



Lessons Born of Missteps



This month's issue of *JUCM* heralds an important addition to the journal.

"Bouncebacks" will be a new regularly occurring contribution from Dr. Michael Weinstock and Dr. Ryan Longstreth. This department will take a unique approach that combines the

formats of a morbidity & mortality conference, risk management lecture, and clinical review article. The result is a one-of-a-kind look at relevant clinical cases seen in the urgent care or emergency department and in which a misdiagnosis led to delay in appropriate treatment.

Reflecting on one's missteps is one of the most difficult tasks for most physicians to do. It is interpreted by some as an admission of guilt and, therefore, discouraged or feared.

Yet, everything we have learned in medicine has been born from our mistakes.

The best physicians I know have devoted themselves to understanding when things go wrong, and how to apply those lessons to improving future care. It is the critical step of high-level learning.

In urgent care medicine, patients present with a chief complaint, not a diagnosis. "Sore throat" can represent anything from pharyngitis to myocardial infarction. Assumptions are used in every encounter to guide our evaluation and management, yet are as likely to misguide our investigation as help it. Breaking down clues, ignoring irrelevant facts, and understanding patient language and agendas are just as important as a comprehensive fund of medical knowledge.

In fact, most mistakes in medicine are the result of misinterpretation of clinical and non-clinical clues, not a lack of medical knowledge. One could even argue that traditional medical education misleads us by focusing on classic presentations of particular problems.

Every medical student knows that RLQ pain associated with McBurney's point tenderness, anorexia, and an elevated white count represents appendicitis. Yet for every case that presents this way, I have 10 stories for atypical presentations.

So, how can we minimize the misses, avoid the mistakes in interpretation, and maximize our investigation in such a brief encounter? And, perhaps more importantly, how can we

communicate more effectively to patients what we know, what we *don't* know, and what to look for that should prompt their return?

"By reflecting back on what was missed... we look beyond our fund of knowledge and into the artistic side of medicine."

This key piece of the encounter is addressed in exquisite detail in the Bouncebacks format. By reflecting back on what was missed, what was misinterpreted, and what was miscommunicated, we look beyond our fund of knowledge and into the artistic side of medicine. This is what truly separates a practitioner from a physician. You can't learn how to be a physician from a book.

Reflecting on the missteps of others is the surest way of avoiding the same mistake.

It is the mission of *JUCM* to deliver the most relevant clinical content available in urgent care medicine. We will continue to explore unique ways to reach our audience and contribute to the growth of our discipline.

Look for more innovative approaches in upcoming issues. And please feel free to share your comments and suggestions in an e-mail to editor@jucm.com. ■

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