

## In Reference to "Association of Face-to-Face Handoffs and Outcomes of Hospitalized Internal Medicine Patients"

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The recently published article by Schouten et al.<sup>1</sup> showed no difference in measured patient outcomes with the use of face-to-face handoffs. The authors bring several potential explanations for this observation, all of which might be relevant. Another potential explanation could be the human brain's very predisposition for cognitive biases, and face-to-face interaction only increases this possibility. The "framing effect" is a cognitive bias when people make decisions differently depending how information is presented, and "anchoring" describes the human tendency to rely heavily on the first piece of information provided.

In our case, the daytime physicians who received face-to-face handoffs could have been biased with additional information provided and how this information was provided, and this could have increased the rate of measured adverse patient outcome for this group, eliminating the between group difference. More research is needed to study the influence of the cognitive biases in the medical field.

### References

1. Schouten WM, Caroline Burton M, Jones LD, Newman J, Kashiwagi DT. Association of face-to-face handoffs and outcomes of hospitalized internal medicine patients. *J Hosp Med.* 2015;10(3):137–141.