Renowned Physicians’ Perceptions of Expert Diagnostic Practice

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The Expert
Diagnostician
The Expert Diagnostian

“Swell the ranks of the mediocre”

(Bereiter & Scardamalia, 1993)
The Expert
Dagnostician
The Expert

Diagnostician

How do they conceptualize expert diagnostic practice?
6 North American Institutions
General Internal Medicine
METHODS

20 Nominated ‘Exceptional Diagnosticians’

14 Nominated ‘Exceptional Professionals’
METHODS

INTERVIEWS

Constructivist grounded theory
Inductive & Deductive
Constant comparative
Knowledge

Extensive knowledge built through purposeful, continuous engagement in clinical practice
“See patients. Be interested in clinical work. You cannot be a good clinician, diagnostician just by reading. It’s like flying a plane or to be good at hockey—you have to practice. To become a golfer you have to hit the ball. You just can’t read about golfing and be a good golfer. So seeing more patients, see a variety of patients.”
Engagement

Possession of skills to effectively gather patient stories
“Actually, I think most important is learning to listen. It’s the skill of actually hearing what the patient wants to tell you and not trying to get the patient to tell you what you want to hear. Those are two very different things. I think the less skilled clinician, less experienced clinician interrupts, keeps asking questions, directs the patient rather than actually sitting back and actually hearing what the patient has to say because the vast majority of diagnosis happens with your ears, not with your eyes”.

Engagement
“Being able to observe things as an active process is a really important part of an expert diagnostician. Elite clinicians actually do that. They have not only knowledge and technical skills, but they have the ability to pick up the physical things by hearing, looking at it, percussing it, and then have to put it all together, which is another talent they have”.

Engagement
Reflective Integration

To integrate knowledge and patient stories during diagnosis
“Diagnostic expertise is based on a careful, thorough approach to the patient where you take into account all the available clinical data. By that I mean, their appearance, their behavior, the content of their history, and their physical examination combined with experience, which is of enormous importance because the first requirement I mentioned by itself doesn’t do the trick. It has to be linked with experience”.
“One of my traps or pitfalls that I fall into sometimes is that you kind of assume this is going to fall into the pattern and you kind of get anchored to a certain condition. And it’s hard to keep the flexibility of thought to say, “Okay, what else could be going on?” and “Why is this not fitting?” as opposed to trying to jam a square peg into the wrong hole.”
“To sort of get to the underlying cause of things, asking that why question like the two-year-old, “Why do zebras have stripes?” And kind of getting to that level of not just accepting things at face value, but really ... keep going, drilling through, persevering and trying to get to the root cause. I think that sense of discovery is important.”
Continuous Learning
Through clinical practice
“Not to the point of an anarchist or a rebel but to think that every time I do something that I’ve learned to do or learned for the data, you wonder how long this is going to be true and that’s what I mean by”.
The Expert Diagnostician
Diagnosis is integrated
Diagnosis is adaptive
Expertise is effortful.
Expertise is an Activity
Modern Conceptions of Elite Medical Practice

Eva et al
PHASE 3

How do they perform?
Think aloud data
Renowned Physicians’ Perceptions of Expert Diagnostic Practice

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