

# MASTERING THE ART OF CONVERSATION IN PEDIATRICS

## a key in reducing diagnostic errors



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### INTRODUCTION:

Diagnostic errors in Pediatrics represent a branch which is less explored, developed and accepted. The information arises more often from cases of malpractice, but those are irrelevant for the whole picture. In order to carry out his activity in optimum conditions, a doctor must be versed not only in Pediatrics pathology, but also in child psychology.

### LEARNING OBJECTIVES:

- identifying the main causes that lead to diagnostic errors in Pediatrics;
- the importance of relating the Pediatrics pathology with child psychology based on the child's growth stage;
- describe who is “the second victim”.



## IS IT EASY FOR A PEDIATRICIAN TO MISDIAGNOSE CHILDREN?

THE INFORMATION RECEIVED FROM THE CAREGIVERS AND THE PATIENT

HEALTH SYSTEM

WORK FLOW

MEDICAL KNOWLEDGE AND CLINICAL JUDGMENT

The main cause of diagnostic errors in pediatrics is given by incorrect information received from caregivers and pediatric patients, followed by Incomplete clinical examinations and factors related to the system.<sup>1</sup>

*In order to be able to conduct his activity in optimum conditions, the physician must master pediatric pathology and child psychology in the same manner.*

### CASE DESCRIPTION:

**The first case** is of a two year old boy, known for a unique ventricle and epilepsy, which has been transferred from a small hospital because of a progressive alteration of the general health, persistent sleepiness and decreased appetite. Paraclinical investigations revealed moderate anemia and moderate inflammatory syndrome. At first sleepiness was attributed to medication with phenobarbital. The third day of hospitalization the doctor on duty proceeded another clinical exam and discovered right hemiplegia. An emergency cerebral CT scan was made which revealed cerebral thrombosis. Patient recovered

#### DISCUSSION:

For small children, communication is difficult, given that they do not know all the necessary words, which prevents them from describing what is bothering themter initiation

**Second case** is of a 12-years old girl diagnosed with epilepsy at 10 years old and she is in treatment with divalproex sodium. Initially, she came to the hospital because of sleepiness, dizziness and headache. Physical exam revealed a sleepy patient with loss of coordination and problems with gait, Achilles and Patellar reflexes were absent, Babinski response it was present, bradypsychia and bradylalia. At first she said that she didn't take her treatment: “I have epilepsy, I didn't take my pills and I'm feeling sick”. Laboratory investigations were normal except for toxicological test which came positive for benzodiazepines. Faced with the positive toxicological test, she admitted that took clonazepam because she had a fight with a colleague: “he didn't want to talk to me anymore, and I wanted to die”. Later, she confessed that two years ago, when was diagnosed with epilepsy, she took the same pills.

#### DISCUSSION:

Older children rise other kind of problems which are difficult for pediatricians. They have a tendency to hide certain aspects about their life, but these exact details may cause further harm to their health.

### CONCLUSIONS:

- every pediatrician must have extensive knowledge of child psychology;
- the quality of information obtained during the examination is tied to the ability to ask questions and gain patient trust;
- after committing a diagnostic error, the doctor becomes “the second victim”, experience complex range of feelings including guilt, self-doubt, embarrassment, disappointment, self-blame, a sense of inadequacy, and fear.

**BIBLIOGRAPHY:**  
1. Hardeep Singh, Eric J. Thomas, Lindsey Wilson, Adam Kelly, Kenneth Pietz, Dena Elkeeb and Geeta Singhai - Errors of Diagnosis in Pediatric Practice: A Multi-Site Survey, Pediatrics, 2010 July; 126(1): 70-79. doi:10.1542/peds.2009-3218;  
2. Helene Epstein – Why It's so Easy for Doctors to Misdiagnose Kids, The Atlantic, Nov. 2015;  
3. Kuhn GJ. Diagnostic errors. Acad Emerg Med 2002;9:740-750.[PubMed: 12093717];  
4. Croskerry P. Diagnostic failure: A cognitive and affective approach. Joint Commission on Accreditation of Healthcare Organizations.

Authors declares that there is no conflict of interest