

Chart Stimulated Recall (CSR) Report
The Assessor must complete this CSR Report form

You may wish to use this form to make your notes. **Not all sections for questions may be relevant to each chart discussed.**

Chart ID# OR Patient's Initials:

Date of patient visit:

A. This Visit

1. General

Please tell me about this visit. [Alternative: Please outline your approach to the presenting complaint and highlight the key points.]

2. Clinical Assessment

What specific features led you to this diagnosis or clinical impression?

Were there any other conditions that you ruled out?

3. Investigations and Referrals

What specific features led you to the investigations/referral you chose?

Were there any other investigations/referrals that you thought about, deferred or ruled out?

4. Treatment

What specific features led you to the management you chose?

Were there any other treatments that you thought about, deferred or ruled out? [Alternative: I note that you ordered 'XYZ'. What factors influenced your choice? Were there any other medications you considered?]

5. Follow-up

Do you recall if there was a decision about follow-up?

What were the factors that influenced your decision?

B. Comprehensiveness of Care

6. Monitoring Chronic Disease

In your care of this patient, have you discussed the monitoring of his/her chronic disease/progress?

On reflection, do you think there are some monitoring strategies that would be appropriate?

7. Health Promotion and Prevention

In your care of this patient, have you discussed preventive interventions? (E.g. BP, mammography, smoking cessation, alcohol use, lifestyle change, diet, exercise, etc.)

On reflection, do you think there are some interventions that would be appropriate?

C. Context of Care

8. Patient Factors

Patient characteristics sometimes influence decision-making. Was there anything special about this patient that influenced your decisions regarding management? (e.g. psychosocial issues, compliance, past medical history, current medications, support systems, employment)

On reflection, is there anything about this patient you wish you knew more about?

9. Practice/System Factors

Is there anything special about your practice setting that influenced your management in this case? (e.g. a nurse educator, lack of access to laboratory or x-ray)

On reflection, what changes would improve your ability to deliver care to this patient?

Assessor Comments:

Assessment of competence on this case

Competence Demonstrated
 Competence Partially Demonstrated
 Competence Not Demonstrated

Acknowledgement:

I acknowledge that this assessment is true and accurate.

Structuring the interview – 1 of 6 category descriptions

Use the approach and questions provided on this form to guide the interview with the candidate. Modify questions accordingly when they are irrelevant to the case. The questions are organized into 3 categories. The following questions (1 to 5) are a description of a particular visit.

Goal components of the encounter 2 of 6

Recall the goal: "Fill in gaps" between what was charted and what a candidate recalls saying or doing during, or after, a patient interaction.

Differentials 3 of 6

Did the candidate think about differentials?

Category description 4 of 6

The following questions (6 & 7) are a description of longer-term care issues.

Category description 5 of 6

The following questions (8 & 9) are a description of the context of the patient and the practice.

Final check 6 of 6

Has the verifiable information about the candidate's approach to the management of patients been collected? Is there an understanding of the candidate's clinical reasoning skills? This report should also serve as a stimulus for candidates to reflect on areas for improvement and recognition of current strengths.