Plastic Surgery STACER: Structured Assessment of Clinical Evaluation Report (for Clinic/ER Consultation)

Resident Name:	PGY Level:
Staff:	Date/Location of STACER:
Type of Clinical Encoun	ter/Diagnosis:

PROCEDURE FOR THE CONDUCT OF THE CLINICAL EXAMINATION

Purpose

The purpose of this STACER is to evaluate the resident's ability: to acquire a medical history from a patient to perform an appropriate physical exam; and, to interpret the acquired information and develop a management plan. Each STACER will evaluate several of the CanMeds competencies, which competencies are evaluated will vary with each individual case.

Scenario

The assessment is to be performed at each level of training. This STACER is to be done during clinical care with a new patient referred for consultation. The evaluating physician will select an appropriate patient for the R level of resident, who has been referred for a consultation, obtain the patient's consent (verbal is fine) and ensure appropriate time and facilities are made available. The evaluating physician will be responsible for observing the resident as they perform the history and physical. Other specific requirements for the STACER are as follows:

- 1. The procedure and rating scale for this STACER must be shown to the resident prior to the evaluation.
- 2. The patient will be brought to the examination room and introduced to the resident. The evaluator will review the process and then turn the encounter over to the resident. The evaluator should not ask questions or interrupt the resident and patient during the encounter unless there is some compelling reason to intervene (e.g., patient safety).
- 3. At the end of the interview and examination, the resident will exit the interview room. The resident can reflect and organize their thoughts prior to the commencement of the second portion of the STACER. During this time the evaluator can debrief the patient, obtain additional history or examine the patient (in order to obtain relevant data that was missed or to confirm critical points in the clinical assessment) and/or discuss management with them.

- 4. The second portion of the STACER consists of the resident presenting the history and physical examination findings, a synthesis of the obtained data, their differential diagnosis and management plan. The evaluator will ask probing questions to clarify the resident's diagnostic and therapeutic reasoning. If a surgical procedure is required, the evaluator will question the resident on how they will present the procedure, obtain consent and explain risks to the patient. If the evaluator feels it is appropriate the resident may present diagnosis, procedure, risks and consent to the patient.
- 5. The resident should compose a consult letter to the referring physician. The evaluator should evaluate this letter as a part of the STACER.
- 6. The evaluator must observe and rate the resident's performance according to the evaluation grid.
- 7. At the end of the assessment, the evaluator will give feedback to the resident on their performance.
- 8. The resident must review and sign the assessment form.
- 9. A copy of the evaluation form will be sent to the Program Director/Program Administrator who will retain the copy for the trainee's file.
- 10. The resident must successfully climplete a Clinical Examination STACERs in each rotation of training to progress. Failure to meet this expectation requires review by the Residency Training Committee.

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:
 - *Fails to meet expectations*: The resident demonstrates behavior that is dangerous or markedly substandard. This represents a <u>very</u> serious deficiency for the resident.
 - *Marginally meets 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.
 - *Exceeds expectations:* The resident performs in this category above the expectations for their training level.

Assessment Grid for Plastic Surgery	ic Surgery	Expectations				Unable
	Fails to	Meets			Exceed	to
Structured Assessment of Clinical Evaluation Report	meet	Marg.	Partial	Fully		assess
(STACER): Clinic/ER Consultation	0*	1*	2	3	4	N/A
History of presenting complaint: completeness, relevancy,						
accuracy						
•						
Comments:						
Co-morbid issues related to present complaint						
Comments:						
Past medical history (medical & surgical), medication						
history (including previous treatments related to complaint)						
Comments:						
Social history, including living situation, occupation, etc						
Comments:						
Organization of interview						
Comments:						
Physical examination						
Comments:						
Case Presentation, including organization, succinctness						
Comments:						
Comments.						
Investigations, including interpretation of past investigations						
and plans for cost-effective, justifiable investigations						
Comments:						
Diagnosis/Differential Diagnosis						
Comments:						
Comments.						
G N India G II TI			-			
Care Plan and Patient Counseling/Education						
Comments:						
	<u>l</u>					<u></u>
Surgical Consent (if applicable)						
Comments:						
			1			

Assessment Grid for Plastic Surgery	Expectations			_	Unable	
Structured Assessment of Clinical Evaluation Report	Fails to Meet	Marg.	Meets Partial	Fully	Exceeds	to assess
(STACER): Clinic/ER Consultation	0*	1*	2	3	4	N/A
Global Ratings of Clinic/ER Consultation:					•	1 1/11
Medical Expert:						
Communicator:						
-Develop rapport, trust and ethical therapeutic relationships						
with patients and families;						
-Accurately elicit and synthesize relevant information and						
perspectives of patients and families, colleagues and other						
professionals;						
-Accurately convey relevant information and explanations to						
patients and families, colleagues and other professionals;						
- Develop a common understanding on issues, problems and						
plans with patients						
Collaborator:						
-Communicates and works with other members of the health care						
team						
Manager:						
-Uses resources in a cost-effective manner						
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						
Professional:						
Demonstrate a commitment to their patients and society						
through ethical practice;						
Overall Competence						
Possesses knowledge, skills & attitude						
appropriate to level of training						

Additional Staff Comments				
Strengths:				
A C T				
Areas for Improvement: (Examples/recommendations are mandatory. *Spec	rific details are	critical for	ratings of	0 or 1)
(Examples/recommendations are mandatory. Spec	enie detans are	ciffical for	ratings of	0 01 1)
Evaluator Name(s):				
Signature(s):				
Signature below indicates that the form was reviewed	ed			
		D 4		
Trainee Signature:		Date:		
Do you agree with this STACER Evaluation?	Yes		No	