

July 2017 Editor-in-Chief Pick of the Month

A Novel Approach to Study Medical Decision Making in the Clinical Setting: The "Own-point-of-view" Perspective

The Power of Self Awareness

"The world is full of magic things, patiently waiting for our senses to grow sharper."

— [W.B. Yeats](#)

Move over statisticians. Trialists, suck in that gut! Watch out simulation folks, and qualitative experts, please turn sideways. Everyone make room for the new expert boarding the emergency care research elevator on its way up: the medical ethnographer. We'll be seeing a line for these key persons on NIH budgets around the country.

In a first, I pick a [methods paper](#) for the EIC POTM because it is just too cool to pass up. In this month's AEM, Thierry Pelaccia and colleagues present novel methods for us to study us ([A Novel Approach to Study Medical Decision Making in the Clinical Setting: The "Own-point-of-view" Perspective](#)). The authors describe how to leverage the power of perception to make emergency care better.

The concept is super simple: The subject medical provider wears a head- or eyeglass-mounted audio-video micro camera to record patient encounters. A trained research associate then interviews the provider, who may be a student, resident, or faculty member, enabling a new dimension in meta-cognition (thinking about thinking). The subject can relive prior actions with the wisdom of hindsight and time, and with moment-by-moment analysis. As Pelaccia, et al., teach, "targeted (or focused) ethnography" refers to goal-directed observations in real-time, such as videotaping us in the trauma room and figuring out why we fail to communicate properly, delay intubations, or deftly insert a chest tube into the wrong side. This process reveals "self-awareness and external perception relative to her action, because it shows her a picture of herself." (Female gender used for simplicity).

Prediction: medical anthropologists, often the most skilled experts in ethnography, will soon appear as integral faculty members in well-developed academic departments of emergency medicine.

In the metaphorical battle to make our specialty stronger, an objective look of our own point-of-view provides a powerful strategy to gain intelligence and reduce errors. As Lao Tzu said, "He who knows others is wise; he who knows himself is enlightened."

Best Wishes,
Jeffrey A. Kline
Editor-in-Chief, Academic Emergency Medicine

Narrative Summary

Zachary F. Meisel, MD, Associate Professor of Emergency Medicine at the Perelman School of Medicine at the University of Pennsylvania, places the EIC Pick into perspective in the emergency setting:

I once participated in a chart-stimulated recall study where I was shown a series of my patient charts and then queried about my medical management, diagnostic approach, and clinical decision-making. The experience was fascinating and humbling. Reviewing a case through my own "eyes" (via a patient's chart) provided a perspective that I could never get otherwise. Near misses, great catches, blind spots, and triumphs and failures of communication all became illuminated as I discussed the clinical care that I (and my team) delivered. In this issue, Pelaccia and colleagues are describing a video-enabled version of chart stimulated recall. It's apparent that the subjects in this study had similar epiphanies when reviewing cases that they recorded by a temple-mounted camera and microphone. Doubtless, these high-tech, first-person perspective methods will lead to improved understanding of how we behave in complex environments such as the ED.