

# Lambert Schuwirth

## List of Publications by Year in descending order

Source: <https://exaly.com/author-pdf/5401012/publications.pdf>

Version: 2024-02-01

108  
papers

6,687  
citations

94269

37  
h-index

69108

77  
g-index

110  
all docs

110  
docs citations

110  
times ranked

3620  
citing authors

| #  | ARTICLE   | IF  | CITATIONS |
|----|---|-----|-----------|
| 1  | The use of progress testing. <i>Perspectives on Medical Education</i> , 2022, 1, 24-30.   | 1.8 | 100       |
| 2  | Dual processing theory and experts' reasoning: exploring thinking on national multiple-choice questions. <i>Perspectives on Medical Education</i> , 2022, 4, 168-175.   | 1.8 | 31        |
| 3  | Factors influencing students' receptivity to formative feedback emerging from different assessment cultures. <i>Perspectives on Medical Education</i> , 2022, 5, 276-284.   | 1.8 | 83        |
| 4  | Context and clinical reasoning: Understanding the medical student perspective. <i>Perspectives on Medical Education</i> , 2022, 7, 256-263.   | 1.8 | 25        |
| 5  | Assuring the quality of programmatic assessment: Moving beyond psychometrics. <i>Perspectives on Medical Education</i> , 2022, 7, 350-351.  | 1.8 | 18        |
| 6  | Advancing the science of health professions education through a shared understanding of terminology: a content analysis of terms for 'faculty'. <i>Perspectives on Medical Education</i> , 2022, 11, 22-27.             | 1.8 | 9         |
| 7  | Exploring unlearning in the process of Professional Identity Formation (PIF). <i>Asia Pacific Scholar</i> , 2022, 7, 106-108.   | 0.2 | 1         |
| 8  | The pursuit of fairness in assessment: Looking beyond the objective. <i>Medical Teacher</i> , 2022, 44, 353-359.  | 1.0 | 13        |
| 9  | Embedding a Coaching Culture into Programmatic Assessment. <i>Education Sciences</i> , 2022, 12, 273.   | 1.4 | 3         |
| 10 | An international study on the implementation of programmatic assessment: Understanding challenges and exploring solutions. <i>Medical Teacher</i> , 2022, 44, 928-937.  | 1.0 | 9         |
| 11 | Fairness in human judgement in assessment: a hermeneutic literature review and conceptual framework. <i>Advances in Health Sciences Education</i> , 2021, 26, 713-738.  | 1.7 | 20        |
| 12 | Identifying the at-risk General Practice trainee: a retrospective cohort meta-analysis of General Practice registrar flagging. <i>Advances in Health Sciences Education</i> , 2021, 26, 1001-1025.                      | 1.7 | 3         |
| 13 | Knowledge to action: a scoping review of approaches to educate primary care providers in the identification and management of routine sleep disorders. <i>Journal of Clinical Sleep Medicine</i> , 2021, 17, 2307-2324. | 1.4 | 6         |
| 14 | Making it fair: Learners' and assessors' perspectives of the attributes of fair judgement. <i>Medical Education</i> , 2021, 55, 1056-1066.  | 1.1 | 6         |
| 15 | Never waste a good crisis: Resilient health professions education. <i>Asia Pacific Scholar</i> , 2021, 6, 1-4.  | 0.2 | 0         |
| 16 | Exploring complexities in the reform of assessment practice: a critical realist perspective. <i>Advances in Health Sciences Education</i> , 2021, 26, 1641-1657.  | 1.7 | 12        |
| 17 | How culture affects validity: understanding Japanese residents' sense-making of evaluating clinical teachers. <i>BMJ Open</i> , 2021, 11, e047602.  | 0.8 | 1         |
| 18 | Developing Personal Resilience Questionnaire for rural doctors: an indigenous approach study in Indonesia. <i>BMC Psychology</i> , 2021, 9, 158.  | 0.9 | 1         |

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|----|---|-----|-----------|
| 19 | Even a little sleepiness influences neural activation and clinical reasoning in novices. <i>Health Science Reports</i> , 2021, 4, e406.   | 0.6 | 0         |
| 20 | Theoretical considerations on programmatic assessment. <i>Medical Teacher</i> , 2020, 42, 213-220.  | 1.0 | 40        |
| 21 | Conflict between clinician teachers and their students: the clinician perspective. <i>Advances in Health Sciences Education</i> , 2020, 25, 401-414.  | 1.7 | 5         |
| 22 | Clinical Reasoning and Diagnostic Error: A Call to Merge Two Worlds to Improve Patient Care. <i>Academic Medicine</i> , 2020, 95, 1159-1161.  | 0.8 | 13        |
| 23 | A history of assessment in medical education. <i>Advances in Health Sciences Education</i> , 2020, 25, 1045-1056.   | 1.7 | 42        |
| 24 | Prospective Randomized Controlled Trial of Video- Versus Recall-Assisted Reflection in Simulation-Based Teaching on Acquisition and Retention of Airway Skills Among Trainees Intubating Critically Ill Patients*. <i>Critical Care Medicine</i> , 2020, 48, 1265-1270. | 0.4 | 10        |
| 25 | Workplace-based assessments in postgraduate medical education: A hermeneutic review. <i>Medical Education</i> , 2020, 54, 981-992.  | 1.1 | 30        |
| 26 | Assessment of clinical reasoning: three evolutions of thought. <i>Diagnosis</i> , 2020, 7, 191-196.   | 1.2 | 10        |
| 27 | Clinical reasoning performance assessment: using situated cognition theory as a conceptual framework. <i>Diagnosis</i> , 2020, 7, 241-249.  | 1.2 | 15        |
| 28 | Mapping clinical reasoning literature across the health professions: a scoping review. <i>BMC Medical Education</i> , 2020, 20, 107.  | 1.0 | 58        |
| 29 | A situated cognition model for clinical reasoning performance assessment: a narrative review. <i>Diagnosis</i> , 2020, 7, 227-240.  | 1.2 | 10        |
| 30 | Personal resilience and rural doctors retention: a study in Indonesia. <i>Rural and Remote Health</i> , 2020, 20, 6097.   | 0.4 | 3         |
| 31 | The terminology of clinical reasoning in health professions education: Implications and considerations. <i>Medical Teacher</i> , 2019, 41, 1277-1284.   | 1.0 | 43        |
| 32 | Heart Rate and Heart Rate Variability Correlate with Clinical Reasoning Performance and Self-Reported Measures of Cognitive Load. <i>Scientific Reports</i> , 2019, 9, 14668.   | 1.6 | 43        |
| 33 | Ethics approval for health professions education research: are we going too far down the barrel?. <i>Medical Education</i> , 2019, 53, 956-958.   | 1.1 | 7         |
| 34 | Yes, but does medical education produce better doctors?. <i>Education for Primary Care</i> , 2019, 30, 333-336.   | 0.2 | 3         |
| 35 | Assessment in the context of problem-based learning. <i>Advances in Health Sciences Education</i> , 2019, 24, 903-914.  | 1.7 | 44        |
| 36 | Identifying the narrative used by educators in articulating judgement of performance. <i>Perspectives on Medical Education</i> , 2019, 8, 83-89.  | 1.8 | 6         |

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|----|---|-----|-----------|
| 37 | Use of clinical reasoning tasks by medical students. <i>Diagnosis</i> , 2019, 6, 127-135.   | 1.2 | 4         |
| 38 | Interventions to improve diagnostic decision making: A systematic review and meta-analysis on reflective strategies. <i>Medical Teacher</i> , 2019, 41, 517-524.  | 1.0 | 25        |
| 39 | Drawing Boundaries: The Difficulty in Defining Clinical Reasoning. <i>Academic Medicine</i> , 2018, 93, 990-995.  | 0.8 | 80        |
| 40 | Immersive high fidelity simulation of critically ill patients to study cognitive errors: a pilot study. <i>BMC Medical Education</i> , 2017, 17, 36.  | 1.0 | 27        |
| 41 | Development of culture-sensitive clinical teacher evaluation sheet in the Japanese context. <i>Medical Teacher</i> , 2017, 39, 844-850.   | 1.0 | 6         |
| 42 | When I say "dual-processing theory". <i>Medical Education</i> , 2017, 51, 888-889.  | 1.1 | 5         |
| 43 | In Reply to Ma et al. <i>Academic Medicine</i> , 2017, 92, 426-427.   | 0.8 | 1         |
| 44 | Changing the culture of assessment: the dominance of the summative assessment paradigm. <i>BMC Medical Education</i> , 2017, 17, 73.  | 1.0 | 60        |
| 45 | Contextual factors and clinical reasoning: differences in diagnostic and therapeutic reasoning in board certified versus resident physicians. <i>BMC Medical Education</i> , 2017, 17, 211.                               | 1.0 | 33        |
| 46 | Comparison of formula and number-right scoring in undergraduate medical training: a Rasch model analysis. <i>BMC Medical Education</i> , 2017, 17, 192.   | 1.0 | 8         |
| 47 | An application of programmatic assessment for learning (PAL) system for general practice training. <i>GMS Journal for Medical Education</i> , 2017, 34, Doc56.  | 0.1 | 8         |
| 48 | Response to Ten steps to health professional education research. <i>Clinical Teacher</i> , 2016, 13, 167-167.   | 0.4 | 0         |
| 49 | Competencies to enable learning-focused clinical supervision: a thematic analysis of the literature. <i>Medical Education</i> , 2016, 50, 485-495.  | 1.1 | 46        |
| 50 | Response to: Functional neuroimaging and diagnostic reasoning. <i>Medical Teacher</i> , 2016, 38, 753-754.  | 1.0 | 4         |
| 51 | National licensing examinations, not without dilemmas. <i>Medical Education</i> , 2016, 50, 15-17.  | 1.1 | 7         |
| 52 | Clinical Reasoning Tasks and Resident Physicians: What Do They Reason About?. <i>Academic Medicine</i> , 2016, 91, 1022-1028.   | 0.8 | 32        |
| 53 | Supporting divergent and convergent production of test items for teachers in higher education. <i>Thinking Skills and Creativity</i> , 2016, 20, 1-16.  | 1.9 | 4         |
| 54 | Functional neuroimaging correlates of thinking flexibility and knowledge structure in memory: Exploring the relationships between clinical reasoning and diagnostic thinking. <i>Medical Teacher</i> , 2016, 38, 570-577. | 1.0 | 18        |

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|----|---|-----|-----------|
| 55 | Neural basis of nonanalytical reasoning expertise during clinical evaluation. <i>Brain and Behavior</i> , 2015, 5, e00309.  | 1.0 | 20        |
| 56 | Ten steps to conducting health professional education research. <i>Clinical Teacher</i> , 2015, 12, 272-276.  | 0.4 | 6         |
| 57 | Twelve Tips for programmatic assessment. <i>Medical Teacher</i> , 2015, 37, 641-646.  | 1.0 | 206       |
| 58 | Dual Process Theory and Intermediate Effect: Are Faculty and Residents' Performance on Multiple-Choice, Licensing Exam Questions Different?. <i>Military Medicine</i> , 2015, 180, 92-96.                     | 0.4 | 2         |
| 59 | Yes, But Does It Produce Better Doctors?. <i>Military Medicine</i> , 2015, 180, 161-162.  | 0.4 | 0         |
| 60 | Relationship of Neuroimaging to Typical Sleep Times During a Clinical Reasoning Task: A Pilot Study. <i>Military Medicine</i> , 2015, 180, 129-135.   | 0.4 | 4         |
| 61 | Consequences of contextual factors on clinical reasoning in resident physicians. <i>Advances in Health Sciences Education</i> , 2015, 20, 1225-1236.  | 1.7 | 38        |
| 62 | The impact of programmatic assessment on student learning: theory versus practice. <i>Medical Education</i> , 2015, 49, 487-498.  | 1.1 | 151       |
| 63 | Barriers to the uptake and use of feedback in the context of summative assessment. <i>Advances in Health Sciences Education</i> , 2015, 20, 229-245.  | 1.7 | 94        |
| 64 | Opinion versus value; local versus global: what determines our future research agenda?. <i>Medical Education</i> , 2014, 48, 1040-1042.   | 1.1 | 2         |
| 65 | A pilot study exploring the relationship between internists's self-reported sleepiness, performance on multiple-choice exam items and prefrontal cortex activity. <i>Medical Teacher</i> , 2014, 36, 434-440. | 1.0 | 13        |
| 66 | Using Functional Magnetic Resonance Imaging to Improve How We Understand, Teach, and Assess Clinical Reasoning. <i>Journal of Continuing Education in the Health Professions</i> , 2014, 34, 76-82.           | 0.4 | 9         |
| 67 | Medical Students Perceive Better Group Learning Processes when Large Classes Are Made to Seem Small. <i>PLoS ONE</i> , 2014, 9, e93328.   | 1.1 | 24        |
| 68 | Making the horse drink: use of mini-CEX in an assessment for learning view. <i>Advances in Health Sciences Education</i> , 2013, 18, 1-4.   | 1.7 | 7         |
| 69 | Workplace-based assessment: raters's performance theories and constructs. <i>Advances in Health Sciences Education</i> , 2013, 18, 375-396.   | 1.7 | 147       |
| 70 | Standardised versus individualised assessment: related problems divided by a common language. <i>Medical Education</i> , 2013, 47, 627-631.   | 1.1 | 2         |
| 71 | Expertise in performance assessment: assessors's perspectives. <i>Advances in Health Sciences Education</i> , 2013, 18, 559-571.  | 1.7 | 86        |
| 72 | Assessing tomorrow's learners: In competency-based education only a radically different holistic method of assessment will work. Six things we could forget. <i>Medical Teacher</i> , 2013, 35, 555-559.      | 1.0 | 79        |

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|----|--|-----|-----------|
| 73 | â€˜Emotions in learningâ€™ is more than merely â€˜learning of emotionsâ€™. Medical Education, 2013, 47, 14-15.1  |     | 3         |
| 74 | Clarifying Assumptions to Enhance Our Understanding and Assessment of Clinical Reasoning. Academic Medicine, 2013, 88, 442-448.  | 0.8 | 132       |
| 75 | How Is Clinical Reasoning Developed, Maintained, and Objectively Assessed? Views from Expert Internists and Internal Medicine Interns. Journal of Continuing Education in the Health Professions, 2013, 33, 215-223. | 0.4 | 17        |
| 76 | Functional Neuroimaging Correlates of Burnout among Internal Medicine Residents and Faculty Members. Frontiers in Psychiatry, 2013, 4, 131.  | 1.3 | 42        |
| 77 | Does the Authenticity of Preclinical Teaching Format Affect Subsequent Clinical Clerkship Outcomes? A Prospective Randomized Crossover Trial. Teaching and Learning in Medicine, 2012, 24, 177-182.                  | 1.3 | 20        |
| 78 | Impact of Increased Authenticity in Instructional Format on Preclerkship Studentsâ€™ Performance. Academic Medicine, 2012, 87, 1341-1347.  | 0.8 | 15        |
| 79 | The feasibility, reliability, and validity of a post-encounter form for evaluating clinical reasoning. Medical Teacher, 2012, 34, 30-37.   | 1.0 | 66        |
| 80 | Expert validation of fit-for-purpose guidelines for designing programmes of assessment. BMC Medical Education, 2012, 12, 20.   | 1.0 | 43        |
| 81 | A model for programmatic assessment fit for purpose. Medical Teacher, 2012, 34, 205-214.   | 1.0 | 564       |
| 82 | Using Functional Neuroimaging Combined With a Think-Aloud Protocol to Explore Clinical Reasoning Expertise in Internal Medicine. Military Medicine, 2012, 177, 72-78.  | 0.4 | 31        |
| 83 | Programmatic assessment and Kaneâ€™s validity perspective. Medical Education, 2012, 46, 38-48.   | 1.1 | 131       |
| 84 | A model of the pre-assessment learning effects of summative assessment in medical education. Advances in Health Sciences Education, 2012, 17, 39-53.   | 1.7 | 107       |
| 85 | The impact of selected contextual factors on expertsâ€™ clinical reasoning performance (does context) Tj ETQq1 1 0.784314 rgBT /C<br>65-79.  | 1.7 | 111       |
| 86 | Programmatic assessment: From assessment of learning to assessment for learning. Medical Teacher, 2011, 33, 478-485.   | 1.0 | 565       |
| 87 | Research in assessment: Consensus statement and recommendations from the Ottawa 2010 Conference. Medical Teacher, 2011, 33, 224-233.   | 1.0 | 38        |
| 88 | General overview of the theories used in assessment: AMEE Guide No. 57. Medical Teacher, 2011, 33, 783-797.  | 1.0 | 119       |
| 89 | Authenticity of instruction and student performance: a prospective randomised trial. Medical Education, 2011, 45, 807-817.   | 1.1 | 40        |
| 90 | Context and clinical reasoning: understanding the perspective of the expertâ€™s voice. Medical Education, 2011, 45, 927-938.   | 1.1 | 161       |

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|-----|---|-----|-----------|
| 91  | Workplace-based assessment: effects of rater expertise. <i>Advances in Health Sciences Education</i> , 2011, 16, 151-165.   | 1.7 | 162       |
| 92  | Perspective: Redefining Context in the Clinical Encounter: Implications for Research and Training in Medical Education. <i>Academic Medicine</i> , 2010, 85, 894-901.                               | 0.8 | 112       |
| 93  | A new framework for designing programmes of assessment. <i>Advances in Health Sciences Education</i> , 2010, 15, 379-393.   | 1.7 | 107       |
| 94  | The assessment of professional competence: building blocks for theory development. <i>Best Practice and Research in Clinical Obstetrics and Gynaecology</i> , 2010, 24, 703-719.                    | 1.4 | 260       |
| 95  | Aging and cognitive performance: Challenges and implications for physicians practicing in the 21st century *. <i>Journal of Continuing Education in the Health Professions</i> , 2010, 30, 153-160. | 0.4 | 45        |
| 96  | Making use of contrasting participant views of the same encounter. <i>Medical Education</i> , 2010, 44, 953-961.  | 1.1 | 13        |
| 97  | Collaboration on progress testing in medical schools in the Netherlands. <i>Medical Teacher</i> , 2010, 32, 476-479.  | 1.0 | 38        |
| 98  | Is assessment of clinical reasoning still the Holy Grail?. <i>Medical Education</i> , 2009, 43, 298-300.  | 1.1 | 38        |
| 99  | Is an Angoff Standard an Indication of Minimal Competence of Examinees or of Judges?. <i>Advances in Health Sciences Education</i> , 2008, 13, 203-211.   | 1.7 | 27        |
| 100 | Differences in knowledge development exposed by multi-curricular progress test data. <i>Advances in Health Sciences Education</i> , 2008, 13, 593-605.  | 1.7 | 36        |
| 101 | Broadening Perspectives on Clinical Performance Assessment: Rethinking the Nature of In-training Assessment. <i>Advances in Health Sciences Education</i> , 2007, 12, 239-260.                      | 1.7 | 221       |
| 102 | A plea for new psychometric models in educational assessment. <i>Medical Education</i> , 2006, 40, 296-300.   | 1.1 | 141       |
| 103 | Assessing professional competence: from methods to programmes. <i>Medical Education</i> , 2005, 39, 309-317.  | 1.1 | 927       |
| 104 | Changing education, changing assessment, changing research?. <i>Medical Education</i> , 2004, 38, 805-812.  | 1.1 | 117       |
| 105 | Cross institutional collaboration in assessment: a case on progress testing. <i>Medical Teacher</i> , 2004, 26, 719-725.  | 1.0 | 60        |
| 106 | Do short cases elicit different thinking processes than factual knowledge questions do?. <i>Medical Education</i> , 2001, 35, 348-356.  | 1.1 | 83        |
| 107 | A closer look at cueing effects in multiple-choice questions. <i>Medical Education</i> , 1996, 30, 44-49.   | 1.1 | 91        |
| 108 | Computerized case-based testing: A modern method to assess clinical decision making. <i>Medical Teacher</i> , 1996, 18, 294-299.  | 1.0 | 13        |