decision-making?
Ascertainment bias	Physician's thinking is shaped by prior expectation; stereotyping	<ul style="list-style-type: none"> • As physicians, we sometimes let prior experiences influence our thinking in one direction – do you think that might have happened here? • Do you think this patient is susceptible to stereotyping? Why?
Availability	Judging things as being more likely if they come readily to mind	<ul style="list-style-type: none"> • Why did you think this diagnosis was more likely than others? • Were there other diagnoses you considered that would be more likely epidemiologically?
Blind obedience	Excessive deference to authority or over-reliance on technology	<ul style="list-style-type: none"> • I understand (<i>insert service/name</i>) thought this was the most likely diagnosis. Did you think so also? Why? • How accurate is this (<i>test/diagnostic modality</i>)?
Confirmation bias	Looking for evidence to support a diagnosis, rather than for evidence to refute it, despite the latter often being more persuasive and definitive	<ul style="list-style-type: none"> • Were there available data that would have pointed you in a different direction or argue against the diagnosis you made? • How did you interpret all of these available data points?
Diagnostic momentum	Once diagnostic labels are attached to patients, they tend to become stickier and stickier.	<ul style="list-style-type: none"> • Do you think the patient has diagnosis (<i>insert potential wrong diagnosis</i>)? What data support or negate such a diagnosis?
Framing effect	How physicians see things may be strongly influenced by the way the problem is framed.	<ul style="list-style-type: none"> • Was there a way the case was presented to you that led you to the diagnosis? • If (<i>insert parts of case that led to framing effect</i>) weren't present, would you have come to the same conclusion?
Fundamental attribution error	Judging and blaming patients for their illness, rather than examining the circumstances that might be responsible. *Psychiatric patients, minorities, and other marginalized groups particularly at risk	<ul style="list-style-type: none"> • Are there other factors that contributed to the patient's ongoing difficulties? Social factors? Healthcare system issues? Physician decisions?
Gambler's fallacy	Believing that the pretest probability a patient will have a particular diagnosis is influenced by preceding, but independent events	<ul style="list-style-type: none"> • What aspects of this patient's case led you to this diagnosis? Do you think these are related to his/her current presentation? If you did not have that information, would you have come to a different conclusion?
Hindsight bias	Knowing the outcome may profoundly influence the perception of patient events and prevent a realistic appraisal of what actually occurred.	<ul style="list-style-type: none"> • If you had not known that (<i>insert outcome</i>) occurred, would you have come to the same conclusion?
Overconfidence bias	Believing we know more than we do	<ul style="list-style-type: none"> • Do you feel like you have a good grasp on what you might not know about (<i>insert diagnosis</i>)? • Did you have any uncertainty that might have led you to ask for help?
Premature closure	Stopping the decision-making process and accepting a diagnosis before it has been fully verified	<ul style="list-style-type: none"> • Is it possible that you made the diagnosis before having available or processing all of the needed information?

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Cognitive Bias: The 3 R's

Steps for Trainee Reflection:

Recall

- Trainee thinks through process that led them to diagnosis

Recognize

- Attending assists trainee in recognizing possible bias in reasoning

Revisit

- Attending and trainee develop at least one strategy to mitigate bias in future similar case