Supplemental digital content for Cook DA, Stephenson CR, Gruppen LD, Durning SJ. Management reasoning: Empirical determination of key features and a conceptual model. Acad Med.

Supplemental Digital Appendix 1

Management Reasoning Video Coding Form

What features of management reasoning are evident in this encounter (please explain, elaborate)?

Contrasting, selection among multiple reasonable / defensible solutions (no single correct plan)

Prioritization of patient, provider, and system preferences, constraints, and values

Communication and shared decision-making (ascertainment of, integration with patient preferences)

Ongoing monitoring and adjustment of the management plan (plan is a moving target)

Dynamic interplay among people, systems, settings, and competing priorities; uncertain, complex, "situated"

What other features of management or management reasoning are evident in this encounter?

In what ways was reasoning automatic, fast, & reliant on pattern recognition (reflecting System 1)?

In what ways was reasoning deliberate, effortful, and slow (reflecting System 2)?

What unique skills were employed by (or lacking in) this physician to achieve successful management? Are these skills content/context-specific? or would they generalize across clinical problems/settings?

What implications does this encounter hold for assessment of management reasoning (e.g., assessment modalities, domains, temporal evolution)? Include both challenges and solutions.

What feedback on patient management would you offer to this resident (things done well, and suggestions for improvement)? (Consider: if you were caring for this patient yourself, what would you have done differently in managing this patient?)

What was missing from this encounter (e.g., interaction with computer/EHR) that would be important to include in vignettes used in future research of management reasoning?