



Chart Stimulated Recall Review Committee for Radiation Oncology

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 ACGME 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 him/her 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 he/she will receive feedback on the 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.

Give the learner your feedback. Add the CSR to his/her portfolio, learning file, or achievement system.

Case Review – Possible Discussion Questions

(note which questions were asked)

1. General Case Review

- a. Clinical assessment – **Medical Knowledge, Patient Care**
 - 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 – **Medical Knowledge, Systems-based Practice**
 - 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 – **Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism**
 - 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. Patient Factors – Medical Knowledge, Practice-based Learning and Improvement

- 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 regarding this patient about which you wish you knew more?

3. Practice or System factors – Systems-based Practice

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

Resident:	Date of CSR:	
Faculty Member:	Chart # or Patient Initials:	Date of Patient Encounter:

Box B: Comments and Feedback from the Case Review

May include some or all of the following:

- | | |
|---|--|
| 1. General comments about case presentation | 5. Demonstrated ACGME Competencies |
| 2. Analysis of information and reasoning skills | 6. Comprehensive care and health promotion |
| 3. Approach to management and ambiguity | 7. Evidence of reflective practice |
| 4. Use of evidence-based medicine | |

Preceptor or Supervisor Signature: _____ Date: _____

Resident or Student Signature: _____ Date: _____

Adapted from Schipper S and Ross R. Structured teaching and assessment. A new chart-stimulated recall worksheet for family medicine residents. Canadian Family Physician. 2010. Vol 56: 958-959.