

Chart Stimulated Recall Protocol

CaseID#: _____ Patient File # _____ Date and Time of Patient Visit: _____

Year of Patient Birth: _____ Patient Initials: _____ Gender: _____

INSTRUCTIONS TO ASSESSORS

In **Section A**, please ask the registrant all three questions.

In **Section B**, using the summary information from the previously completed Chart Review Protocol as a guide, select the appropriate questions from the list to guide your discussion. Some questions may not be relevant to the particular chart(s) you are discussing; you will need to modify accordingly.

The questions or prompts should be asked in a non-judgmental, non-biased approach. Advice and feedback may be provided to the registrant throughout the discussion. This assessment process is remediative.

The **Section C** questions are posed for the registrant's reflection.

In **Section D**, provide the registrant with recommendations for up to 3 key actionable areas for remediation.

Using the questions below, discuss with the registrant, their thinking about patient care.

You may record the registrant's responses verbatim in the *Registrant's Comments* column, as needed.

Document your assessment and feedback in the *Assessor's Comments* column. **Completion of *Assessor's Comments* and selection of either "Satisfactory" or "Unsatisfactory" are required.**

SECTION A: OVERALL CASE DISCUSSION

General Questions	Registrant's Comments	Assessor's Comments
1. Briefly (in a couple of sentences) tell me about this patient and their chief complaint.		
2. What can you tell me about any further relevant background information in this case?		
3. Please recall your diagnostic decision-making for this patient and whether there was anything unique about this patient that influenced your decision making.		

SECTION B: SPECIFIC DISCUSSION BASED ON AREAS IDENTIFIED IN THE CHART REVIEW PROCESS.

Using the appropriate questions below, discuss with the registrant the specifics of the chart that prompted this further assessment.

Questions by Standard and Competency	Registrant's Comments	Assessor's Comments	
<p>Standard: Patient Record Competency: Clinical Expertise- Documentation</p>			
<p>1. Reason(s) for consultation/presenting chief complaint(s) identified (if any) (OPR C.1., D.1.)</p> <p><i>a. Please tell me about the presenting information that led you to this diagnosis.</i></p> <p><i>b. Were there any other diagnoses that you considered but ruled out? If yes, what were they and how did you deal with this?</i></p>			<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory <input type="checkbox"/></p>
<p>2. Health history (ocular and systemic) including the use of medications and allergy information explored (OPR C.1., D.1.)</p> <p><i>a. What questions did you ask related to the health history of the patient including the use of medications and allergy information?</i></p> <p><i>b. Is there anything about this patient's health history you wish you knew more about?</i></p>			<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory <input type="checkbox"/></p>

<p>3. Relevant family ocular health history recorded (OPR C.1., D.1)</p> <p><i>a. Describe how you collected and recorded the family ocular health history of the patient.</i></p> <p><i>b. What additional information (if any) did you wish you had about this patient's family health?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<p>4. Record shows that the member diagnosed, addressed, and properly managed all chief complaints and patient needs with respect to the findings in the case history and basic examination (OPR D.1., B.8.)</p> <p><i>a. What questions did you ask related to this patient's chief complaint(s).</i></p> <p><i>b. What was the rationale for your diagnostic decision making?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

Standard: Examination and Care of Specific Diseases
Competency: Clinical Expertise- Examinations and Judgement

<p>5. Presenting monocular visual acuity at distance recorded. The presenting near visual acuity recorded (monocular, if indicated) (OPR D.1.)</p> <p><i>a. What was your rationale for not recording the examination or measurement of the visual acuity?</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not recording the determination after examination? e.g., for presbyopia, if needed?</i></p>			Satisfactory	Unsatisfactory
<p>6. Sufficient BV testing to allow basic diagnosis and if appropriate referral of cases of binocular vision dysfunction or oculomotor dysfunction (OPR D.3.)</p> <p><i>a. How did you test for binocular vision dysfunction?</i></p> <p><i>b. What factors led to your decision about referring this case to other health professionals (if relevant)?</i></p>			Satisfactory	Unsatisfactory

<p>7. Monocular BCVA at distance recorded (OPR D.1.)</p> <p><i>a. Describe how you measured BCVA at distance.</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not recording the examination of BCVA?</i></p>			<p>Satisfactory</p> <p><input type="checkbox"/></p>	<p>Unsatisfactory</p> <p><input type="checkbox"/></p>
<p>8. An appropriate measure of refraction conducted (e.g., cycloplegia when indicated) (OPR D.2.)</p> <p><i>a. What techniques were used to assess the refractive status of the eye?</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not documenting this status?</i></p>			<p>Satisfactory</p> <p><input type="checkbox"/></p>	<p>Unsatisfactory</p> <p><input type="checkbox"/></p>

<p>9. Pupillary reflexes tested (OPR D.1.)</p> <p><i>a. How did you test for pupillary reflexes?</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not documenting these tests?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<p>10. Tissues of the anterior segment examined (OPR D.4.)</p> <p><i>a. Describe how you examined the tissues of the anterior segment.</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not documenting this examination?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<p>11. Intraocular pressure measured and documented, if indicated, and clinically practicable (OPR D.1.)</p> <p><i>a. What techniques were used for measuring intraocular pressure?</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not documenting this measurement?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

<p>12. Optic nerve head assessed according to standard of care (e.g., C/D ratio) (OPR D.5.)</p> <p><i>a. Describe how you measured C/D ratio.</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not recording this ratio?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<p>13. Other tissues of the posterior segment examined (through a dilated pupil if indicated) (OPR D.5., D.6.)</p> <p><i>a. What techniques were used in the examination of the tissues of the posterior segment?</i></p> <p><i>b. (Probe, if necessary) What was your rationale for not documenting this measurement?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<p>14. Given all clinical information, further investigations for glaucoma were initiated (if applicable) (OPR D.1., F.3.4.)</p> <p><i>a. Describe how you assessed all the risk factors when glaucoma is indicated or suspected.</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

<p>15. Given all clinical information, further investigations for retinal disorders (such as AMD, diabetic retinopathy etc.) were initiated (if applicable) (OPR D.1., F.3.3, F.4.)</p> <p><i>a. Describe how you assessed all the risk factors related to retinal disorders.</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<p>16. Prescribed spectacle and/or contact lens therapy, and recommended additional treatment as indicated (e.g., vision therapy, dry eye therapy etc.) (OPR F.1., F.2., F.3.1.)</p> <p><i>a. What factors did you consider that led to the prescribed spectacle and/or contact lens therapy?</i></p> <p><i>b. What factors led to the recommendation of the additional treatment?</i></p>			Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>

Standard: The Prescription
Competency: Communication

<p>17. Driver's license restriction reported to the Ministry of Transportation (if indicated) (OPR B.4.3.)</p> <p><i>a. What factors led to your decision about reporting or not reporting a driver's license restriction to the Ministry of Transportation?</i></p> <p><i>b. How did you counsel the patient regarding this restriction?</i></p>			Satisfactory	Unsatisfactory
<p>18. Final prescription(s) clearly stated and is legible (OPR E.1., E.2., E.3.)</p> <p><i>a. How did you review the details of the prescription with the patient?</i></p> <p><i>b. What were the factors that led to the determination of the final prescription?</i></p>			Satisfactory	Unsatisfactory

Standard: Use and Prescribing Drugs in Optometric Practice
Competency: Patient-Centered Care

- 19.** Common adverse effects that different medical conditions and medications (prescribed by OD) may have on the eye and vision system identified and communicated to the patient (OPR C.1., D.1., E.2.)
- a. Describe how you identified any possible risks or side effects that may apply to this patient in relation to their care.*
- b. How were these adverse effects or risks explained to the patient?*

Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
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Standard: Collaboration and Shared Care
Competency: Collaboration

- 20.** Appropriate healthcare professional(s) for patient referred and consulted, including other optometrists. (OPR E.7.)
- a. Did you collaborate with other health professionals regarding this patient's care?*
- b. What was the nature of the discussion? For example, what was discussed and at what level of detail?*
- c. How did you decide whether to refer to another healthcare professional and which professional(s) did you consult?*

Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>
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SECTION C: REFLECTION ON THE CASE

Overall Questions	Registrant's Comments	Assessor's Comments	
<p>Take a moment to reflect on this patient's case. If seeing this patient again:</p> <p><i>a. Is there anything in your examination, case management and recording you would do differently?</i></p> <p><i>b. Is there a question you wished you had asked or a topic you wished you had discussed?</i></p>			<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Satisfactory</p> <input data-bbox="1913 597 1940 618" type="checkbox"/>
		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Unsatisfactory</p> <input data-bbox="1986 597 2013 618" type="checkbox"/>	

SECTION D: FEEDBACK AND RECOMMENDATION(S)

Provide succinct verbal feedback to the registrant. Highlight areas of strength and opportunities for improvement or ongoing (further?) support.

General Comments/Impressions:

1. Areas of Strength:

2. Areas Requiring Ongoing Professional Education or Support:

3. Up to Three Recommendations for Remediation:

Timeline for Completion:

1)

2)

3)

RECOMMENDATION(S): Further Remediation

YES

NO