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Primary Health Care  
<http://www.bristol.ac.uk/primaryhealthcare>



## Teaching Newsletter

Canyngge Hall, 39 Whatley Rd, BS8 2PS Tel 0117 33 14546 Fax 0117 928 7325  
[phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)



### Dates for your diary—Teaching Workshops for 2014-15

Workshops for Years 1-5 will be at the Engineers' Hse, Clifton, Bristol. To book please email [phc-teaching@bristol.ac.uk](mailto:phc-teaching@bristol.ac.uk)

The **Year 1 workshop** has a focus on teaching reflection and self care. You can still book a place.

For the **Year 3 workshop** we have invited pathologists and an orthopaedic surgeon. Shoulder examination, teaching basic skills to second years and more. Don't miss the day.

**Year 1** 9<sup>th</sup> September  
**Year 2&3** 7<sup>th</sup> October  
**Year 4** 4<sup>th</sup> November  
**Year 5** 2<sup>nd</sup> December  
**ST** June 2015

Please note the date for the Year 4 workshop has been changed to the 4th November



The following could provide a useful angle for a discussion with your students on diagnosis making or a novel perspective for some SEAs.

### A look at **cognitive errors** and how to manage them by Prof. Alastair Hay

Based on the ideas from a book by Jerome Groopman 'How doctors think'

Groopman has identified some distinct cognitive errors. There are strategies for guarding against them or managing them better. "This approach can be used if a patient's symptoms are taking an unexpected trajectory or not responding to treatment as expected."

**Miscommunication** – an important symptom, physical exam. sign or investigation was overlooked

#### Strategy

- Ask the patient to retell their symptoms, starting from the beginning using their own words
- Reconsider your differential diagnosis
- Ask the patient about their ideas about the diagnosis (e.g. from the internet, family or friends)
- Re-examine the patient
- Carefully review all previous investigation results, checking the right one/s were done (e.g. CT scan *with* contrast)
- Consider two conditions co-presenting or existing, particularly if they are both common problems (e.g. acid reflux *and* angina causing chest pain). NB this is not common and according to the principle of Okham's razor – one diagnosis should usually be sought to explain a patient's symptoms
- Be prepared to admit your uncertainty and ask a colleague for a second opinion or refer to another specialist
- Consider the patient has not understood or cannot follow medication advice
- Remember that not all patients respond to medication in the same way – try a different approach
- Take some extra time to think about the patient's presentation

Next month '**attribution**' and '**availability**' errors