



## CHARTR

### Teaching Rational Clinical Decision-Making in the University Clinic


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## What is CHARTR?

- CHARTR: CHARTing Rational TRreatment
- Systematic, explicit training in clinical problem-solving
- Emphasizes Evidence-Based Practice!



## Why CHARTR?

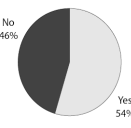
- Most professionals rely on traditional sources of information (e.g., peer opinion, experience) to guide clinical decisions
- Most SLPs feel they do not have enough time to pursue EBP
- Exposure to research during graduate training and CFY are significant predictors for using research & clinical practice guidelines in professional practice

Zipoli & Kennedy (2005)

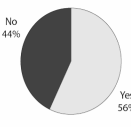
## Need for Training

- In Cognitive Rehabilitation...
  - Only 1/3 of medical SLPs reported following an evidence-based instructional approach
  - Nearly half of medical SLPs reported tallying data in their heads and making clinical decisions based on intuition and experience, rather than data!

Use Data for Clinical Decision Making



Record Written Data



Lemoncello & Sohlberg (2005)


## Why Now?

- SLPs in general have positive attitudes about EBP
- Professionals in our field recognize the importance of preparing students in EBP
- EBP training tools are emerging
- Students need to develop information literacy & lifelong learning skills (Nail-Chiwetalu, 2005)

## The Evolution of CHARTR

Simplification. . .

- High-tech → Low-tech
- 3 sections → 2 sections



Other steps...

- Supervisor training workshops & manual
- Integration with practicum course
- Integration with academic courses

## Practices CHARTR Encourages

- Think about rationale for assessment before grabbing most common test
- Scrutinize treatment progress, outcomes, and possible alternatives before blindly continuing treatment from previous term
- Search literature databases from related fields for theory & intervention ideas for a client with an atypical presentation

## What We Teach

## CHARTR: Key Concepts

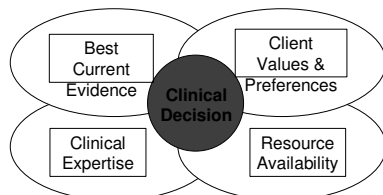
- Evidence-Based Practice
- Theory supporting treatments
- Thoughtful planning & prioritizing
- Rationale for assessment or treatment choices
- Goal components
- ICF model & measurement



## What is Evidence-Based Practice?

- Integration of best research evidence with clinical expertise and patient values (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000)
- Thoughtful and purposeful consideration of evidence (Apel & Scudder, 2005)
- EBP shifts the focus from judgment- to data-driven care (Fratfai & Worrall, 2001)

## EBP Model



- Most relevant to *selecting* best treatment approaches or assessment methods

## EBP is a 7-step process

1. Define a clinical information need
2. Ask a searchable clinical question
3. Search for research evidence
4. Critically appraise the evidence
5. Integrate the evidence into your clinical decision
6. Track outcomes & monitor changes
7. Share your findings

(ASHA, 2004; Law et al., n.d.; Sackett et al., 2000)

### Types of Evidence

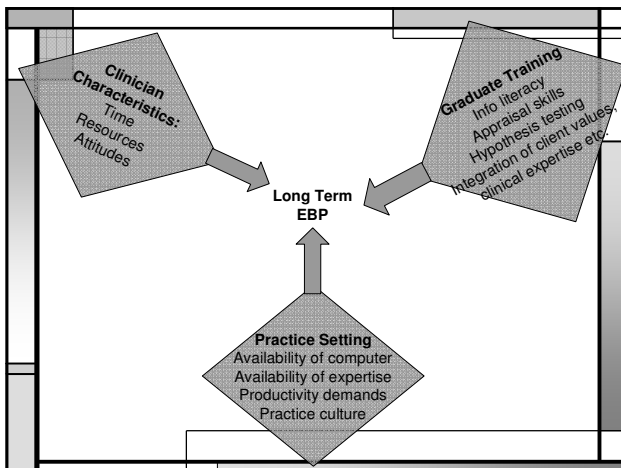
- Pre-filtered (guidelines, meta-analyses)
- Empirical evidence (Class I & II)
- Theoretical evidence (Class III)
  - Related-population evidence
  - Basic science
  - Expert opinion
- \*\*\*Client-generated evidence

### Barriers to Implementing EBP

- Lack of Time
- Inadequate Resources
- Lack of Knowledge and Skills
- Paucity of valid, empirical evidence
- Lack of efficacy studies

Education

- New knowledge & skills
- Efficiency tricks





### CHARTR Tools

<ul style="list-style-type: none"> <li>□ <u>Assessment</u></li> <li>□ <u>Treatment</u></li> <li>□ <u>Evidence-Based Practice</u></li> </ul>	<ul style="list-style-type: none"> <li>□ <u>Worksheets</u></li> <li>□ Assessment</li> <li>□ Treatment</li> <li>□ Lesson Plan</li> </ul>
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### How We Teach It

### Implementing CHARTR at UO

<p><u>Barriers</u></p> <ul style="list-style-type: none"> <li>□ Time pressures for faculty &amp; supervisors</li> <li>□ Change is hard</li> <li>□ Culture of academic &amp; supervision freedom</li> </ul>	<p><u>Facilitators</u></p> <ul style="list-style-type: none"> <li>□ Doctoral student interest &amp; time</li> <li>□ Administrative support</li> <li>□ Willingness to try something new</li> <li>□ Involving stakeholders</li> </ul>
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### Systematic Progression

- Clinical Methods Introduction
  - EBP & Rational decision-making
  - Overview of CHARTR materials
  - Emphasis on ICF model & clinical basics
- Fall Term Practicum Class
  - Completing CHARTR Worksheets
  - Asking Searchable Clinical Questions
- Winter Term Practicum Class
  - Searching for Evidence (Theory & Practice)
- Spring Term Practicum Class
  - Critical Appraisal & Research Basics

### Fading of Supports

- Fall Term
  - Model rational decision-making & EBP
- Winter Term
  - Require independent EBP to one client
- Spring Term
  - Require independent EBP to all clients
- Fall Term
  - Student is independent






### Group Supervision Model

- Adult Neurogenic Rounds
  - Faculty, supervisors, and students
  - Discuss each case: goals, rationale, measurement, data-based decisions
  - Encourage critical questions/thinking
- Overall positive responses from students
  - Improved confidence talking in groups
  - Better able to talk about approach
  - Better able to explain rationale for approach

### Class-to-Clinic Integration

- Faculty involved in Neuro Rounds
- CHARTR Worksheet as clinically applied assignment in Adult Neuro sequence
- Encourage students to ask clinical questions of faculty & encourage collaboration
- Requirements vary if students have not yet completed coursework
- Provide written overview of approaches

### But Does It Work?

## CHARTR Program Evaluation

- Overall positive attitudes (26/32; 81%)
- Teaching:
  - Majority of students (14/24) wanted more specific instructions and feedback
  - Noted improved consistency across supervisors
  - Nearly half of students (11/24) reported faculty are incorporating CHARTR into coursework
  - 18/24 students felt comfortable with process and adequately described decision-making process
- Barriers
  - Time, misperceptions, setting demands

## Comments on CHARTR

### Positive Feedback:

- "The best thing about CHARTR is that it provides a common framework for both the supervisors and the students to refer to."
- "It helped me to plan out what kind of treatment to do and think about why I am doing them."

### Constructive Criticism:

- "Basically, I don't think it's that useful. I don't think that this is actually used out in actual clinical settings. Is it being used? No way would someone have time for this!"
- "I think there are some things that have been lost – some of the clinical pieces: the actual implementation that we may have talked about differently. They are more focused on 'What am I going to do in that first session? Do I have that clinical piece? What am I going to say? What materials will I use?' This worksheet doesn't get them to that point."

## If UO can do it...So Can You!!!

- A longstanding culture supporting an apprenticeship model of training
- Pressures to be self-supporting and operate a fee-for-service clinic
- No formal research methods class
- Typical supervisors resisting EBP
- Limited state support/funding

## Next Steps...

- Longitudinal evaluation
- Disseminate CHARTR through continuing education & publication
- Pilot CHARTR at other Universities
- If you're interested, please complete the attached "contact form" and leave with me. Thanks!!!!

# THANK YOU!!

For additional information, contact us at:

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