

Two heads are better than one



Research shows biases in clinicians' thinking can lead to misdiagnosis. The RaDD (Rapid Diagnosis Discussion) trial aimed to reduce this risk in hospitals by combining a second clinical opinion and asking questions designed to challenge typical biases. Find out if it made a difference below.

WHAT WE DID

How can we help to minimise diagnostic error in Victorian emergency departments?

How can our intervention be simple and sustainable?

- 1 A second opinion by a clinician with fresh eyes
- 2 A scripted talk between clinicians designed to challenge cognitive bias

155 CASES
went through the RaDD trial

A good trial begins with a good set of questions

We trialed a two-part intervention to find some answers

Three hospitals participated – one intervention and two control sites

THE RESULTS



Patients were **less likely** to be discharged home (rather than other locations)



Patients were **less likely** to leave hospital at their own risk



Patients were **more likely** to be discharged to the short stay unit

24.7%

Diagnoses changed after completing RaDD*

*We were not able to ascertain how many diagnoses would have changed as a result of usual care.



Diagnoses were more likely to change when the first clinician was a junior doctor and the second clinician was a senior doctor



Clinicians' confidence in diagnostic decision-making increased

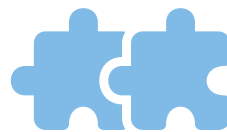


RaDD resulted in a more cautious approach to patient care

WHAT'S NEXT?



Investigate circumstances which will most benefit from RaDD; e.g. red flag or high-risk cases



Find out if the scripted talk can work independently or if it needs to be combined with the second review



Trial RaDD in a range of settings; including regional and rural hospitals

Contact us to find out more!