

Nynke van Dijk

List of Publications by Year in descending order

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87
papers

5,238
citations

147566

31
h-index

88477

70
g-index

97
all docs

97
docs citations

97
times ranked

4939
citing authors

#	ARTICLE	IF	CITATIONS
1	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
2	Feedback on role model behaviour: effective for clinical trainers?. Perspectives on Medical Education, 2022, 4, 153-157.	1.8	10
3	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
4	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
5	Complaint-driven preferences & trust: patient's views on consulting GP trainees. Education for Primary Care, 2022, , 1-7.	0.2	0
6	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
7	Longitudinal training models for entrusting students with independent patient care?: A systematic review. Medical Education, 2021, , .	1.1	7
8	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
9	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
10	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
11	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
12	Role modelling in the training of hospital-based medical specialists: a validation study of the Role Model Apperception Tool (RoMAT). Perspectives on Medical Education, 2019, 8, 237-245.	1.8	5
13	Reducing the Tension Between Patient Safety and Trainee Autonomy. Journal of the American Medical Directors Association, 2019, 20, 1049-1050.	1.2	1
14	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
15	Intervention Descriptions in Medical Education: What Can Be Improved? A Systematic Review and Checklist. Academic Medicine, 2019, 94, 281-290.	0.8	28
16	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
17	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
18	The role of the general practitioner in return to work after cancer—a systematic review. Family Practice, 2018, 35, 531-541.	0.8	14

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19	Local and national effects of a quality system in Dutch general practitioner specialty training: a qualitative study. <i>Quality in Higher Education</i> , 2018, 24, 43-54.	0.6	4
20	Syncopedia: training a new generation of syncope specialists. <i>Clinical Autonomic Research</i> , 2018, 28, 173-176.	1.4	5
21	Self-regulated learning in the clinical context: a systematic review. <i>Medical Education</i> , 2018, 52, 1008-1015.	1.1	142
22	General practitioners' barriers and facilitators towards new provider-initiated HIV testing strategies: a qualitative study. <i>International Journal of STD and AIDS</i> , 2017, 28, 459-466.	0.5	26
23	Effectiveness of an individual, online e-learning program about sexually transmitted infections: a prospective cohort study. <i>BMC Family Practice</i> , 2017, 18, 57.	2.9	9
24	Development and evaluation of a culturally appropriate hypertension education (CAHE) training program for health care providers. <i>PLoS ONE</i> , 2017, 12, e0178468.	1.1	7
25	The development of a collective quality system: challenges and lessons learned; a qualitative study. <i>BMC Medical Education</i> , 2017, 17, 126.	1.0	4
26	The implementation of a quality system in the Dutch GP specialty training: barriers and facilitators; a qualitative study. <i>BMC Medical Education</i> , 2017, 17, 127.	1.0	4
27	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. <i>BMC Medical Education</i> , 2017, 17, 224.	1.0	3
28	Implantable cardioverter-defibrillator harm in young patients with inherited arrhythmia syndromes: A systematic review and meta-analysis of inappropriate shocks and complications. <i>Heart Rhythm</i> , 2016, 13, 443-454.	0.3	213
29	Syncope clinical management in the emergency department: a consensus from the first international workshop on syncope risk stratification in the emergency department. <i>European Heart Journal</i> , 2016, 37, 1493-1498.	1.0	96
30	Didactic and technical considerations when developing e-learning and CME. <i>Education and Information Technologies</i> , 2016, 21, 991-1005.	3.5	9
31	Learning from a role model: A cascade or whirlpool effect?. <i>Medical Teacher</i> , 2015, 37, 482-489.	1.0	7
32	Learning results of GP trainers in a blended learning course on EBM: a cohort study. <i>BMC Medical Education</i> , 2015, 15, 104.	1.0	14
33	To the Editor: History taking as a diagnostic test in patients with vasovagal syncope. <i>Heart Rhythm</i> , 2015, 12, e137.	0.3	1
34	History taking as a diagnostic test in patients with syncope: developing expertise in syncope. <i>European Heart Journal</i> , 2015, 36, 277-280.	1.0	42
35	Syncope in Brugada syndrome: Prevalence, clinical significance, and clues from history taking to distinguish arrhythmic from nonarrhythmic causes. <i>Heart Rhythm</i> , 2015, 12, 367-375.	0.3	64
36	Educating the clinical trainer: professional gain for the trainee? A controlled intervention study in general practice. <i>Perspectives on Medical Education</i> , 2014, 3, 455-473.	1.8	7

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37	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). <i>Europace</i> , 2014, 16, 1515-1520.	0.7	26
38	Syncope in Genotype-Negative Long QT Syndrome Family Members. <i>American Journal of Cardiology</i> , 2014, 114, 1223-1228.	0.7	6
39	Priorities for Emergency Department Syncope Research. <i>Annals of Emergency Medicine</i> , 2014, 64, 649-655.e2.	0.3	79
40	Competencies of specialised wound care nurses: a European Delphi study. <i>International Wound Journal</i> , 2014, 11, 665-674.	1.3	27
41	Assessment of the Clinical Trainer as a Role Model. <i>Academic Medicine</i> , 2014, 89, 671-677.	0.8	31
42	Clinical history in management of suspected syncope: A powerful diagnostic tool. <i>Cardiology Journal</i> , 2014, 21, 651-657.	0.5	32
43	Risk factors associated with visiting or not visiting the accident & emergency department after a fall. <i>BMC Health Services Research</i> , 2013, 13, 286.	0.9	14
44	Tools to assess Evidence-Based Practice behaviour among healthcare professionals. <i>Evidence-Based Medicine</i> , 2013, 18, 129-138.	0.6	45
45	Observations of evidence-based medicine in general practice. <i>Perspectives on Medical Education</i> , 2013, 2, 196-208.	1.8	17
46	A systematic review of the relationship between patient mix and learning in work-based clinical settings. A BEME systematic review: BEME Guide No. 24. <i>Medical Teacher</i> , 2013, 35, e1181-e1196.	1.0	42
47	The Attributes of the Clinical Trainer as a Role Model. <i>Academic Medicine</i> , 2013, 88, 26-34.	0.8	139
48	In Reply to Freed and Franks. <i>Academic Medicine</i> , 2013, 88, 1053-1054.	0.8	0
49	Identifying Cardiac Syncope Based on Clinical History: A Literature-Based Model Tested in Four Independent Datasets. <i>PLoS ONE</i> , 2013, 8, e75255.	1.1	35
50	Orthostatic Challenge Tests: Active Standing and Head-Up Tilt. , 2013, , 197-207.		2
51	Barriers to GPs' use of evidence-based medicine: a systematic review. <i>British Journal of General Practice</i> , 2012, 62, e511-e521.	0.7	153
52	Effect of a Mobile Safety Alarm on Going Outside, Feeling Safe, Fear of Falling, and Quality of Life in Community-Living Older Persons: A Randomized Controlled Trial. <i>Journal of the American Geriatrics Society</i> , 2012, 60, 987-989.	1.3	6
53	Vasovagal Syncope as a Cause of Syncope in Long-QT Syndrome. <i>Journal of the American College of Cardiology</i> , 2011, 58, 199-200.	1.2	0
54	Measuring evidence-based medicine knowledge and skills. The Dutch Berlin Questionnaire: translation and validation. <i>Journal of Clinical Epidemiology</i> , 2011, 64, 928-930.	2.4	11

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55	Drugs and pacemakers for vasovagal, carotid sinus and situational syncope. The Cochrane Library, 2011, , CD004194.	1.5	33
56	Physiologic strategies to prevent fainting responses during or after whole blood donation. Transfusion, 2011, 51, 2727-2738.	0.8	64
57	Association between psychological complaints and recurrence of vasovagal syncope. Clinical Autonomic Research, 2011, 21, 373-380.	1.4	7
58	How learning style affects evidence-based medicine: a survey study. BMC Medical Education, 2011, 11, 81.	1.0	6
59	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
60	What Are the Barriers to Residents' Practicing Evidence-Based Medicine? A Systematic Review. Academic Medicine, 2010, 85, 1163-1170.	0.8	140
61	Prospective evaluation of non-pharmacological treatment in vasovagal syncope. Europace, 2010, 12, 567-573.	0.7	39
62	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
63	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
64	Low creatine kinase is associated with a high population incidence of fainting. Clinical Autonomic Research, 2009, 19, 231-236.	1.4	8
65	Fainting, emancipation and the "weak and sensitive" sex. Journal of Physiology, 2009, 587, 3063-3064.	1.3	5
66	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
67	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
68	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
69	Influence of age and gender on the occurrence and presentation of reflex syncope. Clinical Autonomic Research, 2008, 18, 127-133.	1.4	102
70	Is fatigue in Marfan syndrome related to orthostatic intolerance?. Clinical Autonomic Research, 2008, 18, 187-193.	1.4	25
71	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
72	Fear of falling: measurement strategy, prevalence, risk factors and consequences among older persons. Age and Ageing, 2008, 37, 19-24.	0.7	1,062

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73	Genetic aspects of vasovagal syncope: a systematic review of current evidence. <i>Europace</i> , 2008, 11, 414-420.	0.7	22
74	Daily, weekly, monthly, and seasonal patterns in the occurrence of vasovagal syncope in an older population. <i>Europace</i> , 2007, 9, 823-828.	0.7	28
75	Initial orthostatic hypotension: review of a forgotten condition. <i>Clinical Science</i> , 2007, 112, 157-165.	1.8	319
76	Leg crossing with muscle tensing, a physical counter-manoeuvre to prevent syncope, enhances leg blood flow. <i>Clinical Science</i> , 2007, 112, 193-201.	1.8	28
77	Quality of Life Within One Year Following Presentation After Transient Loss of Consciousness. <i>American Journal of Cardiology</i> , 2007, 100, 672-676.	0.7	72
78	Reliability, Validity and Responsiveness of the Syncope Functional Status Questionnaire. <i>Journal of General Internal Medicine</i> , 2007, 22, 1280-1285.	1.3	13
79	Effectiveness of Physical Counterpressure Maneuvers in Preventing Vasovagal Syncope. <i>Journal of the American College of Cardiology</i> , 2006, 48, 1652-1657.	1.2	256
80	Clinical Factors Associated with Quality of Life in Patients with Transient Loss of Consciousness. <i>Journal of Cardiovascular Electrophysiology</i> , 2006, 17, 998-1003.	0.8	109
81	Lifetime Cumulative Incidence of Syncope in the General Population: A Study of 549 Dutch Subjects Aged 35-60 Years. <i>Journal of Cardiovascular Electrophysiology</i> , 2006, 17, 1172-1176.	0.8	308
82	Hemodynamic effects of leg crossing and skeletal muscle tensing during free standing in patients with vasovagal syncope. <i>Journal of Applied Physiology</i> , 2005, 98, 584-590.	1.2	93
83	Orthostatic blood pressure control in Marfan's syndrome. <i>Europace</i> , 2005, 7, 25-27.	0.7	6
84	Sublingual Nitroglycerin Used in Routine Tilt Testing Provokes a Cardiac Output-Mediated Vasovagal Response. <i>Journal of the American College of Cardiology</i> , 2004, 44, 588-593.	1.2	60
85	Management of Vasovagal Syncope. <i>Circulation</i> , 2002, 106, 1684-1689.	1.6	323
86	Psychological Treatment of Malignant Vasovagal Syncope Due to Bloodphobia. <i>PACE - Pacing and Clinical Electrophysiology</i> , 2001, 24, 122-124.	0.5	37
87	Treatment of vasovagal syncope: pacemaker or crossing legs?. <i>Clinical Autonomic Research</i> , 2000, 10, 347-349.	1.4	18