Sessions 7 Teaching Charting: Teaching Cases

CASE 1: Teaching charting: A student needing feedback on a progress note

Information for the resident teacher: You are one of the supervising residents in your outpatient clinic this month. Part of your responsibility is to go over your third-year medical student's notes and provide feedback. Your student this month has been with you in clinic for three weeks now and is a good student in most ways, but needs some work on improving the level of detail in charting, you have noticed. You selected one of the student's notes to review as an example: a well adolescent note for a 17-year-old boy with autistic spectrum disorder. You do not know this patient. You have the next **ten minutes** to read the note (alone, before the student comes in) and also to give the student feedback designed to improve charting skills.

CASE 1: Teaching charting: A student needing feedback on a progress note

Information for the "student": Your name is Chris D'Agostino. You are a third-year medical student on an outpatient rotation in the resident's specialty. As a requirement of this rotation, you are supposed to have one of the residents go over one of your progress notes and give you feedback. The resident has apparently selected one of your progress notes as an example to go over with you. You don't feel particularly confident about writing progress notes because you have just started your clinical rotations and you aren't yet familiar with what is expected from your notes.

- If the resident asks what you know about writing a progress note, you say you know "SOAP" stands for "subjective, objective, assessment and plan" and that you try to include each of these components.
- If the resident asks what your goal is for this session (or what you want to get out of the session), you say you believe you need to learn how to chart more efficiently. You see the attending physicians and residents writing their notes very quickly and you're worried that you're too slow.
- You worked as a paramedic before starting medical school and you are used to writing concise notes.
- If asked about your learning style, you are a "hands on" kind of learner who learns best by actively doing something (e.g., answering questions or writing rather than listening to a lecture).
- If the resident asks what you thought of this particular progress note, you say you thought it was okay. You are not sure if you included enough detail in your assessment and plan.
- If the resident asks if you have any questions, you ask (if the resident did not already bring up this subject) whether it would have been better to write a separate progress note in addition to the well child sheet so that you could discuss the patient's autistic spectrum disorder in more detail.

CASE 2: Teaching charting: A student needing feedback on an urgent care note

Information for the resident teacher

You are one of the supervising residents in the emergency department's urgent care clinic today. You are working with a third-year medical student whom you know slightly. The student saw an urgent care patient yesterday, and was told by the attending physician that the note was not detailed enough. The attending apparently did not have time to discuss the note any further than that. So today, the student has brought you the draft note emailed to the attending, to ask your advice on how it could be rewritten. You do not know the patient. You have the next **ten minutes** to read the note (alone, before the student comes in) and to give the student feedback to improve charting skills.

CASE 2: Teaching charting: A student needing feedback on an urgent care note

Information for the "student"

Your name is Riley Walsh. You are a third-year medical student working in the emergency department's urgent care clinic this week. You are waiting to talk to one of the residents about one of the notes you wrote yesterday. The attending physician yesterday said the note wasn't detailed enough, but he did not appear to have time to discuss it any further. You chose this resident (who you think has good skills and is non-threatening) to ask for some feedback on your note.

- How you respond to the resident's feedback depends on how the resident approaches you:
  - If s/he asks your opinions and needs first, you respond positively.
  - You are especially appreciative if the resident gets you involved "hands on" in rewriting part of your note rather than just telling you what you did right or wrong.
  - If s/he criticizes your note right away, you become defensive and say that no one has given you very much teaching about charting and that the clinic supervisors expect students to see too many patients in a half-day anyway.
- If the resident asks how things are going in general, you are enjoying your rotation. You like urgent care because there are many interesting patients. You are doing fairly well academically.
- If s/he asks what you know about charting, you say you feel fairly comfortable writing inpatient progress notes but have not gotten to write many outpatient notes yet.
- If the resident asks if there's anything particular about charting you'd like to go over, you say that you would like to know more about the structure that different types of outpatient notes should follow.
- If the resident asks what you thought of this particular progress note, you say you guess it was not very good. You had thought urgent care notes should be fairly brief but the attending seemed to think the note should include more information.

Checklist for Giving Feedback on Teaching Cases: Teaching Charting

The "CHART" approach to teaching charting

<u>C</u>omments:

1. Did the resident write useful comments on your progress note for you to keep?

_____No _____Somewhat _____Yes

<u>H</u>elp:

2. Did your resident clarify mutual goals (first yours, then the resident's) for this feedback session, explaining why it's important to learn charting skills?

_____No _____Somewhat _____Yes

3. Did s/he ask you to explain any special learning needs about charting and encourage you to admit your limitations?

_____No _____Somewhat _____Yes

<u>A</u>ssessment:

4. Did the resident ask what you already knew about writing progress notes?

_____No _____Somewhat _____Yes

5. Did s/he ask for your self-assessment of your note before commenting?

_____No _____Somewhat _____Yes

6. Was the resident's teaching material well organized to facilitate learning?

_____No _____Somewhat _____Yes

7. Did s/he provide positive feedback that specified exactly what you did right?

_____No _____Somewhat _____Yes

8. Did s/he correct your writing problems thoroughly and accurately?

_____No _____Somewhat _____Yes

9. Did the resident offer suggestions for improvement?

_____No _____Somewhat _____Yes

10. Did the resident get you actively involved in rewriting any of your note?

_____No _____Somewhat _____Yes

11. Did s/he generalize what you could learn from this type of charting?

_____No _____Somewhat _____Yes

Resources:

12. Did the resident explicitly encourage further learning?

_____No _____Somewhat _____Yes

13. Did s/he encourage you to read and explore specific learning resources (e.g., looking at examples of good notes, reviewing a basic textbook section on writing chart notes, getting a "consultation" with anyone else)?

_____No _____Somewhat _____Yes

Timing of follow-up:

14. Did the resident arrange for a follow-up session with you?

_____No _____Somewhat _____Yes

Other teaching skills

15. Did the resident treat you with respect, introduce him/herself, use your name?

_____No _____Somewhat _____Yes

16. Was the session paced well without dragging out or seeming rushed?

_____No _____Somewhat _____Yes

17. Did the teacher call attention to time and have you help refocus the session as needed?

_____No _____Yes _____Not applicable

EL PUEBLO UNIDO COMMUNITY HEALTH SYSTEM
Clinic Consult Note - Brief
REPORT#:637-5164 REPORT STATUS: Signed * Routed to Attdg for Signat
DATE:06/29/17 TIME: 1013

CHART NOTE FOR CASE 1

PATIENT: MONOCORSKI,THOMAS J UNIT #: 210457
ACCOUNT#: BA28405870
DOB: 01/09/00 AGE: 17 SEX: M ATTEND: Baracauskas,J MD
AUTHOR: D'Agostino, Chris MS3
REP SRV DT: 06/29/17 REP SRV TM: 1013

WELL ADOLESCENT ASSESSMENT

INTERVAL HISTORY: Severe dry cough, 1 x/day x 1 week, sometimes w/emesis, no other s/s

PARENTAL CONCERNS:
1. Check for murmur, born with hole in heart, closed ~6 months
2. Needs new consistent neurologist for autism f/u

Medication	Dose/Rte/Freq	Days	Qty	Entered	Last
Reviewed 06/29/2017					NONE

IMMUNIZATIONS: Current
REACTION TO PREVIOUS IMMUNIZATION: None
GUNS IN HOUSE: No EXPOSURE TO CIGARETTE SMOKE: Denies

ALLERGIES: NKA

PAST MEDICAL HISTORY: Autism spectrum disorder, heart murmur

PAST SURGICAL HISTORY: **NO DATA RECORDED**

FAMILY HISTORY: **NO DATA RECORDED**

SOCIAL HISTORY: Summer break, speech tx 2x/week

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 116/62, heart rate 74, temperature 98.2, respirations 14
GENERAL APPEARANCE: Well-nourishedd, NAD
HEENT: **NO DATA RECORDED** NECK: **NO DATA RECORDED** LUNGS: CTA
HEART: S1S2 RRR ABDOMEN: Soft GU: Testes descended
EXTREMITIES: **NO DATA RECORDED**
NEUROLOGICAL: Non-verbal but intractive

LABORATORY STUDIES AND IMAGING:
NO DATA RECORDED

ASSESSMENT/PLAN: Autism spectrum disorder – speech tx weekly, mother coping well, referred to Child Dev. Center for specialist f/u, f/u here prn Well adolescent care - F/u 1 yr

Electronically Signed by Chris D'Agostino, MS3 on 06/29/2017 at 1013 Routed to Attdg for Signat Baracauskas J

RPT #: 637-5164 ***END OF REPORT***

S.A. – UC Rm 7

CHART NOTE FOR CASE 2

ID: 50 y.o. DM HTN presents UC 3 days weakness and swollen lower legs bilaterally

S: c/o weakness & swollen lower legs x 3 d, went to ER (?) was rec follow-up appointment. (L) knee continues to improve; chronic low back pain continues

Meds HCTZ, propranolol,metformin

O: Vitals – see EMR
Gen – somewhat distressed 2/2 recent s/s
Neuro – appropriate
CV – RRR no murmurs
Pulm – CTA
Ext – Lower legs 2+ pitting edema

Fasting BG today 131
Labs from 2 days ago noted; CXR today – no cardiomegaly; EKG ?ST elevation, no prior EKG available

A/P:
New onset CHF, needs cardiac eval
ASA 325 mg given
Refused admission, says will come back later today after goes home to see family – stressed importance

Evaluation: Teaching Charting Session

Please rate the quality of your learning experience for each part of this session, using the key below. A score of 4 indicates an average learning experience compared with the rest of your residency training.

1	2	3	**4**	5	6	7
Not acceptable	Needs some improvement	Fair	Good	Very good	Excellent	Wow!

1. Mini-lecture on teaching charting	1	2	3	**4**	5	6	7
2. Practicing teaching charting cases	1	2	3	**4**	5	6	7
3. The sample chart notes themselves	1	2	3	**4**	5	6	7
4. **Charting module as a whole**	1	2	3	**4**	5	6	7

What did you like best about this session?

What could be improved about it?

What will you do differently after having participated?

Thanks!