
Timely review/management of outpatient test is demanding. Stakes are high; lapses can lead to diagnostic delays, resulting in patient harm and physician burnout. Effective management requires a) knowledge to identify abnormal tests reliably; b) clinical reasoning to plan next steps; c) communication skills to engage patients in shared decision making; d) accurate documentation.

Residents are less likely than faculty to report results to patients due to a developing knowledge base, limited time, and competing clinical demands.

Faculty designed CRAFT (Clinical Reasoning for Abnormal Findings and Tests) to: 1) recognize abnormal results, 2) triage need for patient/faculty notification, 3) suggest appropriate follow up, 4) select optimal outreach, 5) guide communication. 36 PCIM residents learned CRAFT and were assigned 3 hrs/wk for result management.

Resident behaviors on inbasket management were surveyed; 134 charts reviewed (67 before CRAFT and 67 after) for abnormal result communication (timing, type, clinical reasoning, need for patient/faculty contact). Most common were new diagnoses of pre-diabetes (n=62, 46.3%)/diabetes (n=11, 8.2%) and uncontrolled diabetes (n=14, 10.4%). More results were discussed with faculty $\chi^2(1)=4.126, p=0.042$ and documented in the EMR $\chi^2(1)=8.651, p=0.003$ after CRAFT. Knowledge to manage results ($U=420, p=0.004$), time for result review ($U=354, p=0.001$) and confidence in “taking good care of my patients” ($U=457, p=0.038$) improved. No differences were observed in comfort speaking with faculty, importance for managing abnormal labs, or need for assistance managing results.

Documentation improved from 45% (32/67) to 73% (49/67). EMR communication was more common 49% (33/67) vs 6% (4/67). Fewer waited until follow up to disclose results 34% (23/67) vs 7% (5/67). Clinical reasoning improved $X^2(1)=10.05, p=0.002$.

CRAFT improved abnormal result communication by giving residents the tools and time to connect in informed and meaningful ways.