

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

Candidate Name: _____ **Assessor Name:** _____

Chart ID#: _____ OR Patient Initials and DOB: _____ Date of patient visit: _____

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

A. This Visit

1. General

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

2. Clinical Assessment

- (a) "What specific features led you to this diagnosis or clinical impression?"
- (b) "Were there any other conditions that you ruled out?"

3. Investigations and Referrals

- (a) "What specific features led you to the investigations/referral you chose?"
- (b) "Were there any other investigations/referrals that you thought about, deferred or ruled out?"

4. Treatment

- (a) "What specific features led you to the management you chose?"
- (b) "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

- (a) "Do you recall if there was a decision about follow-up?"
- (b) "What were the factors that influenced your decision?"

B. Comprehensiveness of Care

6. Monitoring Chronic Disease

- (a) “In your care of this patient, have you discussed the monitoring of his/her chronic disease/progress?”

- (b) “On reflection, do you think there are some monitoring strategies that would be appropriate?”

7. Health Promotion and Prevention

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

- (b) “On reflection, do you think there are some interventions that would be appropriate?”

C. Context of Care

8. Patient Factors

- (a) “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)”

- (b) “On reflection, is there anything about this patient you wish you knew more about?”

9. Practice/System Factors

- (a) “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)”

- (b) “On reflection, what changes would improve your ability to deliver care to this patient?”

Assessor’s Additional Notes/Comments:

Candidate comments:

| Assessment on this Chart Simulated Recall (select one) | | |
|--|-----------------------------------|--------------------------|
| Competence Not Demonstrated | Competence Partially Demonstrated | Competence Demonstrated |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Candidate Signature

Date

Assessor Signature

Date

SAMPLE ONLY