How do primary care doctors deal with uncertainty in making diagnostic decisions? The development of the 'Dealing with Uncertainty Questionnaire' (DUQ).

Abstract:
Diagnostic uncertainty plays an important role in primary care. Nevertheless, the practical way how general practitioners (GPs) deal with uncertainty remains unclear. The purpose was to develop a questionnaire which describes and measures the level of action and active reasoning in dealing with uncertainty. Raw items for the 'GP action scale' and 'GP diagnostic reasoning scale' were derived by literature research. The questionnaire was modified by focus group discussion. The final version was administered to 325 GPs. The results of the 'Dealing with uncertainty questionnaire' (DUQ) were compared with the scales of the 'Physician Reaction to Uncertainty' (PRU) questionnaire. PRU measures affective reactions to uncertainty. Item-scale correlation of the 'GP action scale' and 'GP diagnostic reasoning scale' ranged from 0.41 to 0.61 and from 0.31 to 0.53, respectively. Cronbach's alpha for 'GP action scale' was 0.75 and for 'GP diagnostic reasoning scale' 0.62. The 'GP diagnostic action scale' was significantly positively associated with 'Anxiety due to uncertainty', 'Concern about bad outcomes' and 'Reluctance to disclose mistakes to physicians', scales of PRU. In female doctors, 'Concern about bad outcomes' correlated positively with the 'GP diagnostic reasoning scale' (0.213; P < 0.05). In
male doctors,'Anxiety due to uncertainty' correlated negatively with the 'GP diagnostic reasoning scale' (-0.163; P< 0.05). Diagnostic reasoning in primary care appears as a complex process using typical primary care inherent 'heuristics'. Affective intolerance against uncertainty correlates with self-rated diagnostic activity. Affective reactions to uncertainty might influence gender-specific reactions to uncertainty in different ways.

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