

## Chart Stimulated Recall Instructions

The Chart Stimulated Recall (CSR) worksheet can be used for a variety of teaching opportunities:

1. Post patient encounter teaching session
2. After a resident run clinic, ambulatory clinic or consult
3. As a teaching session to help a learner in difficulty

The CSR can be useful:

1. As a teaching tool; to help structure a teaching session
2. As a tool for providing feedback
3. to improve documentation skills
4. to help demonstrate and evaluate CanMEDS-FM roles and competencies
5. To stimulate reflective practice
6. As a tool for residents in difficulty
  - a. To identify gaps in knowledge
  - b. To identify critical thinking and reasoning skills

### Instructions

1. Prepare the learner by informing them that you will be reviewing a chart note and you would like to discuss the patient encounter. Let the learner know that this is a teaching session and they will receive feedback on their chart note and review of the case.
2. Select a chart note for review. The chart can be electronic or hand written.
3. Review the chart note and write comments for feedback in Box A. Suggestions for comments are included at the top of Box A
4. Select a few Discussion Questions from the list under Box A. The possible questions should help guide your discussion, but not all questions need to be asked.
5. Write comments for feedback on the Case presentation and discussion questions in Box B.
6. Give the learner your feedback Add the CSR to their portfolio, learning file or achievement system.

## Chart Stimulated Recall (CSR) Worksheet

<b>Resident or Student:</b>		<b>Date of CSR:</b>
<b>Preceptor/Supervisor:</b>	<b>Chart # or Patient Initials:</b>	<b>Date of Visit:</b>

Box A: Comments and Feedback from the Chart Note				
<p><i>May include some or all of the following:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><i>1. Record keeping and legibility</i></td> <td style="width: 50%;"><i>3. Follow-up documented</i></td> </tr> <tr> <td><i>2. Information documented is pertinent and relevant</i></td> <td><i>4. General comments</i></td> </tr> </table>	<i>1. Record keeping and legibility</i>	<i>3. Follow-up documented</i>	<i>2. Information documented is pertinent and relevant</i>	<i>4. General comments</i>
<i>1. Record keeping and legibility</i>	<i>3. Follow-up documented</i>			
<i>2. Information documented is pertinent and relevant</i>	<i>4. General comments</i>			

### Case Review – Possible Discussion Questions

(note which questions were asked)

#### 1. General Case Review

- a. Clinical assessment – **Family Medicine Expert, Communicator**
  - i. Can you give me an overview of the case?
  - ii. What features of the patient’s presentation led you to your top two (or three) diagnoses?
  - iii. Did you inquire about the patient’s illness experience (feelings, ideas, effect on function and expectations) and what did you learn?
  - iv. If there was ambiguity or uncertainty about the case, how did you deal with it?
  - v. Is there anything else you wish you would have asked?
  
- b. Investigations and Referrals – **Collaborator, Manager**
  - i. Why did you choose the investigations that you did?

- ii. Were there other tests that you thought of but decided against? Why?
- iii. How did you decide whether to refer to a health care team member or consultant?
- c. Treatment and Management – **Scholar, Communicator**
  - i. What features led you to choose the treatment that you did?
  - ii. What were the patient’s expectations for treatment?
  - iii. Do you feel you reached common ground with the patient?
  - iv. Were there other treatments that you thought of but didn’t offer? If so, why did you decide against them?
- d. Follow-up
  - i. What did you decide was appropriate for follow up? Did you document your plans?
  - ii. What factors influenced your decision?

## 2. Comprehensive Care – Health Advocate

- a. Monitoring Chronic Disease
  - i. Did you discuss his/her chronic disease/progress?
  - ii. On reflection, can you think of monitoring strategies that would be appropriate?
- b. Health Promotion and Prevention
  - i. Did you discuss preventive interventions? (e.g. BP, smoking cessation, alcohol use, screening tests, diet, exercise, etc.)
  - ii. On reflection, do you think there are some interventions should be discussed?

## 3. Patient Factors – Health Advocate

- a. Was there anything special about this patient that influenced your decisions regarding management? (e.g. compliance issues, past medical history, support systems, employment)
- b. On reflection, is there anything about this patient you wish you knew more about?

## 4. Practice or System factors – Collaborator, Manager

- a. Is there anything special about your practice setting that influenced your management in this case? (e.g. a nurse educator, Care Network, lack of access services)
- b. On reflection, how could you improve health care delivery to this patient?

**Box B: Comments and Feedback from the Case Review**

<i>May include some or all of the following:</i>	
<i>1. General comments about case presentation</i>	<i>5. Demonstrated Patient-Centeredness and CanMEDS-FM Competencies</i>
<i>2. Analysis of information and reasoning skills</i>	<i>6. Comprehensive care and health promotion</i>
<i>3. Approach to management and ambiguity</i>	<i>7. Evidence of reflective practice</i>
<i>4. Use of evidence-based medicine</i>	

Preceptor or Supervisor Signature: \_\_\_\_\_

Resident or Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

