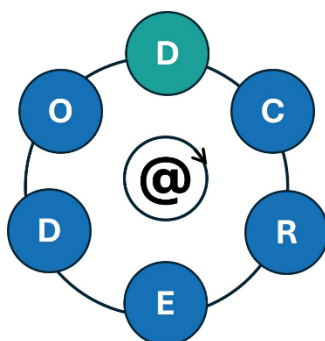


# D-CREDO

## Digital Health Technologies-Augmented Clinical Reasoning Education

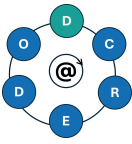


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## D2.3 White Paper Process Report

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Status	Final
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## **1. Introduction**

This report outlines the process that led to the creation of the D-CREDO White Paper (Deliverable 2.3), an output central to the project's mission to enhance clinical reasoning (CR) education through digital health tools. The white paper was the result of an intensive, interdisciplinary collaboration across partners and institutions, built on shared expertise, recurring consultations, and joint reflection on educational theory and digital innovation. It was finalized between March and May 2025 through structured working group sessions, supported by a series of focused presentations, written contributions and feedback.

## **2. A Collaborative and Iterative Process**

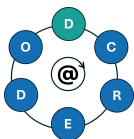
From the outset, the white paper was designed as a collaborative undertaking. A dedicated working group was formed, consisting of educational scientists, clinicians, digital health experts, and curriculum developers. As the work package holder, Erasmus MC (EMC) coordinated the process and actively guided each member to contribute on specific topics related to learning theories, teaching methods, and assessment strategies for integrating digital health tools into CR education.

The working group met regularly, every two weeks, through online sessions to exchange insights, build consensus, and shape the document in an iterative manner. The group's commitment to open dialogue and constructive feedback was instrumental in aligning diverse perspectives into a coherent and academically grounded final product.

## **3. Methodology of White Paper Development**

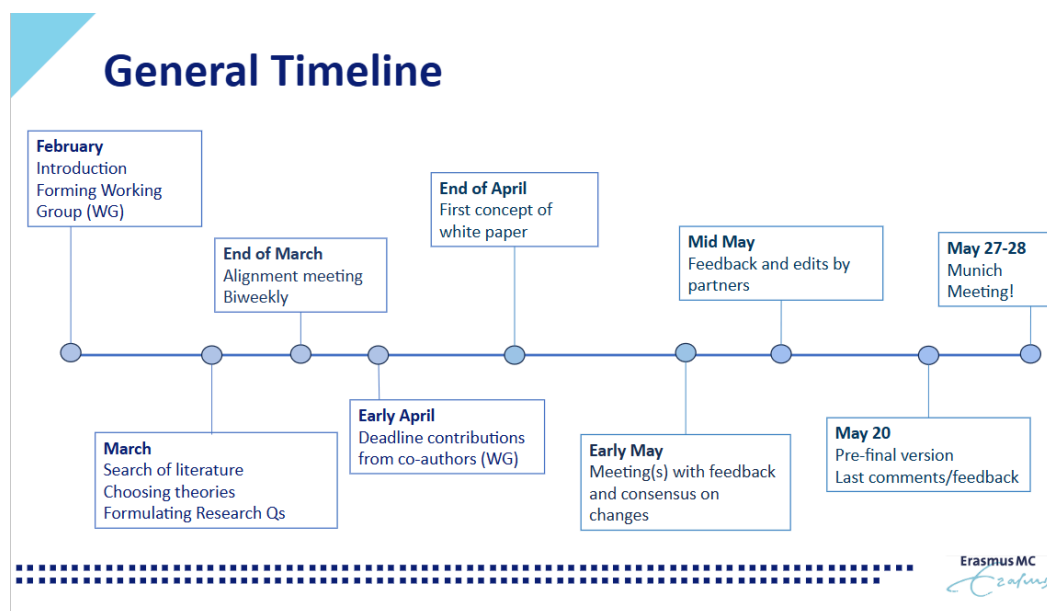
The development of the white paper followed a structured, phased, and participatory approach. The process began with a jointly developed proposal for the paper's structure, which was discussed and refined in early meetings. The agreed structure included sections on the introduction and background, the conceptual and methodological framework, a synthesis of gaps in the existing literature, and practical recommendations for educational design and implementation. This structure provided a clear roadmap for the working group and guided the collaborative writing process over the following months.

The writing process was organized around a biweekly rhythm. In each session, the group focused on a different section of the white paper. Participants submitted contributions based on their expertise and specific assignments, which were then discussed and critiqued during the



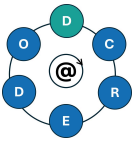
meetings. There was always space to look ahead and prepare for upcoming sections, ensuring a coherent progression of content and themes throughout the process.

In parallel with drafting the structure, we engaged in collaborative brainstorming to explore suitable learning theories, teaching strategies, and assessment methods relevant to digital health-augmented CR education. This exercise resulted in an extensive and diverse list, reflecting the interdisciplinary backgrounds of the group. To identify the most promising elements from this list, we designed and conducted a Qualtrics survey among all project partners. Participants were asked to rate the relevance and applicability of each item in relation to our shared goals. The results helped us prioritize a core set of theories, methods, and strategies that would anchor the development of the white paper. These prioritized elements were then revisited and refined throughout the writing process. They informed both the conceptual framework and the practical recommendations, ensuring alignment between educational theory and the realities of teaching and learning in a digital health context.



*Figure 1. Estimated timeline for the White Paper – Presented at the online Kick-off meeting*

Sources used for the white paper included both literature identified through the project's rapid review and additional literature that each group member selected and analyzed in relation to their specific topic. Topics ranged from learning theories (e.g. cognitive load theory and experiential learning) to teaching methods (e.g. blended learning, virtual patients) and assessment



strategies (e.g. formative assessment, programmatic assessment). Each contribution included academic references and was formatted to facilitate synthesis and integration.

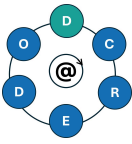
After each section of the white paper was drafted, the working group was explicitly invited to provide feedback. These feedback rounds were an integral part of the process, allowing members to critically reflect on the evolving content, ensure alignment with shared goals, and contribute to improvements in clarity, structure, and academic quality.

Erasmus MC, as the coordinating institution and Work Package 2 lead, played a central role in connecting the contributions and providing editorial oversight. They synthesized individual inputs, drafted overarching sections of the white paper, and facilitated structured feedback rounds. This iterative process ensured conceptual coherence. Successive presentations provided the backbone for collective reflection and decision-making. These sessions were used to review content, resolve outstanding issues, align terminology and scope, and incorporate practical examples and use cases.

In May, the group held a dedicated on-line brainstorming session focused on the formulation of research questions for future investigation. This was based on the literature gaps identified earlier in the process and aligned with the goals of the D-CREDO project. From this dialogue, a comprehensive set of research priorities was developed and incorporated into the white paper.



*Figure 2. Presenting the pre-final version of the White Paper live in Munich*



By late May, the white paper had taken its full shape. A near-final draft was delivered and circulated for feedback. During the in-person consortium meeting in Munich on May 27, a pre-final version of the white paper was presented, and final comments and suggestions were collected. The final version of the whitepaper is available at the D-CREDO project website at: [D-CREDO White Paper](#). This milestone marked the successful conclusion of an intensive but highly collaborative development trajectory.

#### **4. Reflections on the Collaborative Approach**

The white paper's strength lies not only in its academic and pedagogical content, but also in the collaborative process through which it was developed. The group demonstrated a strong sense of shared purpose and trust. Differences in background and perspective enriched the discussion and led to creative, well-substantiated solutions. A culture of mutual respect allowed for critical debate and continuous refinement of ideas. Moreover, the structured timeline and clear expectations fostered accountability without compromising collegiality. Each member's expertise was not only recognized but actively integrated into the final text.

#### **5. Conclusion**

The process of writing the D-CREDO White Paper has exemplified how collaborative, interdisciplinary work can yield high-quality, impactful educational resources. The result is a robust and actionable document that reflects the collective expertise and shared vision of the D-CREDO consortium. As the white paper now enters its implementation and dissemination phase, it stands as a landmark of effective academic partnership and thoughtful innovation in medical education.