

Anchors Aweigh: **Avoiding Bias in Patient** **Assessment**

K e a t o n
M a t t i c k



Keaton Mattick

**Division Chief of EMS
Bexar County ESD No. 2**



Objectives

- 01 Define Bias
- 02 Identify types of biases
- 03 See real world examples of bias
- 04 Learn to improve care by identifying our biases

What is bias?

Disproportionate weight in favor of or against an idea or thing, usually in a way that is inaccurate, closed-minded, prejudicial, or unfair.



What Gives us Biases?



Learned

Basing our biases on information that we were taught.



Innate

Basing biases on experiences and formed on our own.

Types of Biases

Availability Heuristic

Overestimating the likelihood of an event due to greater “availability” in memory.

Survivorship Bias

Looking at the wrong reasons for a good outcome.



Types of Biases

Cognitive Dissonance

Justifying decisions.

Normalcy Bias

Not planning for or reacting to something we have not experienced.



Types of Biases

Confirmation Bias

Justifying beliefs by finding, interpreting, or remembering information in a way that confirms these ideas.

Anchoring Bias

Focusing or “anchoring” on one piece of information when forming a decision.



Anchoring Bias

Effects assessments and care

Can be formed at time of
dispatch

Challenging to recover from



Decision Making

We lean on past experiences, knowledge, and information given.

Dual Process theory says that there are two types of decisions and methods of decision making.

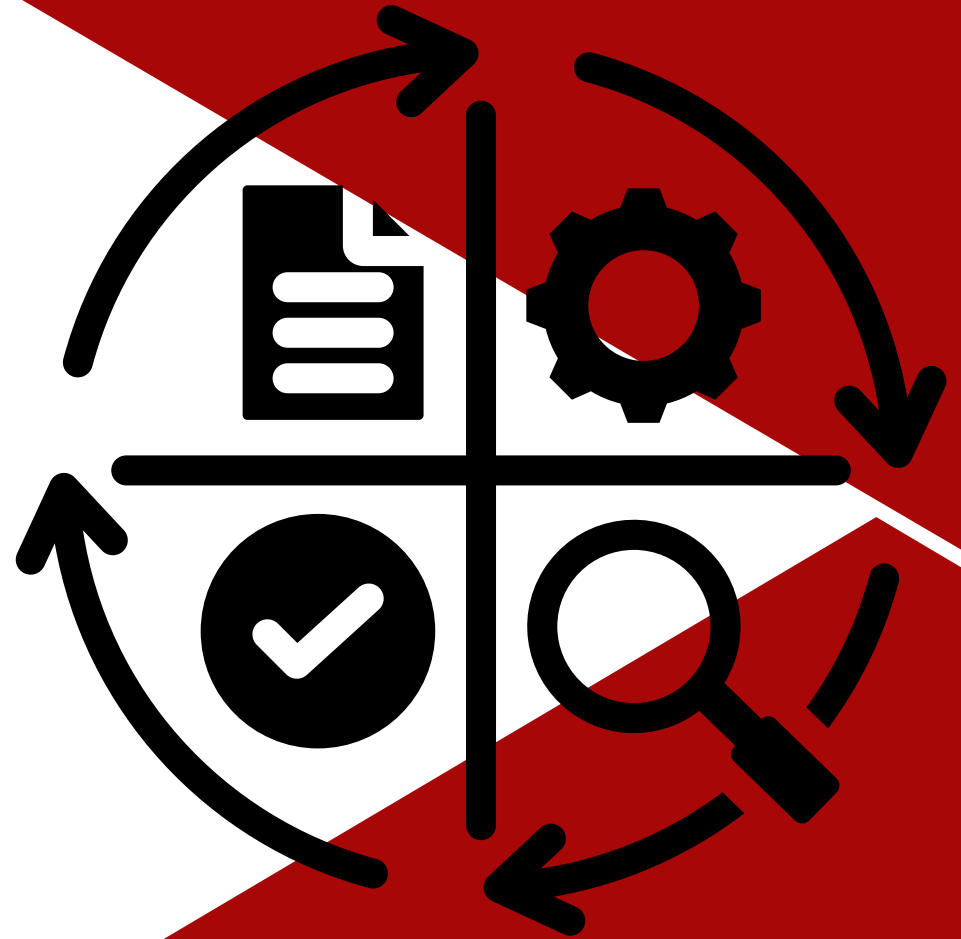


Dual Process Theory

Type 1-fast, unconscious,
“intuitive”.

Majority of decisions, but are
prone to bias.

Multiple errors occurring in
small decisions lead to failures.



Dual Process Theory

Type 2—Slower, conscious,
“analytic”.

Requires more cognitive
resources.

We have to know when each
type should be used, and
recognize errors.



Where can bias lead us?

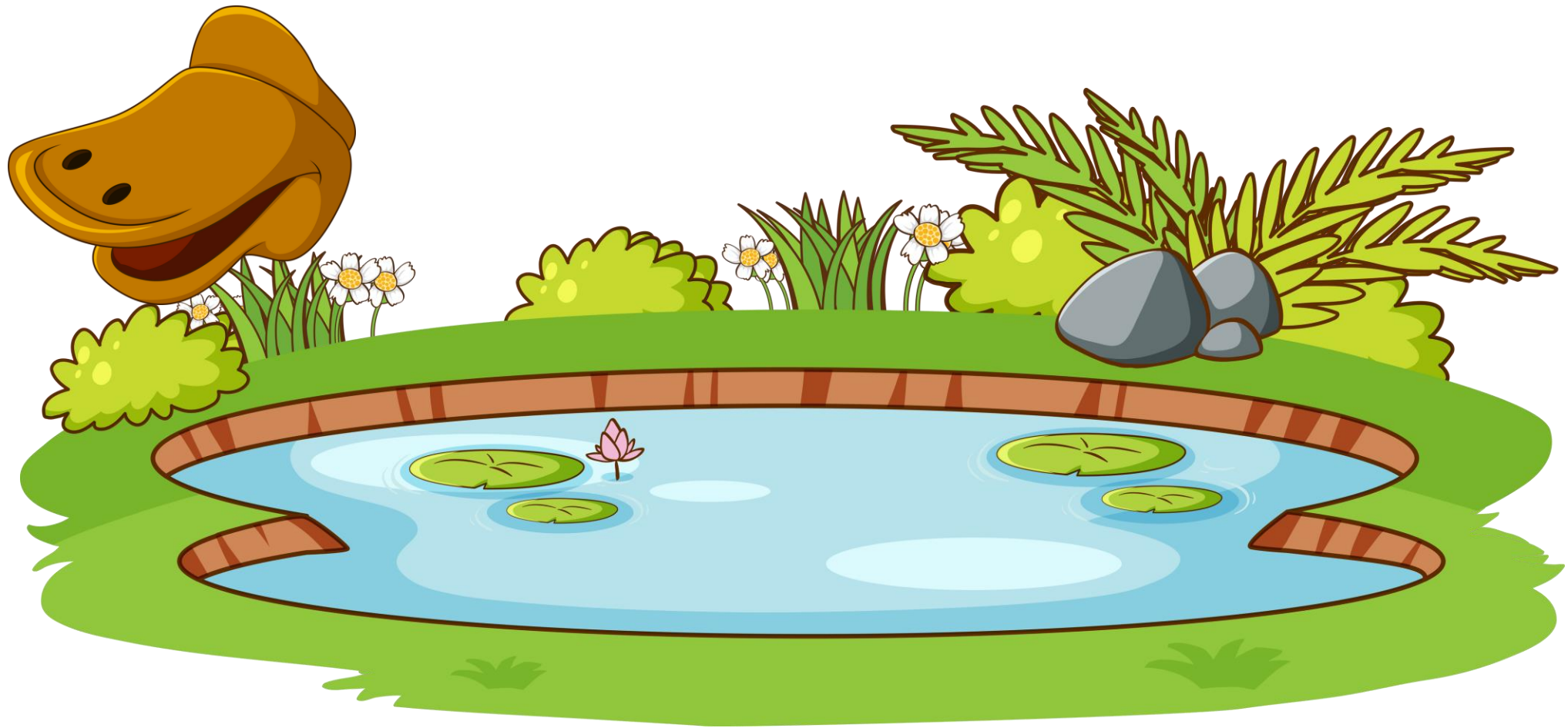
Hesitant to critically review calls

Justification instead of learning

Just because you got lucky did not mean you did it right.













◆ Lift Assist

Dispatched to local assisted living, to a well known room, for lift assist only.

86 Year old male, found on ground near favorite recliner.

Tried sitting down and ended up on the ground, just wants help up.



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Patient found to have femoral head fracture



◆ Chest Pain

Dispatched for a 40-year-old male. Chest pain

Find male sitting at home, some chest pain for a couple hours. Says it's not too bad, but wife made him get checked out.

Vitals all normal, 12-lead shows no abnormalities.



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Approximately 70% of ACS cases will be NSTEMI



◆ Teen with PTSD

Dispatched for fourteen year old female.

“Sick Party”

Mom reports history of PTSD, not eating, only drinking sugary drinks for past couple days.

HR-110, BP-Normal, Pulse Ox-99%

Blood Sugar-260



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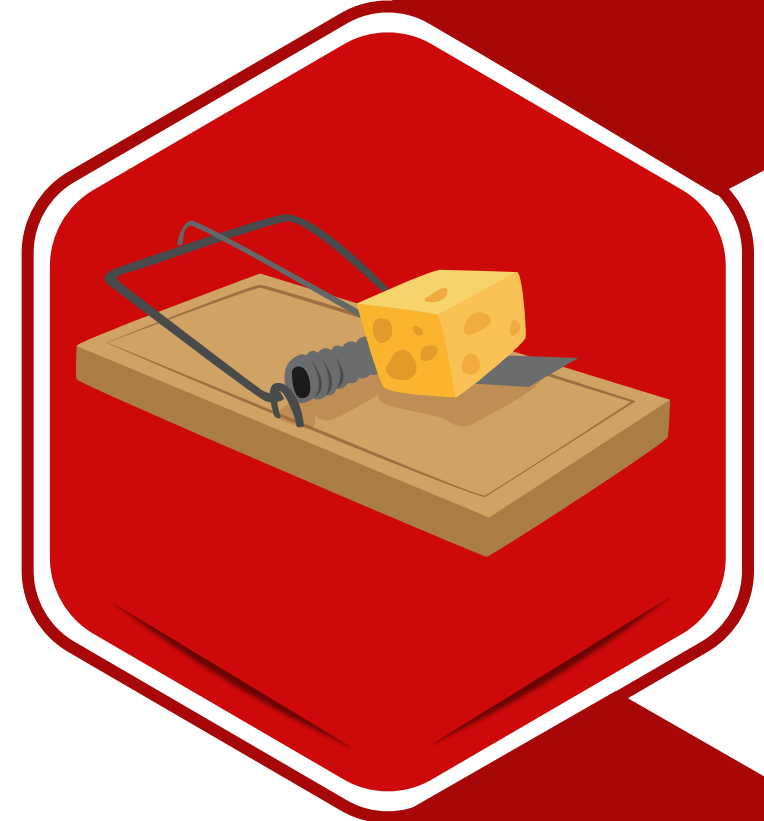
Blood Sugar-260

ETCO₂ =20mmHg



Avoid the trap

- We do an assessment for a reason. Pay attention to your findings. Words mean things.
- Pertinent negatives
- Assessment and interventions are two separate things
- Be willing to adjust course
- Cook don't bake



Key Takeaways

- 01 Recognize Bias
- 02 Adjust when necessary
- 03 Experience is only as good as the current situation
- 04 Be willing to learn from calls