

# Chart Stimulated Recall

How to have an effective discussion

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# Conflict of Interest

- I have no conflict of interest to disclose.

# Objectives

- By the end of the session, participants should be able to:
  - Describe an approach to leading a chart stimulated recall session
  - List topics that may be covered in a session
  - Highlight potential benefits for both the supervisor and the physician being supervised

## Purpose

- Follow up on charts flagged at chart audit
- Allow physician to demonstrate their clinical reasoning skills
- Discuss common problems and approaches to investigation and management
- Permit discussion of factors external to physician that can impact practice

# Purpose

- Should be conducted as a collegial discussion, ideally, NOT as an examination

# Flags

- May be red flags, but most often not
- Variations in approach, investigation, management
- Medication choices – old vs new

# Process

- Review 2-3 files that were identified at chart audit.
- “Please tell me about this visit.”
- Allow the physician to highlight the presenting complaint and the key points.

# Clinical assessment

- “How did you get there?”
- From the office visit -
- Key features which led to diagnosis/DDx or clinical impression.
- Were there other conditions that were ruled out and how.
- Background knowledge of the patient (ongoing care) can also be communicated here.



# Investigations and Referrals

- “What specific features led you to the investigations/referral that you chose?”
- Were other investigations/referrals considered?
  - What factors came into play in the decision-making process?
  - What next steps might be taken if A occurs, or B occurs – theoretical discussion.

# Treatment

- “What specific features led you to the management that you chose?”
- Discussion should include pharmacologic and non-pharmacologic interventions.
- Were other treatment options considered, deferred, ruled out?

# Chronic Disease Management

- Outline their approach to monitoring of common chronic diseases.
- Identify resources that are available to themselves and their patients.
- Outline their treatment strategies for common chronic diseases.
- Discuss barriers to optimal care.

# Health Promotion and Prevention

- Outline their usual practice with regard to screening modalities, e.g., mammography, BP screening, coloncheck.
- Outline their usual practice with regard to lifestyle interventions, e.g., smoking cessation, substance use, diet, exercise.

## Follow up

- “Do you recall if a decision was made about follow up?”
- What factors influenced that decision/recommendation?
- Did the follow up occur?

## Context of Care – Patient Factors

- “Patient characteristics can influence decision-making. Was there anything in particular about this patient that influenced your decisions regarding management?”
- Allows recognition of specific circumstances.
- Blaming of patient not acceptable.

## Context of Care – Practice/System Factors

- “Is there anything specific about your practice setting that influenced your management in this case?”
- “What changes would improve your ability to deliver care to this patient?”
- Could be lack of familiarity with resources (early), and/or need for systems improvement.
- Identify need to adapt to the system as it exists.

## Overall Evaluation of case

- Supervisor should come away with an opinion as to the physician's approach to clinical decision making for each case.



# Practice

- Looking back at the reviewed charts, what items would you flag for follow up? Why?

# Practice

- Now work in partners to have a conversation about the charts/events you identified.

# Conclusion

- Questions?