ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL DES MÉDECINS ET CHIRURGIENS DU CANADA

Structured Assessment of Clinical Evaluation Report (STACER)

Psychiatry Clinical Evaluation for Senior Residents (PGY-4 and PGY-5)

Procedure for the Conduct of the STACER

The purpose of the STACER is to assess the Psychiatry Resident's ability to acquire a comprehensive history from a patient, evaluate his/her current mental state, interpret the acquired information and arrive at a diagnosis, formulation and management plan. The assessing psychiatrist(s) will also provide feedback to the Resident.

The STACER must be performed at a stage of training where the Resident is acting as a junior consultant (PGY4 or PGY5). *It can also be useful earlier in training*. The psychiatrist(s) performing the assessment will ensure the selection of an appropriate adult patient unknown to both the psychiatrist(s) and the resident and will ensure that the patient understands the process and provides consent and also ensures that appropriate time and facilities are made available. During the first part of the STACER, the assessing psychiatrist(s) will observe the Resident as (s)he performs the history and mental state examination. Organizing the STACER should not be onerous for the evaluating psychiatrist(s) and it should be possible to incorporate it into usual clinical care with minor modifications. Other specific suggestions for the STACER are as follows:

1. The procedure for the STACER must be shown to the Resident at least three days before the assessment.
2. Two different assessors for each STACER assessment may improve the effectiveness and validity of the assessment however one assessor is sufficient.
3. The patient will be brought to the examination room and introduced to the Resident. The assessing psychiatrist(s) will review the process and then turn the encounter over to the Resident. The assessing psychiatrist(s) should not ask questions or interrupt during the encounter nor meet with the patient after the initial assessment unless there is a compelling reason to intervene (e.g. patient safety).
4. In Part I of the STACER, the Resident will be allowed up to fifty minutes for the interview and examination. The assessing psychiatrist(s) will then exit the interview room and allow the Resident 10 minutes to reflect and organize his/her thoughts prior to Part II.
5. Part II of the STACER consists of the Resident presenting the history and mental state examination findings, followed by a synthesis of the obtained data, a diagnosis (utilizing DSM-IV-TR), a diagnostic formulation and a management plan. The assessing psychiatrist(s) may ask probing questions if necessary to clarify the Resident's diagnostic and therapeutic reasoning.
6. The assessing psychiatrist(s) must observe and rate the Resident's performance according to the evaluation grid.
7. At the end of the assessment, the assessing psychiatrist(s) must provide consensual feedback on the Resident's performance both verbally and written (see Feedback form) and sign the form.
8. The Resident must review and sign the feedback form.
9. A copy of the PGY-4/5 STACER and feedback forms must be sent to the Program Director and kept in the resident's file. Programs must assess the Resident using the STACER as many times as are necessary to satisfy them that these skills have been acquired. It is generally expected that this requires at least two successful demonstrations of competence by the resident. The program must be able to attest that these competencies have been achieved by the end of psychiatry residency training.

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Resident Name: ____________________________________

Psychiatry Clinical Evaluation – Senior Residency (PGY4-5)

1. Interview Process

Item	Expectation	Skill	Comments
Rapport	Establishes relationship	• Introduces self • Explains interview • Respectful • Open, explorative beginning	
Rapport	Develops and sustains rapport	• Remains respectful and non-judgmental • Genuine interest displayed by verbal and non-verbal responses • Acknowledges patient's distress with empathic responses	
Control of process	Maintains control of the interview	• Interrupts politely when required • Redirects when required • Facilitates organization of disorganized patients	
Cultural sensitivity	Demonstrates cultural sensitivity	• Engages patient in a culturally appropriate manner	
Ends the interview	Smoothly closes the interview	• Attends to timing • Provides a pertinent closing statement	

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2. Interview technique

Item	Expectation	Skill	Comments
Information gathering	Maintains an open, explorative process	• Non-verbal behaviour encourages patient to tell his/her story • Listens attentively • Note taking is inconspicuous	
Information gathering	Uses a facilitative questioning style	• Questioning follows a logical sequence • Asks clear questions in plain language • Avoids leading questions • Avoids stacked (multiple) questions • Moves appropriately between open and closed questions • Facilitates expression of emotions	
Information gathering	Pursues important information	• Appropriately responds to informational cues, affective cues • Pursues symptom details • Asks for clarification	
Information gathering	Maintains flow	• Supportively confronts inconsistencies • Appropriately deals with unusual, difficult or distressing content • Comfortably allows silence to facilitate further expression • Reframes when required • Summarizes when appropriate	

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3. Interview Content

Item	Expectation	Skill	Comments
Elicits a complete, relevant and accurate history	Identifies the person	• Obtains complete demographic information	
Elicits a complete, relevant and accurate history	Identifies the presenting complaint(s) or problem(s) and its/their history (History of Presenting Complaint)	• Obtains data on presenting complaint(s) or problem(s) Assesses: • stressors related to presenting illness • pre-morbid state • previous episodes, if relevant, and determines similarities with/difference from this episode • Identifies treatment interventions and response for this illness episode	
Elicits a complete, relevant and accurate history	Screens for symptoms relevant to the differential diagnosis and identification of co-morbid symptoms	• Reviews 'A' criteria of relevant other diagnoses • Reviews substance use and abuse • assesses impact of substance use on person and others • if appropriate, assesses motivation to change current substance use	
Elicits a complete, relevant and accurate history	Ensures safety	• Completes an appropriate risk assessment (self-harm, aggression, self-care and competency) • Reviews current medication(s), dosage(s) and response • Reviews use of over-the-	

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Item	Expectation	Skill	Comments
		counter products • Elicits a complete, relevant and accurate history Assesses side-effects • Defines allergic status	
Elicits a complete, relevant and accurate history	Identifies relevant past history	Reviews: • past medical history including family history of medical disorders • past psychiatric history • family psychiatric history • forensic history	
Elicits a complete, relevant and accurate history	Identifies the developmental and psycho-social history	Reviews and assesses: • Family history and dynamics • gestational and perinatal history • childhood and adolescent development • academic achievement • occupational history and current functioning • relationship history • past and current history of abuse • current supports • relevant cultural identities, migration history and associated traumata and stresses • spirituality • Identifies social and cultural supports including family, kin networks and communities • Identifies social and cultural stressors and systemic inequities • Explores patient's explanatory model of illness	

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Item	Expectation	Skill	Comments
Elicits a complete, relevant and accurate history	Conducts a formal Mental State Examination as indicated	• Appropriately adapts the Mental Status Examination to be culturally competent Assesses : • mood symptoms • anxiety symptoms • psychotic symptoms • judgement • insight • Appropriately screens for cognitive impairment • Gauges intelligence	

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4. Case presentation

Item	Expectation	Skill	Comments
Defines limitations of the data	Identifies issues in the information gathering process	• Reports on the reliability of the patient (with examples) • Reports on the accessibility of the patient (with examples) • Identifies deficits in the interview and their potential effect on the data collection	
Presentation skills	Provides a coherent, accurate summary of the case	• Uses descriptive terms correctly (e.g., delusions) • Presents case in an orderly, concise, systematic manner that is sufficiently detailed Accurately: • reports the risk assessment (self-harm, aggression, self-care, competency) • reports the Mental State Examination • identifies relevant comorbidities	
Synthesizing skills	Synthesizes all the clinical information into a diagnosis, differential diagnosis and case formulation	• Presentation emphasizes the necessary information to support and defend the preferred diagnosis and differential • Provides a realistic multi-axial working diagnosis supported by evidence from the interview • Discusses difficulties in supporting or refuting the diagnosis	

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Item	Expectation	Skill	Comments
		• Provides a brief and realistic differential diagnosis supported by evidence from diagnosis in a thoughtful manner • Discusses co-morbidities and interplay between diagnoses • Provides a realistic prognosis • Describes barriers to compliance or optimal treatment for this patient	
Synthesizing skills	Provides an accurate and coherent formulation covering the bio-psycho-social factors influencing the patient and his/her disorder	Identifies contributing: • psychological factors • biological factors • social factors • cultural factors • Provides a sophisticated and accurate account of the interplay between these components that enhances the understanding of the patient • Identifies prominent internal conflicts and/or cognitive distortions that influence the patient's presentation	

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5. Treatment Plan

Item	Expectation	Skill	Comments
Presents a coherent, safe and appropriate treatment plan	Identifies information required to consolidate the diagnosis	• Identifies further, appropriate and cost-effective bio-psycho-social-cultural investigations required to confirm the diagnosis or provide optimal care to the patient	
	Communicates a comprehensive treatment plan	• Utilizing a bio-psycho-social matrix defines an immediate, short-term and long-term treatment plan • Recommends specific biological therapies (pharmacotherapy, ECT, TMS etc) for the patient • Recommends a specific psychotherapeutic approach for the patient • Considers social and cultural factors in all aspects of treatment planning • Identifies appropriate collaborations with family, community or other service providers • Provides evidence for efficacy of treatment plan • Identifies the expected benefits and risks of the treatment plan • Identifies the follow-up procedure	

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STACER Feedback Form

Resident Name: ____________________________ **Name of Assessor:** _______________________

PGY- level: _______________________

Date: _______________________

Your performance on today's assessment based on your level of training: NB: PGY-4/5 residents are expected to be performing at the level of junior psychiatric consultants	Met expectations	Did not meet expectations

COMMENTS:
STRENGTHS. The following contributed to your effectiveness: 1. 2. 3.
WEAKNESSES. You should consider modifying the following: 1. 2. 3.
RECOMMENDATIONS. To increase your effectiveness, you may wish to consider modifying the following: 1. 2. 3.

Resident Signature:	
Assessor Signature:	

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