Chart Stimulated Recall: Strategies and Skills for Implementation

Presented by:
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Steve Huege, MD, University of Pennsylvania

Presentation funded with grant support from the Donald W. Reynolds Foundation
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Barry Rovner, MD, Thomas Jefferson University

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Kevin Overbeck, DO, Assistant Professor, UMDNJ-SOM
Terrie Ginsberg, DO, Associate Professor, UMDNJ-SOM
Overview of Presentation

- Introduction to Clinical Reasoning
- Role of Chart Stimulated Recall (CSR)
- Development and Use of CSR Instrument in Geriatric Psychiatry
- Demonstration and group activity exploring strategies and skills for CSR implementation
Clinical Reasoning

The cornerstone of clinical competence
Key Elements of Reasoning

- Knowledge
- Context
- Experience

Patient’s story  
Data Acquisition  
Accurate problem representation  
Generation of hypothesis  
Search for and selection of illness script  
Diagnosis

Bowen JL. NEJM. 2006; 355 (21): 2217-2225
Clinical Reasoning Strategies

Novice
- Hypothesis testing
- Many questions
- Compare and contrast

Advanced
- Forward thinking
- Branched decision points
- Narrow list of diagnoses

Expert
- Pattern recognition
- Few questions
- Instantaneous link of presentation to disease
How do we measure clinical reasoning?

- Internal process
- Frequently inferred, not directly measured
- Need to externalize process to measure it
Assessing Competence

Knows

Knowledge: Facts
Multiple Choice Exams

Knows How

Application: Use and Interpret Cases, Essays

Shows How

Performance: Demonstration
OSCE’s, High-fidelity simulations

Does

Action: Workplace Assessment
Direct observation, Chart Audit, Chart-stimulated recall, Mini-CEX

Chart Stimulated Recall (CSR)

- Developed in 1970s for EM physician training
- Chart review followed by discussion
- Examiner probes clinical reasoning
- Range of settings and level of trainee
- Valuable for addressing ACGME competencies
  - Patient care
  - Medical knowledge
  - Systems-based practice
  - Practice-based learning
Implementation

- Post encounter presentation
- End of rotation discussion
- Baseline and annual review
- Remediation
- In conjunction with Mini-CEX
Advantages of CSR

- Timely feedback in authentic practice
- Explore reasoning in diagnostic and treatment decisions
- Probe for advanced level understanding
- Appropriate for formative and summative assessment
CSR assessment can reveal...

- Gaps in knowledge and reasoning ability
- Premature diagnostic closure
- Inappropriate management choices
- Poor organization
- Lack of patient-centered care
- Incomplete documentation

Practical Professor, Chart Stimulated Recall, http://www.practicalprof.ab.ca/teaching_nuts_bolts_chart-stimulated_racall.html
Development and Use of CSR in Assessing Trainees in Geriatric Psychiatry
Why did we do this?

- We Needed to
  - Assess trainees and program
  - Assess clinical decision making
  - Tailor the experience
  - Document competencies
- Best use of our time
  - High yield assessment tool
  - Least interference with clinical day
  - Time to repeat assessments
Our Training Environment

- **Trainees**
  - Psychiatry Residents
    - Month-long rotation
    - Assessments repeated week 1 and 4
  - Geriatric Psychiatry Fellows
    - One or two year fellowship
    - Assessments performed quarterly

- **Faculty**
  - Psychiatrists, Psychologists, and Geriatricians
  - Time constraints

- **Setting**
  - Outpatient, Nursing home, Rehabilitation
Our Approach

CSR

CORE

Reliability

Expert feedback

Geropsych CSR
Our Experience

**Trainees**
- Favorable feedback
- Improve over time

**Faculty**
- Worth time invested
- Reliable

**Training program**
- Ongoing Assessment
- Documentation
The Tool

- Instructions
- Case complexity
- Rating
- Bullet points
- Prompting

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### Chart Stimulated Recall Checklist – Geriatric Psychiatry

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<thead>
<tr>
<th>Resident’s Name:</th>
<th>Faculty Rater:</th>
<th>Date:</th>
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<tr>
<td>Patient Dr:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case Complexity:</td>
<td>Low</td>
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<tr>
<td></td>
<td>Based on information derived from a) observing the resident, b) reviewing the patient’s chart, and/or c) hearing the resident’s verbal report, the rater assesses the overall clinical skills presented. Make suggestions for improvement in the Comments section at the bottom of the form.</td>
<td></td>
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<tr>
<td>Rate the resident on the scale below. Circle a number for each question.</td>
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<td>- Elicits pertinent information about physical disease states and related treatment</td>
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<td>4. Obtains social and developmental history</td>
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<tr>
<td>- Obtains relevant social history</td>
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<td>- Identifies patient’s social and caregiver support</td>
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*Development of this evaluation tool was supported in part by an educational grant from the Donald W. Reynolds Foundation Aging and Quality of Life program.*

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**OVERALL EVALUATION**

**Ratings anchors:**
- **Marginal:** Learner demonstrates a deficiency in presenting major geriatric issues, and responds incompletely to questions regarding conceptualization of the patient from a geriatric perspective.
- **Mastery:** Learner is fluent with patient information, includes all components completely and demonstrates ability to discuss the patient from a geriatric perspective.

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**Comments:** (Please provide comment on the overall presentation, quality of documentation, specific strengths/weaknesses, etc.)

This form has been reviewed with me.

Resident’s Signature: ___________________________ Date: ____________

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Probing question

- Resident demonstrates proficient clinical reasoning

Score is recorded

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- Prompting required
- Resident demonstrates proficient clinical reasoning
- Score is recorded
Dos and Don'ts

**DO**
- Prepare trainee for assessment
- Review instructions prior to each administration
- Select a case which is written up (chart or consult)
- Read case ahead of time
- Case should at least have potential to be longitudinal
- Allow full attention (turn off pager and cell)
- Focus on geriatrics (thought process and clinical reasoning)

**DON’T**
- Provide form in advance
- Select cases with closed ended interactions (i.e. single consult)
- Focus on bullets and forget overall assessment
- Make it into a board exam (psychiatrists!!)
- Armchair QB – provide information until feedback
Demonstration: CSR Interaction
While you observe, consider...

- What is the format for the dialogue?
- What type of questions are asked?
- How does the attending probe reasoning?
- What additional questions would you ask?
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Questions ???