Bringing Education & Service Together (BEST) Faculty Guide - Session 7 - Teaching Charting

Learning Objective

By the end of this session, participating residents will be able to:
- Identify the benefits of teaching charting
- Define the CHART approach
- Practice teaching charting to a medical student

Faculty Guides

We offer two faculty guides below, differing primarily in the amount of time available for the session.
- If you have 60 minutes for the session, please use Faculty Guide 1.
- If you can devote more than 60 minutes to the session, use Faculty Guide 2.

Faculty Guide 1: 60-minute session

Orientation and slide presentation (10 minutes total)

- o Orientation to the session on teaching charting (5 minutes)
  - Faculty introduce the session and explain the logistics of the session.

- o Teaching procedures: slide presentation (5 minutes)

  - Faculty briefly review the slides:

Slide 1: Learning Objective:

By the end of this session, participating residents give a medical student helpful, constructive feedback about charting.

Slide 2: Benefits of Teaching Charting

Many medical students may prefer to learn "hands on" clinical skills (history-taking, physical examination, charting, procedures) from resident physicians rather than from faculty.

Slide 3: Benefits of Teaching Charting

- Medical school provides numerous teachable moments for students to learn writing skills.

- Once students become residents, they may be offered less feedback about charting, or they may be less inclined to use feedback that they are offered

Slide 4: Benefits of Teaching Charting

Published tools now exist for assessing the quality of electronic notes, including the Physician Documentation Quality Instrument (PDQI-9).

Slide 5: The "CHART" approach to giving feedback on learners' written work

- <u>C</u>omments

- <u>H</u>elp

- <u>A</u>ssessment

- <u>R</u>esources

- <u>T</u>iming of follow-up

Slide 6: <u>C</u>omments

- Take as much time as you need to read the learner's note and write comments on it.

- Include an adequate (but not overwhelming) level of detail.

- Writing down your comments will help you organize your feedback and will later help the learner recall what you've said.

Slide 7: <u>H</u>elp

- Establish mutual goals for this feedback session (first the learner's, then yours).

- Clarify that you will focus on learning about charting rather than clinical issues.

    - Which writing skills does the learner think may require extra help?

Slide 8: <u>A</u>ssessment

- Now you can discuss your mutual assessment of the written work.

- Start with the learner's self-assessment.

- Then give your assessment, balancing positive and negative attributes.

- Organize your feedback into logical sections to make it easier to follow.

- Involve the learner actively: can s/he learn from rewriting some text with you?

Slide 9: <u>R</u>esources:

- Discuss learning resources the student can use to improve charting skills (online texts and other resources, other teachers).

  - Which resources does the learner think would be best for his/her learning style?

  - What have you read or done that helped you learn?

Slide 10: <u>T</u>iming of follow-up:

When would the learner like to meet again to go over more written work?

Practice teaching procedures with feedback (35 minutes total)

- Residents divide into pairs (5 minutes).

  - Depending upon the composition of the group, we recommend mixing up the pairs to encourage collaboration across training levels and departments.
  - The more faculty members available to facilitate the small-group component of the session, the better.
  - One faculty member assigned to supervise one or two pairs of residents is an ideal ratio.
  - The sample chart notes and cases provided in this session were used in the Bringing Education & Service Together (BEST) randomized trial, but medical educators teaching this session may feel free to substitute charting cases that are more relevant to their own residents.
    - For instance, an operative/procedure note could be used.
    - In any event, we recommend keeping the sample chart notes as simple as possible so as to keep the focus on teaching skills and preventing participants from becoming distracted by clinical complexities.

- Case 1: A student needing feedback on a progress note (15 minutes total)

    - Each faculty member hands each participating resident only the instructions for his or her role, i.e., hand "Information for the resident teacher" instructions to the resident who will play the teacher first, and hand "Information for the 'student'" to the resident who will play the student first.
    - The faculty member also provides each resident a copy of the sample chart note for case 1.

        o Resident #1 of each pair reviews the sample chart note then teaches resident #2 (the "student") about charting (10 minutes).
            - The faculty member watches resident #1 teach about charting.
            - Limit interruptions except to call attention to time as needed.

        o Resident #2 (the "student") fills out checklist then gives targeted feedback using checklist (5 minutes).
            - The faculty member provides one copy of the checklist to each participating resident.
            - Resident #2, who played the "student", fills out the checklist.
            - It is helpful for resident #1 who played the teacher to start by giving self-feedback.
            - Next, the faculty member assists resident #2, who played the "student", in going through the checklist to give constructive feedback to resident #1.

- Case 2: A student needing feedback on an adult urgent care note (15 minutes total)

    - Each faculty member hands each participating resident only the instructions for his or her role, i.e., hand "Information for the resident teacher" instructions to resident #2, who played the "student" in the first case, and hand "Information for the 'student'" to resident #1, who played the teacher in the first case.
    - The faculty member also provides each resident a copy of the sample chart note for case 2.

        o Resident #2 of each pair reviews the sample chart note then teaches resident #1 (the "student") about charting (10 minutes).

- The faculty member watches resident #2 teach about charting.
- Limit interruptions except to call attention to time as needed.

o Resident #1 (the "student") fills out checklist then gives targeted feedback using checklist (5 minutes).
- The faculty member provides one copy of the checklist to each participating resident.
- Resident #1, who played the "student", fills out the checklist.
- It is helpful for resident #2 who played the teacher to start by giving self-feedback.
- Next, the faculty member assists resident #1, who played the "student", in going through the checklist to give constructive feedback to resident #2.

Large-group summary of what was learned (5 minutes total)

Lesson Plan 2: 90-minute session

- Orientation and slide presentation (30 minutes total)

  o Orientation to the session on teaching charting (10 minutes)
  - Faculty introduce the session and explain the logistics of the session.

  o Teaching procedures: slide presentation (20 minutes)

  - Faculty briefly review the slides:

Slide 1: Learning Objective:

By the end of this session, participating residents give a medical student helpful, constructive feedback about charting.

Slide 2: Benefits of Teaching Charting

Many medical students may prefer to learn "hands on" clinical skills (history-taking, physical examination, charting, procedures) from resident physicians rather than from faculty.

Slide 3: Benefits of Teaching Charting

- o Medical school provides numerous teachable moments for students to learn writing skills.

- o Once students become residents, they may be offered less feedback about charting, or they may be less inclined to use feedback that they are offered

Slide 4: Benefits of Teaching Charting

Published tools now exist for assessing the quality of electronic notes, including the Physician Documentation Quality Instrument (PDQI-9).

Slide 5: The "CHART" approach to giving feedback on learners' written work:

- Comments

- Help

- Assessment

- Resources

- Timing of follow-up

Slide 6: Comments

- o Take as much time as you need to read the learner's note and write comments on it.

- o Include an adequate (but not overwhelming) level of detail.

- o Writing down your comments will help you organize your feedback and will later help the learner recall what you've said.

Slide 7: Help

- o Establish mutual goals for this feedback session (first the learner's, then yours).

- o Clarify that you will focus on learning about charting rather than clinical issues.

  - ▪ Which writing skills does the learner think may require extra help?

Slide 8: Assessment:

- Now you can discuss your mutual assessment of the written work.

- Start with the learner's self-assessment.

- Then give your assessment, balancing positive and negative attributes.

- Organize your feedback into logical sections to make it easier to follow.

- Involve the learner actively: can s/he learn from rewriting some text with you?

Slide 9: <u>Resources</u>:

- Discuss learning resources the student can use to improve charting skills (online texts and other resources, other teachers).

    - Which resources does the learner think would be best for his/her learning style?

    - What have you read or done that helped you learn?

Slide 10: <u>Timing of follow-up</u>:

When would the learner like to meet again to go over more written work?
- Practice teaching procedures with feedback (45 minutes total)

    - Residents divide into pairs (5 minutes).

        - Depending upon the composition of the group, we recommend mixing up the pairs to encourage collaboration across training levels and departments.
        - The more faculty members available to facilitate the small-group component of the session, the better.
        - One faculty member assigned to supervise one or two pairs of residents is an ideal ratio.
        - The sample chart notes and cases provided in this session were used in the Bringing Education & Service Together (BEST) randomized trial, but medical educators teaching this session may feel free to substitute charting cases that are more relevant to their own residents.
            - For instance, an operative/procedure note could be used.
            - In any event, we recommend keeping the sample chart notes as simple as possible so as to keep the focus on teaching skills and preventing participants from becoming distracted by clinical complexities.
        - Case 1: A student needing feedback on a progress note (20 minutes total)

- Each faculty member hands each participating resident only the instructions for his or her role, i.e., hand "Information for the resident teacher" instructions to the resident who will play the teacher first, and hand "Information for the 'student'" to the resident who will play the student first.
- The faculty member also provides each resident a copy of the sample chart note for case 1.

  o Resident #1 of each pair reviews the sample chart note then teaches resident #2 (the "student") about charting (10 minutes).
    - The faculty member watches resident #1 teach about charting.
    - Limit interruptions except to call attention to time as needed.

  o Resident #2 (the "student") fills out checklist then gives targeted feedback using checklist (10 minutes).
    - The faculty member provides one copy of the checklist to each participating resident.
    - Resident #2, who played the "student", fills out the checklist.
    - It is helpful for resident #1 who played the teacher to start by giving self-feedback.
    - Next, the faculty member assists resident #2, who played the "student", in going through the checklist to give constructive feedback to resident #1.

- Case 2: A student needing feedback on an adult urgent care note (20 minutes total)

  - Each faculty member hands each participating resident only the instructions for his or her role, i.e., hand "Information for the resident teacher" instructions to resident #2, who played the "student" in the first case, and hand "Information for the 'student'" to resident #1, who played the teacher in the first case.
  - The faculty member also provides each resident a copy of the sample chart note for case 2.

    o Resident #2 of each pair reviews the sample chart note then teaches resident #1 (the "student") about charting (10 minutes).
      - The faculty member watches resident #2 teach about charting.
      - Limit interruptions except to call attention to time as needed.
    o Resident #1 (the "student") fills out checklist then gives targeted feedback using checklist (10 minutes).

- The faculty member provides one copy of the checklist to each participating resident.
- Resident #1, who played the "student", fills out the checklist.
- It is helpful for resident #2 who played the teacher to start by giving self-feedback.
- Next, the faculty member assists resident #1, who played the "student", in going through the checklist to give constructive feedback to resident #2.

Large-group summary of what was learned (15 minutes total)

References:

Davis BG. Tools for Teaching, 2nd Ed. San Francisco: Jossey-Bass, 2009.

Morrison EH, Hollingshead J, Hubbell FA, Hitchcock MA, Rucker L, Prislin MD. Reach out and teach someone: generalist residents' needs for teaching skills development. Fam Med. 2002; 34:445-450.

Schwenk TL, Whitman N. Residents as Teachers: A Guide to Educational Practice. Salt Lake City: University of Utah, 1984.

Stetson PD et al. Assessing electronic note quality using the Physician Documentation Quality Instrument (PDQI-9). Appl Clin Inf. 2012;3:164-174.