



## Children's Hospital - Winnipeg Department of Pediatrics Postgraduate Office

## Memo:

**To:** All STACER Examiners

From: Dr. Jayson Stoffman and Dr. Megan Cooney

Directors, Pediatric Postgraduate Medical Education

**Date:** July 31, 2019

Re: CLINICAL SKILLS ASSESSMENT INSTRUCTIONS FOR EXAMINERS

**WHAT IS A STACER?** A Standardized Assessment of a Clinical Encounter Report (STACER) is the report of an intraining assessment process created to obtain information on residents' abilities that cannot easily be determined in an examination setting.

Thank you for your participation in this very important part of resident education. As you are aware, this is one of the few opportunities where residents' history and physical exam skills are formally evaluated. One-person STACERs are formative for the residents up to PGY3, at which point they can move to a 2-person STACER. Successful completion of the 2-person STACER is a requirement for entrance into the Royal College Exams, and the formative feedback that you provide in the 1-person STACERs is critical in their development as a Consultant Pediatrician. Enclosed is the current schedule for the assessment of residents' clinical skills and a copy of the instructions from the Royal College sent to all the trainees. We also want to remind Examiners that the goal of every STACER is to provide constructive feedback to the resident for further development. The ultimate standard is that of a RCPSC-certified Consultant General Pediatrician. A resident in the first two years of training is very unlikely to have met this standard, and needs guidance on how to improve to reach this standard. Verbal reassurance is acceptable, when a resident is performing at their level.

Each resident will be assigned to one or two preceptors according to their stage of training. The STACERs will be rotationally assigned, with the actual date to be confirmed by the schedules of both the resident and the examiner. The period (and corresponding dates) in which the STACER is expected to be completed will also be assigned according to the needs of the resident as per the PGME office. The resident will be expected to contact you to schedule the time and date for the STACER, and will notify the Pediatric PGME office a minimum of <u>one week</u> in advance. This may continue to be a Saturday morning or a weekday, according to the needs of the resident/preceptor(s) schedule. Please be advised that patient selection will be done by the Nurse Coordinator during regular weekday hours, so these are preferred times. Evening and weekend STACERs can be arranged in advance, but late changes to patient availability will be the responsibility of the examiner.

All cases will be selected by the Nurse Coordinator, who will notify the examiner(s) of the patient's name and ward and whenever possible, a backup patient will also be identified. While the coordinator does try to find cases that are completely unknown to the examinee as well as by the examiners, this may not always be possible. **Appropriate STACER patients should have no more than three chronic active issues.** 





## **INSTRUCTIONS FOR EXAMINERS:**

The resident will have 60 minutes to perform an appropriately focused, yet comprehensive, history and physical examination, after which s/he will be given a 5 minute period to prepare a case presentation. The case summary and a prioritized problem list will be presented in a 10-minute period. Please note that for complex patients with multiple chronic problems, it is acceptable for the resident to focus on the primary issues and state that they would review the other issues at a later date.

At the end of the session, examiners should review the assessment and discuss relative areas of strength and those in need of improvement. For the 2-person STACER, each assessor should independently evaluate the resident's performance and then complete and sign the assessment form; the final assessment should represent a consensus between the two examiners.

Please ensure the STACER document is signed by both the resident and the examiner(s), and returned by the resident to the PGME office. In most cases, the STACER document can be completed and signed by the resident at the time of the STACER. Should you wish more time to complete the document, you may arrange a time with the resident to meet and review/sign the STACER form.

The candidates are expected to bring the evaluation forms for you to complete. The forms for the 1-person STACERs ask for the resident to be rated according to their training level, while the 2-person forms ask for the Royal College standard of the consultant Pediatrician. Most importantly, the PGME office and the trainee want to know the reasons why the resident did well or poorly. For each section, a concise narrative describing the resident's strengths as well as areas in need of improvement is very helpful, and should complement the check marks for the individual assessment points.

It is very important that you provide direct feedback to the trainee at the conclusion of the assessment. Trainees should be told what they do well and what areas they should work on. Examiners are also encouraged to offer constructive suggestions for improvement.

Thank you for your cooperation in this program.

Jayson Stoffman, MD, FRCPC, FAAP

Associate Professor, Section of Pediatric

Hematology/Oncology/BMT

Program Director, Pediatric Postgraduate Medical

Education

Department of Pediatrics & Child Health

Rady Faculty of Health Sciences

University of Manitoba Office: 204-787-2439

Direct: 204-787-2848

Fax: 204-787-1938

Email: <u>jstoffman@exchange.hsc.mb.ca</u>

Megan Cooney, MD, FRCPC, FAAP
Director, Pediatric Postgraduate Medical

Education

University of Manitoba School of Medicine

mcooney@hsc.mb.ca