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PROBLEM SOLVING: DILEMMAS: DECISION-MAKING

Data softens ride when flying by seat of your pants

SUSAN PINKER

Dear Susan,

I am an emergency physician with eight years of experience. In a recent meeting, I was publicly criticized by the department chief for ordering too many tests, among other things. I was surprised, embarrassed and felt my judgment and competence were being attacked. I want to know how to handle this issue before it comes up again.

- *Dressed Down Doc*

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THE CALDWELL PARTNERS

THE CALDWELL PARTNERS

Dear Doc,

Good judgment is not a static affair. Nor is it infallible, especially in an emergency department where life and death decisions are made by exhausted staff, working with finite resources under intense time pressure. You have to make a persuasive case to your chief that you would rather err on the side of too much information rather than not enough.

The emergency room doctor is an extreme example, but there are many jobs that demand decision-making under duress. If more data were a luxury, air traffic controllers or business leaders facing crises would save time and money by simply responding with their guts. Instead, they usually rely on all the data and expertise they can get, as fast as they can get it. In these scenarios, someone has convinced a bean-counter that updated instruments and specialists that relay information quickly are worth the investment.

You have to do the same. And to do that you need to separate three issues: the patients' welfare, your relationship with this tetchy chief, and your own working identity.

Like customers, patients are generally oblivious to the tension between making a snap decision based on intuition, versus a more considered diagnosis that might include test results. He or she has no clue that emergency physicians are keenly aware of how long it takes them to move patients through the system, and that there can be not-so-subtle peer pressure to speed up the process.

Nor do patients know much about medical mistakes. Physicians have it wrong 20 per cent of the time, and in emergency departments where drastic decisions are made, the documented error rate is 12 per cent, but is probably much higher, says Pat Croskerry, a professor of emergency medicine

and medical education at Dalhousie University. "We don't get enough feedback to know how many errors there really are," he says.

"Emergency is just a vulnerable place to be," he said, referring to the doctor. "You've got to make rapid decisions, under pressure. You get interrupted. You get distracted. You get pulled off in different directions."

Under these conditions, it makes sense to cut some slack for physicians with less than 10 years' experience - to allow them more data and decision-making time than professionals with two decades behind them, Dr. Croskerry added.

In fact, it's wise to allow more flexibility and looser timelines for junior managers or decision-makers of all stripes. Why should someone who is building a stock of knowledge - which might take a decade in most fields - be expected to react with the same dispatch as someone with 25 years' experience?

That's the rationale for ordering the tests you need. But it would be impolitic to make that case as if autonomous decision-making were a physician's divine right. Focusing only on the facts also disguises the real issue, which is about trust. This is where grooming your relationship with the department head comes in. It was brutish to target you in a public meeting. But instead of responding in kind, consider what he or she should have done - which was to approach you privately.

I don't know why he or she humiliated you. Perhaps the chief is a brilliant diagnostician, but a blundering administrator. It's now up to you to point out your preference for more data, and for more one-to-one feedback behind the scenes. It's also up to you to build goodwill. Then, when you use resources or make unpopular decisions, you'll be more likely to get the benefit of the doubt.

So even if your first impulse is to fight back, ask your department chief to look over some patients' charts with you privately to discuss management instead. This is a chance to review your decision-making with more time and another set of eyes on the data.

Of course, an emergency room moves at breakneck speed and choices there can be irrevocable. But we're not talking about finding mistakes here as much as showing that you're willing to look at your decisions - and your "flow" - dispassionately. You get to discuss your problem-solving style without the whole department looking on. And you get to know your department head a bit better while he or she gets acquainted with you.

Susan Pinker is a psychologist and author of The Sexual Paradox: Extreme Men, Gifted Women and the Real Gender Gap, to be published in February.