VMBARS MEDICINE FIELD GUIDE

The Latticework Clinician

Use multiple mental models to see more of the patient, the team, and the system —without confusing breadth with expertise.

CORE IDEA
Complex problems rarely belong to one discipline. A latticework connects useful models from several fields so you can ask better questions, recognize limits, and avoid one-lens answers.

1. Build the lattice, not a collection of trivia

Model	Question it adds
Biology	What mechanisms, variation, and time course could explain what we observe?
Probability	What is plausible before this evidence, and how should confidence update?
Psychology	How do attention, emotion, identity, framing, and bias affect behavior?
Economics	What incentives, constraints, opportunity costs, and externalities shape choices?
Operations	Where do capacity, queues, handoffs, and reliability determine what actually happens?
Ethics	What duties, rights, inequities, and value conflicts must be addressed?
Sociology	How do roles, norms, institutions, and power influence the situation?
Communication	What meaning must be shared, and what could be misunderstood?

The discipline of model choice

- Use a model because it explains something relevant, not because it sounds sophisticated.
- State where the model may fail or oversimplify.
- Do not use adjacent knowledge to impersonate licensed or specialized expertise.
- Prefer a small number of well-understood models over a long vocabulary.
- Update the lattice through study, observation, feedback, and real consequences.

2. Run a multi-lens case review

Choose a real problem—access delay, treatment adherence, team burnout, diagnostic uncertainty, a research bottleneck, or another bounded issue. Then answer:

Lens	Observation	Implication or test
Mechanism		
Probability		
Behavior		
Incentives		
Workflow		
Ethics and equity		
Power and culture		
Communication		

RETURN TO THE STAKEHOLDERS

After applying the lenses, return to the stakeholders: who benefits, who contributes, who decides, who carries the cost, and whose perspective is still absent?

3. Use checklists without becoming mechanical

1. Trigger: define when the checklist should be used.
2. Critical few: include items whose omission creates meaningful risk.
3. Sequence: place items where they can change action, not after the fact.
4. Ownership: make it clear who confirms each item.
5. Escape hatch: allow justified deviation and require the reasoning to be visible.
6. Learning loop: revise the checklist when evidence shows a better design.

Circle of competence

Inside	Adjacent	Outside
What I can do reliably and explain	What I can discuss with supervision or verification	What requires referral, consultation, or explicit non-claim

The circle should grow, but its boundary should remain honest. The most dangerous gap is not ignorance; it is unrecognized ignorance combined with authority.

4. Keep a learning ledger

For each model or field, record where it helped, where it failed or oversimplified, and the next source or expert that could improve your understanding.

Further reading: Charles T. Munger, Poor Charlie's Almanack, for the idea of a multidisciplinary latticework, incentives, checklists, and the discipline of staying within a circle of competence. *Scope: Educational only; not medical, legal, financial, or admissions advice. No outcome is promised.*