

IMreasoning podcast

Dr Art Nahill and Dr Nic Szecket

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James is interested in malignant haematology and medically unexplained physical symptoms. He enjoys hiking, especially with diverse company.

The IMreasoning podcast (IM standing for internal medicine) is the most insightful, emotionally-stirring and entertaining podcast that I have listened to (and I have dabbled in an eclectic array of podcasts). Dr Art Nahill and Dr Nic Szecket release a monthly IMreasoning podcast episode that will keep you captivated throughout, and finish with you wanting more. The case examples in their podcasts are comparable to a real life episode of House; only these physicians understand the virtue of modesty and have a much more rational approach to patient management.

The hosts of this audible sustenance, Dr Art Nahill and Dr Nic Szecket, are two General Physicians based at Auckland City Hospital. Both Art and Nic trained in North America, completing medical school at the University of Massachusetts Medical School and McMaster University in Hamilton, Ontario respectively. Art completed his internal medicine training at the Harvard-affiliated Mount Auburn Hospital and Nic at the Toronto General and Mount Sinai Hospitals. They now both work at Auckland City Hospital and have a passion and a talent for clinical teaching at all levels of medical training.

Their discussions mainly focus on the clinical reasoning behind the everyday decisions made by hospital doctors. They compare the difference between fast, type one or intuitive reasoning, and slower, type two or analytic reasoning and the importance of both of these cognitive processing strategies in medical interpretation and decision-making. They emphasise the importance of the differential diagnosis as being central to accurate, and therefore appropriate patient care.

Although doctors like to think they are neutral, rational beings, Dr Nahill and Dr Szecket reveal that in fact all have 'cognitive dispositions to respond' or potential biases that they fall prey to when confronted with an illness script. Being aware of these potential biases in everyday practice may help doctors to avoid diagnostic errors that sometimes follow.

While being incredibly astute physicians, Dr Nahill and Dr Szecket aren't afraid of expressing their vulnerability by admitting their mistakes, and doing cognitive autopsies or critical reflections on patient cases in which the outcomes have been suboptimal, negatively impacting both



patient and doctor. In contrast to these confessions they also have a segment called 'Stump the Chumps' in which they attempt to solve a diagnostically challenging case presented to them by a medical registrar. However, they have neither been stumped nor have they exhibited any signs or symptoms of being 'Chumps.'

Lately, they have challenged the entire fabric of Western medical practice and admit to the embarrassing limitations of doctors' clinical reasoning. They emphasise the need for medicine to shift from the traditional and out-dated approach to diagnosis and management to one that incorporates artificial intelligence or the collective brainpower of multiple doctors through the use of evidence-based, computer-calculated, problem-knowledge couplers or a collaborative physician database (e.g. The Human Diagnostic Project). They aren't proposing that doctors will become obsolete but rather that they work with computer systems and 'big data' to optimise patient diagnosis and tailor specific and appropriate care.

Overall IMreasoning is a thought-provoking, entertaining and educational podcast that I highly recommend to any medical student or practising doctor. Furthermore, their intro music is so groovy you can't help rocking out whenever it plays.