



# The Dunning-Kruger Effect to residents and young Attendings in Intensive Medicine

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**Received:** 📅 August 25, 2020

**Published:** 📅 September 01, 2020

## Abstract

The Dunning-Kruger effect refers to the psychological feature bias that leads most people overestimate their abilities or experience. Residents might likewise overestimate their technical skills aptitudes in doing errands like intubation or placement a central line. After they've done some intervention techniques, they would have wrongfully a overrated thought of their capacities as a result of their experiential base. Young residents seldom ignore the rules for determination and treatment. They tend to ignore a decision-support devices, indeed when these are readily accessible and known to be important when utilized. Young Intensivists in common have to progress well-developed metacognitive skills, and when they are dubious around a case they have to be practiced regularly to commit additional time and consideration to the issue and often ask opinion from senior specialists.

"Trust" is viewed as basic to the trainer-trainee relationship, the alleged foundation of our human medical services framework; however, trust ought to be attained. It is required education, qualifications and specifically approved thought for all grades of the hierarchy.

## Review Article

The Dunning-Kruger effect might be a universal human phenomenon and studies have shown that it plays an important role in a variety of medical professionals. For people that responsive to the Dunning-Kruger impact use to overestimate their abilities or experience; much more these with low knowledge/ability. We tend to suppose that this effect solely applies to others, not us," when, in fact, it's one condition that impacts almost of all us. "The 1<sup>st</sup> rule of the Dunning-Kruger effect is that you simply don't apprehend you're a member of the Dunning-Kruger club. Most people miss that. The effect might be a lack of ability, and conjointly the answer to lack of comprehension of the urgency of specific qualifications. "Improving ourselves as a doctor is that the single smartest thing we can do. Intensive Care Medicine, however, is also particularly vulnerable for a some reason [1-3].

First is that the issue of treatment and differential diagnosis. "In some specialties, the pace at which things evolve is mostly slower, and you may have more chances to complete illness effects before they become permanent and damaging, In Intensive Care Medicine, often you have got just one shot to urge it right, and if you mess that up, the implications may well be severe and are probably out of your control, Intensive Care Department is a lot less forgiving environment. A high percent of medical students turn out to be uneasy trainees and eventually become the uncertain authorities we're accustomed to be or collaborate with many times in our career. We have as consultants to enhance the ability of our residents and junior consultants to realize their limits and knowledge's so that they could be ready to announce "I do not know what the appropriate treatment is." However, sometimes our residents

would admit that they do not understand an issue - and this would give us more or less confidence- trust in them, depending on our maturity. It turns out that we have a share of responsibility in this attitude and behavior [4-6].

The Dunning-Kruger effect can be a significant problem for junior intensivists during training. Most Consultants would express that the most dangerous period for residents is in their mid-second year of training in ICU. They hurry up, they see more patients and feel excessive self-confidence. That is where they're commonly ineffective and precarious. "Residents are no doubt efficient and effective toward the moment when they're frightened and understand that they don't have the foggiest thought what's going on in the case.

Residents might likewise overestimate their technical skills aptitudes in doing errands like intubation or placement a central line. After they've done some therapeutic interventions, they would have wrongfully a overrated thought of their capacities as a result of their experiential base.

Feedback is one potential approach to confrontation the Dunning-Kruger effect. Tragically we tend to don't typically get input of our patients . Residents have to be compelled to check our patients a lot of times once they are discharged from Intensive Care Unit and find out what occurred. Who is still in the pathology clinic? What happened to them and why? Although beginners are not proud many times for their previous treatment options, they quickly realize the right way of thinking and the importance of knowing their limits and knowledge.

While work analyzing Dunning-Kruger metrics clearly identifying the presence or absence of the test, the magnitude of the outcome has not been determined. Doctors can also try to address their own Dunning-Kruger impact by moving on to further study. "The result is due to the lack of expertise, and the answer to the lack of competence is to learn more abilities. "Young doctors should also be mindful of the Dunning-Kruger influence to be conscious of maintaining a sense of humility. ", as they achieve a preliminary understanding of functioning, always hang on to it like the tree of life because it's so much work going through and overhauling. Experience teaches us to keep certain idling options in the past.

### **Methodologies that Center on the Individual - Education, Preparing and Practice**

By definition, experts are more effective and comprehensive, e.g., more learned than young attendings. An interesting (but startling) awareness is the common propensity of young doctors to estimate their skills. Precisely the same ascertainment is seen in regard to abilities such as communicating with patients. In a ordinary exam a cohort with shifting degrees of mastery are inquired to attempt an assignment. At the completion of the exam, the test subjects

are inquired to review their own performance. When their self-rated scores are compared with the scores allotted by specialists, the people with the lowest skill levels typically overestimate their attribution.

The issue, of course, is how to create that expertise in daily clinical practice. This isn't simply valid for contemplates with regard to specific treatments; this equivalent methodology should be thought-about with clinical scores, rules, and conventions. Truth is unclear and onerous to induce a hold of. Science may be a controlled endeavor at approximating truth. The right science endeavors to limit the Dunning -Kruger effect.

### **Conclusion**

Overconfidence exists and is likely a characteristic of human nature-we all tend to overestimate our aptitudes and abilities. Physicians' overconfidence in their choice making may simply reflect this inclination. These strategies succeed so dependably that intensivists can become complacent; the disappointing rate is negligible and blunders may not come to their consideration for an assortment of reasons. Intensivists acknowledge that demonstrative blunder exists, but appear to accept that the probability of a mistake is less than it truly is. Young residents seldom look for out input, such as autopsies, that would clarify their propensity to blunder, and they tend not to participate in other works out that would give autonomous data on their demonstrative exactness.

They ignore the rules for determination and treatment. They tend to ignore decision-support devices, indeed when these are readily accessible and known to be important when utilized. Overconfidence Contributes to Diagnostic Error. Young Intensivists in common have to progress well-developed metacognitive skills, and when they are dubious around a case they have to be practiced regularly to commit additional time and consideration to the issue and often ask opinion from Senior specialists. We accept numerous or most cognitive mistakes in determination emerge from the cases where they are certain. These are the cases where the issue shows up to be schedule and takes after similar cases that the clinician has seen within the past. In these circumstances, the metacognitive apprehension that exists in more challenging cases may not emerge. Intensivists may basically halt considering approximately the case, inclining them to all of the pitfalls that result from our cognitive "dispositions to respond."

"Trust" is viewed as basic to the trainer-trainee relationship, the alleged foundation of our human medical services framework; however, trust ought to be attained. We need self- knowledge.It is required education, qualifications and specifically approved thought for all grades of the hierarchy. We need responsibility. Else, we tend to merely succumb to medical services' Dunning-Kruger effect.

Doctors who want to be as effective as possible during a crisis and have their team effectively can develop the skills needed to manage the Dunning-Kruger phenomenon when times are calm and operations are normal. Further studies are needed to define education, explain variable results, and confirm clinical benefit through further analysis of the phenomenon targeted at critical care.

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DOI: [10.32474/SCSOAJ.2020.05.000219](https://doi.org/10.32474/SCSOAJ.2020.05.000219)



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