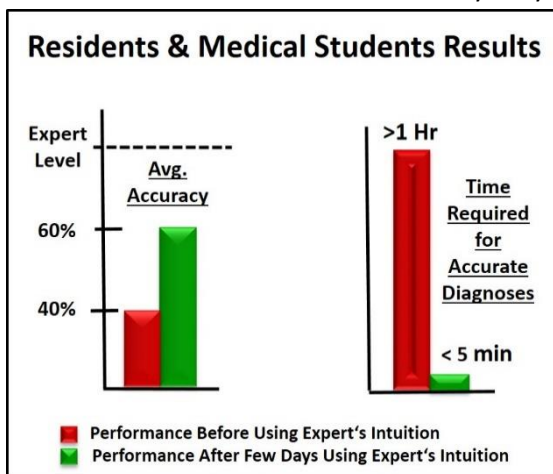




## Emergency Room Residents and Medical Students: Diagnostic Accuracy Up 50% & Time Down 92%

- **Industry:** Healthcare - ER Physicians
- **Results:** In a few days, residents and medical students increased their average diagnostic accuracy by 50% and reduced the time required to accurately diagnose a patient by 92%. Collaboration and sharing enabled them to continuously improve their performances.
- **Critical Issues:** High Patient Harm, Death Rate and Large Law Suits
- **Job:** Emergency Department Physicians
- **Problem Solved:**
  - According to new research published in BMJ Quality & Safety, April 2013, “Diagnostic errors are the leading cause of successful medical malpractice claims, and are the most common, most costly and most dangerous of medical mistakes.” Thus in medicine, rapidly improving the decision-making processes of residents, medical students and experienced physicians is not only a financial necessity but also a moral imperative.
- **Real-Time Decision-Making Process “Cloned”:** Diagnosing a Patients
- **Outcome:** According to an expert emergency medicine (EM) physician, “Medical students and residents were in awe of how accurately they formulated a course of action that matched what I had



written in the charts. Both residents and medical students were able to diagnose patients as if they had many years of experience. Their average diagnostic accuracy immediately went from 40% to 60% and the time required to accurately diagnose a patient dropped from over 1 hour to less than 5 minutes. Collaboration and sharing enabled them to continuously improve their performances.

“When residents and medical students began to use my decision-making process for *Diagnosing a Patient*, second-year residents understood my decision-making process immediately and incorporated it into their decision-making process in

a few hours. First-year residents learned fast, but needed a little coaching on terms and their meaning. Medical students took several days. Residents and students loved it.

“The beauty and power of making the “cloned” decision-making expertise of an expert available to residents and medical students is that it is readily understandable, instantly testable and immediately adoptable. Not one person has questioned it, disagreed with it or even indicated that it is unimportant. Nobody can go back to the old way of doing things after they understand expert intuition and put it into action. There are residents that are likely going to use it throughout their careers and it may have made a big difference to thousands of patients in the future.”

These results were presented and published at the 2011 National Diagnostic Error in Medicine Conference. The presentation was co-authored by MIP consultants, expert internists, an expert emergency medicine physician and professors from the oldest continuously operating university medical education department in the world.