

Learning to diagnose using patient video cases in paediatrics : perceptive and cognitive processes

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Propositions

Regarding the dissertation

Learning to diagnose using patient video cases in paediatrics: Perceptive and cognitive processes

Thomas Balslev

Maastricht 2011

1. The majority of what clinicians learn takes place at work, through work, or from work
2. Discussion at in-patient rounds of paediatric patient video cases is helpful, as it may focus clinical decision making, work-up and management
3. Authentic patient video cases offer in-context opportunities for improved work based learning with and from colleagues in paediatric neurology (*this thesis*)
4. Families are generally very positive to the video recording of the children, as they readily appreciate how the recordings might help medical students and physicians become better diagnosticians
5. Patient video cases may mirror variability and diversity of symptoms in real life, hence enabling teachers to pick cases appropriate to enhance learning in any level of learners – from novice to expert (*this thesis*)
6. Medical students, residents and experienced clinicians may elaborate during analysis of patient video cases. Applied in this way, cognitive apprenticeship may advance understanding (*this thesis*)
7. Training of apprenticeship learning with patient video cases may transfer in to more apprenticeship learning in general at work
8. Interactive analysis of patient video cases may also help learning in child psychiatry, neurology as well as other specialties where dynamic symptoms and signs play a role for diagnosis and management of patients
9. If more clinical teachers are encouraged to enrich learning environments with the use of joint analysis of patient video cases, ultimately the patients will benefit (*this thesis*)
10. The patient is a great source of information. Particularly when you know why, where and when to look. That source will never dry out