



## DEPARTMENT OF FAMILY MEDICINE Clinical Audits

### Introduction

A chart audit is a quality improvement process where clinical charts are reviewed retrospectively looking at specific predetermined criteria or standard of care. This exercise provides an opportunity to apply critical appraisal skills to a clinical practice problem.

### Objectives

At the completion of the audit, residents will:

- Demonstrate critical appraisal of the literature
- Demonstrate the application of critical appraisal to clinical practice via a chart audit.
- Evaluate current practice as compared to a standard based on evaluation of the literature.
- Demonstrate their self-assessment skills; and
- Demonstrate their ability to present findings through oral and written presentations, which will be evaluated.

Examples of previous chart audit topics chosen by residents include the indications for and use of throat swabs, and investigation and treatment of cystitis.

### Process

- Identify an important clinical or practice question
- Critically appraise the available evidence.
- Develop a tool for chart audit based on your appraisal of the appropriate evidence.
- Present the results of the audit to your colleagues in both oral and written presentations.
- Provide a written copy of your audit and your presentation to the Program Assistant for your file.

### Program Outline

- The audit shall be a second year activity, initiated and completed during family medicine block time.
- Residents will work in teams with their colleagues who are rotating through family medicine together with them.



- The group will meet with a faculty advisor initially who will assist them in choosing an appropriate topic and be available throughout the activity as a resource to the group of residents.
- Charts for the audit will be chosen randomly.
- Each resident will be expected to audit a minimum of 20 charts.
- The audit exercise is a mandatory component of the residency program.

## Presentations

The following must be included:

- Audit question
- Criteria for the evaluation of evidence
- Search strategy
- Method of identifying charts
- Tool used
- Results—grouped and anonymous (ie no physicians to be identifiable)
- Recommendations for clinic for improvement of clinical care related to your audit
- Individual practice data will be presented to each preceptor in writing
- Suggested follow-up process to track progress (if appropriate).