

Appendix 2:
Definitions of Biases presented to Participants

Bias Definitions

Anchoring

The tendency to perceptually lock into salient features in the patient's initial presentation too early in the diagnostic process, and failing to adjust this initial impression in the light of later information.

Availability Heuristic

The disposition to judge things as being more likely or frequently occurring, if they readily come to mind. Thus recent experience with a disease may inflate the likelihood of its being diagnosed. Conversely, if a disease has not been seen for a long time (i.e. is less available) it may be underdiagnosed.

Base Rate Neglect

The tendency to ignore the true prevalence of a disease, either inflating or reducing its base rate, and distorting Bayesian reasoning.

Confirmation Bias

The tendency to look for confirming data to support a diagnosis rather than look for disconfirming evidence to refute it, despite the latter often being more persuasive and definitive.

Premature Closure

The tendency to apply premature closure to the decision-making process, accepting a diagnosis before it has been fully verified. The consequences of the bias are reflected in the maxim – “when the diagnosis is made, the thinking stops.”

Representativeness Bias

The tendency to look for a prototypical manifestations of disease. Restraining decision-making along pattern recognition lines leads to atypical variants being missed.