VMBARS MEDICINE FIELD GUIDE

How Medicine Thinks

A field guide to decisions under uncertainty—before outcomes tempt us to rewrite the quality of the choice.

CORE IDEA
A good outcome can follow a poor decision, and a poor outcome can follow a sound decision. Evaluate the process using what was knowable at the time.

1. Separate outcome quality from decision quality

	Good outcome	Bad outcome
Sound process	Learn without becoming overconfident.	Examine uncertainty and execution without automatic blame.
Weak process	Do not let luck certify the method.	Fix the process; do not learn only from pain.

This is not an excuse to ignore outcomes. Outcomes matter deeply; the point is to improve learning by examining both result and reasoning.

2. Build a decision record

Field	Question
Decision	What choice is being made, by whom, and by when?
Objective	What outcome matters—and for which stakeholders?
Options	What are the realistic alternatives, including waiting or gathering evidence?
Evidence	What is known, unknown, and assumed?
Probability	What outcomes are plausible, and how likely do they seem?
Tradeoffs	Who benefits, contributes, carries cost, or bears risk?
Trigger	What new evidence would change the plan?
Review	When and how will the decision be evaluated?

Keep a knowledge tracker

- Facts: supported observations or data.
- Interpretations: what the facts may mean.
- Assumptions: beliefs the plan depends on but has not established.

- Unknowns: information not yet available or not practically knowable.
- Updates: new evidence that changes confidence or action.

3. Defend against predictable distortions

Distortion	Countermeasure
Resulting	Reconstruct what was knowable before the outcome.
Hindsight bias	Record expectations and probabilities prospectively.
Overconfidence	Use ranges, base rates, and reasons you could be wrong.
Premature closure	Name at least one plausible alternative explanation.
Social proof	Ask what evidence supports the consensus in this case.
Incentive blindness	Map how each stakeholder is rewarded, constrained, or exposed.
Action bias	Compare action with waiting, monitoring, or a reversible test.

TEAM DECISION HYGIENE

Invite independent views before group discussion, ask the most junior relevant voice early, distinguish facts from interpretations, and assign someone to articulate the strongest alternative.

4. Use counterfactuals to learn

1. What other outcomes could reasonably have followed the same decision?
2. What different process could have produced the same outcome?
3. Which signal was diagnostic, and which only appears important in retrospect?
4. What should become a reusable rule—and what is too context-specific?
5. What would we document differently next time?

Decision-quality worksheet

Prompt	Your notes
Decision, owner, and deadline	
Evidence and important unknowns	
Alternatives considered	
Expected outcomes and probabilities	
Stakeholder tradeoffs and change trigger	
Review date and reviewer	

Further reading: Annie Duke, How to Decide, for practical tools on resulting, hindsight bias, probabilities, decision journals, and counterfactuals. *Scope: Educational only; not medical, legal, financial, or admissions advice. No outcome is promised.*