

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

**Candidate Name:** \_\_\_\_\_ **Assessor Name:** \_\_\_\_\_

Chart ID# OR Patient's Initials: \_\_\_\_\_ 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