Otolaryngology STACER: Structured Assessment of Clinical Evaluation Report (for Surgical/Procedural Interventions)

Resident Name: _______________________________ PGY Level: ______

Staff: ____________________ Date/Location of STACER: _____________

Type of Surgery: _______________________________________________________

Purpose

The purposes of this STACER are to evaluate the resident’s ability: to formulate a preoperative plan, obtained or discuss informed consent, perform a specific surgical procedure, and institute a good postoperative management plan.

Process

The assessment is to be performed at each level of training. This STACER is to be done during operative care with a new patient presenting for a surgical procedure. The evaluating physician will select an appropriate patient who presents for a surgical procedure. The patient should be appropriate for the R level of the resident. The evaluating physician will ensure that appropriate time and facilities are made available. The evaluating physician will be responsible for discussing the resident’s plan and observing the resident as (s)he either obtain or discuss informed consent. (If informed consent has already been previously obtained from the patient, this does not need to be repeated. In this case the evaluating physician may question the resident on various aspects of the consent in order to evaluate his/her knowledge in this regard.) The evaluating physician will then observe the preoperative and operative steps of the resident. Postoperative care will also be evaluated.

Other specific requirements for this STACER are as follows:

1. The procedure and grading scale for this STACER must be shown to the resident prior to the evaluation. The resident will be told in advance that they will be performing a procedure as a STACER.

2. The patient will be introduced to the resident prior to the surgical procedure as usual. If appropriate, the resident will question the patient and examine the area in question.

3. The evaluator will question the resident prior to the procedure about the indications/contraindications and complications of the procedure. The evaluator may also ask about landmark research in this area (if appropriate) and the pathology. In short evaluator will attempt to determine how well the resident understands the procedure and the pathophysiology of the disease process.

4. Once the patient is anesthetized, the resident should be in charge of this surgical procedure. This includes interaction with anesthesia and the nursing staff. The evaluator should not ask questions or interrupt the resident during the procedure unless there is some compelling reason to intervene (example patient safety).
5. At the end of the procedure, the resident should complete the postoperative orders and dictate the operative report. A discharge plan should be instituted. The evaluating physician should observe and evaluate this.

6. The evaluator may ask the resident about specific aspects of the operation or the pathology encountered, and question the resident about the steps taken.

7. The resident will discuss the procedure and the postoperative plan with the patient and/or family (if appropriate).

8. The evaluator will fill out the form below and sign it with the resident. The evaluator should keep the non-medical expert CanMEDS competencies in mind and mark accordingly in the comments (e.g. excellent collaboration, communication etc). The evaluator should also note that not all of the boxes require evaluation, some will be N/A.

**Instructions for Staff:**
- Please choose a definitive category or not applicable (NA) for all competencies listed (do not place marks on the line or in 2 boxes).
- Please use the following guidelines for completing categories:
  - **Unsatisfactory:** The resident demonstrates behavior that is dangerous or markedly substandard. This represents a very serious deficiency for the resident.
  - **Below expectations:** The resident demonstrates behavior that is significantly below the expected standard for their level of training. An evaluation in this category represents a significant deficiency for the resident.
  - **Partially meets expectations:** The resident performs most of the task adequately.
  - **Fully meets expectations:** The resident performs at the level of their training. Use this category for the “average” resident performance.
  - **Above expectations:** The resident performs in this category above the expectations for their training level.
| Expectations               | Unsatisfied | Unmet | Partial | Met | Above | Unable to assess |
|---------------------------|-------------|-------|---------|-----|-------|----------------
| Pre-operative plan        |             |       |         |     |       |                |
| Knowledge of indications & contraindications, alternative options for treatment and complications |             |       |         |     |       |                |
| Obtains an informed surgical consent (if not already done), pre-operative interaction with patient/family |             |       |         |     |       |                |
| Communication with other team members plan of surgery, including safe surgery checklist |             |       |         |     |       |                |
| Pre-incision planning, including equipment preparation, imaging, patient positioning |             |       |         |     |       |                |
| Incision, flap elevation, exposure and ID of landmarks |             |       |         |     |       |                |
| Dexterity, hemostasis, surgical technique |             |       |         |     |       |                |
| Decision making related to per operative or unexpected findings |             |       |         |     |       |                |
| Wound closure and dressing |             |       |         |     |       |                |
| Post-operative orders and communication of care plan |             |       |         |     |       |                |
| Documentation of per operative encounter |             |       |         |     |       |                |
## Assessment Grid for Otolaryngology
### Structured Assessment of Clinical Evaluation Report (STACER): Surgical/Procedural Interventions

<table>
<thead>
<tr>
<th>Expectations</th>
<th>Unsatisfactory</th>
<th>Below</th>
<th>Partial</th>
<th>Fully</th>
<th>Above</th>
<th>Unable to assess</th>
</tr>
</thead>
</table>

### Global Ratings of Surgical/Procedural Interventions:

#### Medical Expert:

**Communicator:**
- Develop rapport, trust and ethical therapeutic relationships with patients and families;
- Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
- Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;

**Collaborator:**
- Participate effectively and appropriately in an interprofessional healthcare team
- Effectively works with other health professionals to prevent, negotiate and resolve interprofessional conflicts

**Manager:**
- Uses resources in a cost-effective manner
- Participates in activities that contribute to the effectiveness of the healthcare organization and systems

**Health Advocate:**
- Respond to individual patient health needs and issues as part of patient care
- Identify the determinants of health of the patient that they serve;
- Promotes the health of individual patients, communities and populations

**Scholar:**
- Facilitates the learning of patients/families, students, residents and other health professionals

**Professional:**
- Develops effective professional relationships with other health care professionals in the operative room/department
- Demonstrates a commitment to their patients and society through ethical practice

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**Overall Competencies**
Possesses knowledge, skills & attitude appropriate to level of training
Additional Staff Comments
Strengths:

Areas for Improvement:
(Examples/recommendations are mandatory.  *Specific details are critical for ratings of 0 or 1)

Evaluator Name(s):  

Signature(s):  

Signature below indicates that the form was reviewed.

Trainee Signature:  

Date:  

Do you agree with this STACER Evaluation?  

Yes  

No  