

Tips for Assessors – Chart Stimulated Recall

Chart Stimulated Recall (CSR) is a structured interview during which the assessor explores the diagnosis, management and problem-solving abilities of the PRA-BC candidate through review of patient charts.

Goals of the CSR

- “Fill in gaps” between what was *charted* and what a candidate *recalls saying or doing* during, or after, a patient interaction.
- Collect information about a candidate’s approach to case management.
- Assess candidate’s integration of written and non-written information during clinical decision-making events.

Selecting the Charts

Select four (4) to six (6) charts of interest to you because:

- Record-keeping fails to demonstrate how a diagnosis and/or treatment was determined; or,
- Chart triggered a field note due to lack of certainty about a finding, diagnosis, treatment and/or follow-up decision; or,
- Exemplary record-keeping practices are demonstrated and worthy of reinforcement.

Structuring the Interview

It is suggested you use the approach and questions provided on the **Chart Stimulated Recall Report** to guide the interview. Some questions may not be relevant to a particular patient or visit; you will need to modify accordingly. The questions are organized into the following three (3) categories:

- A. Description of a particular visit (questions 1-5)
- B. Description of longer-term care issues (questions 6 & 7)
- C. Description of the context of the patient and the practice (questions 8 & 9)

Providing Initial Feedback

A successful interview will collect **verifiable information** about the candidate’s approach to the management of patients and will **inform the assessor of the candidate’s clinical reasoning skills**. It should also serve as a stimulus for candidates to reflect and an opportunity to look at areas for improvement and recognition of current strengths.

CSR "Do's and Don'ts"

DO	DON'T
Collect information; seek to understand and clarify	Make assumptions or generalizations
Focus on the case and the patient	Be perceived as making a 'personal attack'
Be aware of personal biases with respect to record-keeping practices	Fail to recognize alternative practices
Pay attention to body language (your own and the candidate's)	Forget that evaluations can put anyone on "the defensive"
Use your own expert knowledge and experience to frame the supplementary questions	Attempt to <i>convince</i> the candidate of an error, mistaken belief or unfulfilled professional duty
Record your personal impressions on the form and note if the candidate does not agree with your impressions.	Argue - if you disagree with the candidate, present your view as your own and not as the only or "correct" one; the candidate needs to sign the form but can indicate their disagreement on the form accordingly.

Note: CSRs **MUST** be co-signed by candidate prior to returning form(s) to PRA-BC offices.

Reference/Resources:

1. Schipper S, Ross S. Structured teaching and assessment. Canadian Family Physician 2010;56;958-9 <http://www.cfp.ca/cgi/reprint/56/9/958>
2. Practical Prof - Teaching Nuts and Bolts: Chart Simulated Recall. <http://www.practicaldoc.ca/teaching/practical-prof/teaching-nuts-bolts/chart-stimulated-recall/>
3. Adapted from Saskatchewan International Physicians Practice Assessment (SIPPA) Information Binder for Assessors of IMGs. Accessed: Fall 2012 <http://saskdocs.ca/work/family-physician---imgs/sippa/>