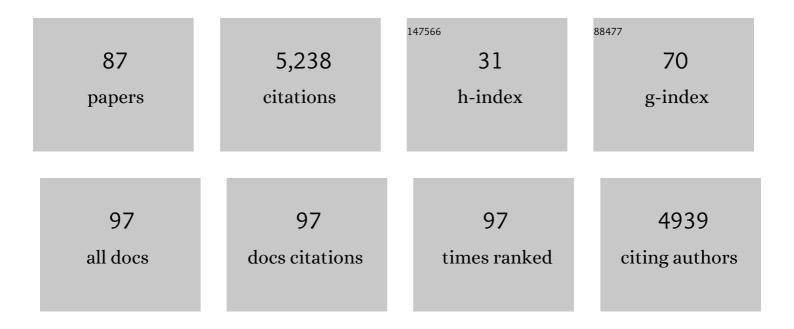
List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/1417802/publications.pdf Version: 2024-02-01



#	Article	IF	CITATIONS
1	Fear of falling: measurement strategy, prevalence, risk factors and consequences among older persons. Age and Ageing, 2008, 37, 19-24.	0.7	1,062
2	Management of Vasovagal Syncope. Circulation, 2002, 106, 1684-1689.	1.6	323
3	Initial orthostatic hypotension: review of a forgotten condition. Clinical Science, 2007, 112, 157-165.	1.8	319
4	Lifetime Cumulative Incidence of Syncope in the General Population: A Study of 549 Dutch Subjects Aged 35?60 Years. Journal of Cardiovascular Electrophysiology, 2006, 17, 1172-1176.	0.8	308
5	Effectiveness of Physical Counterpressure Maneuvers in Preventing Vasovagal Syncope. Journal of the American College of Cardiology, 2006, 48, 1652-1657.	1.2	256
6	Implantable cardioverter-defibrillator harm in young patients with inherited arrhythmia syndromes: A systematic review and meta-analysis of inappropriate shocks and complications. Heart Rhythm, 2016, 13, 443-454.	0.3	213
7	Barriers to GPs' use of evidence-based medicine: a systematic review. British Journal of General Practice, 2012, 62, e511-e521.	0.7	153
8	Self-regulated learning in the clinical context: a systematic review. Medical Education, 2018, 52, 1008-1015.	1.1	142
9	What Are the Barriers to Residents' Practicing Evidence-Based Medicine? A Systematic Review. Academic Medicine, 2010, 85, 1163-1170.	0.8	140
10	The Attributes of the Clinical Trainer as a Role Model. Academic Medicine, 2013, 88, 26-34.	0.8	139
11	Syncope prevalence in the ED compared to general practice and population: a strong selection process. American Journal of Emergency Medicine, 2009, 27, 271-279.	0.7	131
12	High Diagnostic Yield and Accuracy of History, Physical Examination, and ECG in Patients with Transient Loss of Consciousness in FAST: The Fainting Assessment Study. Journal of Cardiovascular Electrophysiology, 2008, 19, 48-55.	0.8	112
13	Clinical Factors Associated with Quality of Life in Patients with Transient Loss of Consciousness. Journal of Cardiovascular Electrophysiology, 2006, 17, 998-1003.	0.8	109
14	Influence of age and gender on the occurrence and presentation of reflex syncope. Clinical Autonomic Research, 2008, 18, 127-133.	1.4	102
15	Syncope clinical management in the emergency department: a consensus from the first international workshop on syncope risk stratification in the emergency department. European Heart Journal, 2016, 37, 1493-1498.	1.0	96
16	Hemodynamic effects of leg crossing and skeletal muscle tensing during free standing in patients with vasovagal syncope. Journal of Applied Physiology, 2005, 98, 584-590.	1.2	93
17	Steep fall in cardiac output is main determinant of hypotension during drug-free and nitroglycerine-induced orthostatic vasovagal syncope. Heart Rhythm, 2008, 5, 1695-1701.	0.3	92
18	Priorities for Emergency Department Syncope Research. Annals of Emergency Medicine, 2014, 64, 649-655.e2.	0.3	79

#	Article	IF	CITATIONS
19	Effectiveness of Midodrine treatment in patients with recurrent vasovagal syncope not responding to non-pharmacological treatment (STAND-trial). Europace, 2011, 13, 1639-1647.	0.7	76
20	Quality of Life Within One Year Following Presentation After Transient Loss of Consciousness. American Journal of Cardiology, 2007, 100, 672-676.	0.7	72
21	Physiologic strategies to prevent fainting responses during or after whole blood donation. Transfusion, 2011, 51, 2727-2738.	0.8	64
22	Syncope in Brugada syndrome: Prevalence, clinical significance, and clues from history taking to distinguish arrhythmic from nonarrhythmic causes. Heart Rhythm, 2015, 12, 367-375.	0.3	64
23	Sublingual Nitroglycerin Used in Routine Tilt Testing Provokes a Cardiac Output-Mediated Vasovagal Response. Journal of the American College of Cardiology, 2004, 44, 588-593.	1.2	60
24	The CAREFALL Triage instrument identifying risk factors for recurrent falls in elderly patients. American Journal of Emergency Medicine, 2009, 27, 23-36.	0.7	51
25	Diagnosing vasovagal syncope based on quantitative history-taking: validation of the Calgary Syncope Symptom Score. European Heart Journal, 2009, 30, 2888-2896.	1.0	48
26	Tools to assess Evidence-Based Practice behaviour among healthcare professionals. Evidence-Based Medicine, 2013, 18, 129-138.	0.6	45
27	Barriers to the use of evidence-based medicine: knowledge and skills, attitude, and external factors. Perspectives on Medical Education, 2022, 2, 4-13.	1.8	44
28	A systematic review of the relationship between patient mix and learning in work-based clinical settings. A BEME systematic review: BEME Guide No. 24. Medical Teacher, 2013, 35, e1181-e1196.	1.0	42
29	History taking as a diagnostic test in patients with syncope: developing expertise in syncope. European Heart Journal, 2015, 36, 277-280.	1.0	42
30	Prospective evaluation of non-pharmacological treatment in vasovagal syncope. Europace, 2010, 12, 567-573.	0.7	39
31	Psychological Treatment of Malignant Vasovagal Syncope Due to Bloodphobia. PACE - Pacing and Clinical Electrophysiology, 2001, 24, 122-124.	0.5	37
32	Identifying Cardiac Syncope Based on Clinical History: A Literature-Based Model Tested in Four Independent Datasets. PLoS ONE, 2013, 8, e75255.	1.1	35
33	Drugs and pacemakers for vasovagal, carotid sinus and situational syncope. The Cochrane Library, 2011, , CD004194.	1.5	33
34	Clinical history in management of suspected syncope: A powerful diagnostic tool. Cardiology Journal, 2014, 21, 651-657.	0.5	32
35	Assessment of the Clinical Trainer as a Role Model. Academic Medicine, 2014, 89, 671-677.	0.8	31
36	Daily, weekly, monthly, and seasonal patterns in the occurrence of vasovagal syncope in an older population. Europace, 2007, 9, 823-828.	0.7	28

#	Article	IF	CITATIONS
37	Leg crossing with muscle tensing, a physical counter-manoeuvre to prevent syncope, enhances leg blood flow. Clinical Science, 2007, 112, 193-201.	1.8	28
38	Intervention Descriptions in Medical Education: What Can Be Improved? A Systematic Review and Checklist. Academic Medicine, 2019, 94, 281-290.	0.8	28
39	Assessing the prevalence of modifiable risk factors in older patients visiting an ED due to a fall using the CAREFALL Triage Instrument. American Journal of Emergency Medicine, 2010, 28, 994-1001.	0.7	27
40	Competencies of specialised wound care nurses: a European Delphi study. International Wound Journal, 2014, 11, 665-674.	1.3	27
41	Physical counter-pressure manoeuvres in preventing syncopal recurrence in patients older than 40 years with recurrent neurally mediated syncope: a controlled study from the Third International Study on Syncope of Uncertain Etiology (ISSUE-3)â€. Europace, 2014, 16, 1515-1520.	0.7	26
42	General practitioners' barriers and facilitators towards new provider-initiated HIV testing strategies: a qualitative study. International Journal of STD and AIDS, 2017, 28, 459-466.	0.5	26
43	ls fatigue in Marfan syndrome related to orthostatic intolerance?. Clinical Autonomic Research, 2008, 18, 187-193.	1.4	25
44	Genetic aspects of vasovagal syncope: a systematic review of current evidence. Europace, 2008, 11, 414-420.	0.7	22
45	What motivates general practitioners to change practice behaviour? A qualitative study of audit and feedback group sessions in Dutch general practice. BMJ Open, 2019, 9, e025286.	0.8	19
46	Treatment of vasovagal syncope: pacemaker or crossing legs?. Clinical Autonomic Research, 2000, 10, 347-349.	1.4	18
47	Diagnostic yield and accuracy in a tertiary referral syncope unit validating the ESC guideline on syncope: a prospective cohort study. Europace, 2021, 23, 797-805.	0.7	18
48	Observations of evidence-based medicine in general practice. Perspectives on Medical Education, 2013, 2, 196-208.	1.8	17
49	Insight in the development of the mutual trust relationship between trainers and trainees in a workplace-based postgraduate medical training programme: a focus group study among trainers and trainees of the Dutch general practice training programme. BMJ Open, 2020, 10, e036593.	0.8	15
50	Risk factors associated with visiting or not visiting the accident & emergency department after a fall. BMC Health Services Research, 2013, 13, 286.	0.9	14
51	Learning results of GP trainers in a blended learning course on EBM: a cohort study. BMC Medical Education, 2015, 15, 104.	1.0	14
52	The role of the general practitioner in return to work after cancer—a systematic review. Family Practice, 2018, 35, 531-541.	0.8	14
53	Reliability, Validity and Responsiveness of the Syncope Functional Status Questionnaire. Journal of General Internal Medicine, 2007, 22, 1280-1285.	1.3	13
54	Measuring evidence-based medicine knowledge and skills. The Dutch Berlin Questionnaire: translation and validation. Journal of Clinical Epidemiology, 2011, 64, 928-930.	2.4	11

#	Article	IF	CITATIONS
55	Trainers' and trainees' expectations of entrustable professional activities (EPAs) in a primary care training programme. Education for Primary Care, 2019, 30, 13-21.	0.2	11
56	Feedback on role model behaviour: effective for clinical trainers?. Perspectives on Medical Education, 2022, 4, 153-157.	1.8	10
57	Didactic and technical considerations when developing e-learning and CME. Education and Information Technologies, 2016, 21, 991-1005.	3.5	9
58	Effectiveness of an individual, online e-learning program about sexually transmitted infections: a prospective cohort study. BMC Family Practice, 2017, 18, 57.	2.9	9
59	Low creatine kinase is associated with a high population incidence of fainting. Clinical Autonomic Research, 2009, 19, 231-236.	1.4	8
60	Association between psychological complaints and recurrence of vasovagal syncope. Clinical Autonomic Research, 2011, 21, 373-380.	1.4	7
61	Educating the clinical trainer: professional gain for the trainee? A controlled intervention study in general practice. Perspectives on Medical Education, 2014, 3, 455-473.	1.8	7
62	Learning from a role model: A cascade or whirlpool effect?. Medical Teacher, 2015, 37, 482-489.	1.0	7
63	Development and evaluation of a culturally appropriate hypertension education (CAHE) training program for health care providers. PLoS ONE, 2017, 12, e0178468.	1.1	7
64	Longitudinal training models for entrusting students with independent patient care?: A systematic review. Medical Education, 2021, , .	1.1	7
65	Orthostatic blood pressure control in Marfan's syndrome. Europace, 2005, 7, 25-27.	0.7	6
66	How learning style affects evidence-based medicine: a survey study. BMC Medical Education, 2011, 11, 81.	1.0	6
67	Effect of a Mobile Safety Alarm on Going Outside, Feeling Safe, Fear of Falling, and Quality of Life in Communityâ€Living Older Persons: A Randomized Controlled Trial. Journal of the American Geriatrics Society, 2012, 60, 987-989.	1.3	6
68	Syncope in Genotype-Negative Long QT Syndrome Family Members. American Journal of Cardiology, 2014, 114, 1223-1228.	0.7	6
69	Fainting, emancipation and the â€~weak and sensitive' sex. Journal of Physiology, 2009, 587, 3063-3064.	1.3	5
70	Syncopedia: training a new generation of syncope specialists. Clinical Autonomic Research, 2018, 28, 173-176.	1.4	5
71	Role modelling in the training of hospital-based medical specialists: aÂvalidation study of the Role Model Apperception Tool (RoMAT). Perspectives on Medical Education, 2019, 8, 237-245.	1.8	5
72	Rationale, design and initial results of an educational intervention to improve provider-initiated HIV testing in primary care. Family Practice, 2021, 38, 441-447.	0.8	5

#	Article	IF	CITATIONS
73	The development of a collective quality system: challenges and lessons learned; a qualitative study. BMC Medical Education, 2017, 17, 126.	1.0	4
74	The implementation of a quality system in the Dutch GP specialty training: barriers and facilitators; a qualitative study. BMC Medical Education, 2017, 17, 127.	1.0	4
75	Local and national effects of a quality system in Dutch general practitioner specialty training: a qualitative study. Quality in Higher Education, 2018, 24, 43-54.	0.6	4
76	Professionals' perspectives on factors affecting GP trainees' patient mix: results from an interview and focus group study among professionals working in Dutch general practice. BMJ Open, 2019, 9, e032182.	0.8	4
77	Assessment of motivational interviewing: a qualitative study of response process validity, content validity and feasibility of the motivational interviewing target scheme (MITS) in general practice. BMC Medical Education, 2017, 17, 224.	1.0	3
78	Assessment of motivational interviewing with the VASE-(Mental) Healthcare: Mixed-methods study to examine feasibility and validity in the general practice setting. Patient Education and Counseling, 2020, 103, 1319-1325.	1.0	3
79	Assessment of motivational interviewing: Psychometric characteristics of the MITS 2.1 in general practice. Patient Education and Counseling, 2020, 103, 1311-1318.	1.0	2
80	Benefits of EPAs at risk? The influence of the workplace environment on the uptake of EPAs in EPA-based curricula. Perspectives on Medical Education, 2022, 10, 200-206.	1.8	2
81	Orthostatic Challenge Tests: Active Standing and Head-Up Tilt. , 2013, , 197-207.		2
82	To the Editor—History taking as a diagnostic test in patients with vasovagal syncope. Heart Rhythm, 2015, 12, e137.	0.3	1
83	Reducing the Tension Between Patient Safety and Trainee Autonomy. Journal of the American Medical Directors Association, 2019, 20, 1049-1050.	1.2	1
84	Feasibility, and validity aspects of Entrustable Professional Activity (EPA)-based assessment in general practice training. Education for Primary Care, 2022, 33, 69-76.	0.2	1
85	Vasovagal Syncope as a Cause of Syncope in Long-QT Syndrome. Journal of the American College of Cardiology, 2011, 58, 199-200.	1.2	0
86	In Reply to Freed and Franks. Academic Medicine, 2013, 88, 1053-1054.	0.8	0
87	Complaint-driven preferences & trust: patient's views on consulting GP trainees. Education for Primary Care, 2022, , 1-7.	0.2	0