**Operative Performance Rating System (OPRS)**

**PARTIAL MASTECTOMY WITH AXILLARY MANAGEMENT/BREAST** **BIOPSY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluator:** |  | | **Resident:** |  |
| **Resident Level:** | |  | **Program:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Date of Procedure:** |  | | **Time Procedure Was Completed:** |  | | | | **Date Assessment Was Completed:** | |  | **Time Assessment Was Initiated:** | |  | |

Please rate this resident's performance during this operative procedure. For most criteria, the caption above each checkbox provides descriptive anchors for 3 of the 5 points on the rating scale. **"NA" (not applicable) should only be selected when the resident did not perform that part of the procedure.**

**Case Difficulty**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** |
| Straightforward anatomy, no related prior surgeries or treatment |  | Intermediate difficulty |  | Abnormal anatomy, extensive pathology, related prior surgeries or treatment (for example radiation), or obesity |
|  |  |  |  |  |

**Degree of Prompting or Direction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some Direction**  **3** | **4** | **Minimal Direction**  **5** |
| Unable to direct team, use/choose instruments, or anticipate next steps as surgeon or as first assistant without constant attending prompting |  | Actively assists and anticipates own and attending’s needs, performs basic steps with occasional attending direction to resident and/or surgical team. Somewhat hesitant and slow to anticipate or recognize aberrant anatomy, unexpected findings, and/or “slowing down” moments |  | Performs all steps and directs team with minimal direction from attending to either resident or team, i.e., anticipates needs, sets up exposure for self and assistant, transitions fluently between steps, gives clear direction to first assistant, maintains situation awareness, calmly recovers from error and recognizes when to seek help/advice |
|  |  |  |  |  |

**Procedure-Specific Criteria**

Please assess performance and indicate the degree of prompting for **each item.** The assessment score for each item **may differ** from the prompting score for that item.

**Planning of Incision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| Poor incision planning |  | Understands most principles in planning incision |  | Excellent planning of incision (use of wire, if utilized) |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some  Direction**  **3** | **4** | **Minimal Direction**  **5** | **NA** |
|  |  |  |  |  |  |

**Margins of Excision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good  4** | **Excellent**  **5** | **NA** |
| Inappropriate margins and/or lesion entered during dissection |  | Adequate margins of excision |  | Excellent technique in assuring appropriate margins of excision |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some  Direction**  **3** | **4** | **Minimal Direction**  **5** | **NA** |
|  |  |  |  |  |  |

**Sentinel Lymph Node Mapping**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good  4** | **Excellent**  **5** | **NA** |
| Poor knowledge and technique in SLN mapping |  | Utilized scintigraphy to identify SLN(s) but with some inefficiencies |  | Rapid and efficient SLN mapping |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some  Direction**  **3** | **4** | **Minimal Direction**  **5** | **NA** |
|  |  |  |  |  |  |

**Anatomic Dissection of Borders**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| Poor dissection and inadequate identification of borders |  | Hesitant dissection, but adequate identification of borders |  | Rapid Level  1-2 dissection; excellent identification of borders |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some  Direction**  **3** | **4** | **Minimal Direction**  **5** | **NA** |
|  |  |  |  |  |  |

**Identification of Nerves**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| Failed to clearly identify nerves |  | Some unprompted nerve identification and preservation |  | Clearly identified and preserved nerves during dissection |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some  Direction**  **3** | **4** | **Minimal Direction**  **5** | **NA** |
|  |  |  |  |  |  |

**Suturing Technique**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good  4** | **Excellent**  **5** | **NA** |
| Poor suture placement and knot tying technique |  | Satisfactory suture placement, occasional failures in providing square knots |  | Excellent suture placement, appropriate tension and constant square knots |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Substantial Direction**  **1** | **2** | **Some  Direction**  **3** | **4** | **Minimal Direction**  **5** | **NA** |
|  |  |  |  |  |  |

**General Criteria**

**Instrument Handling**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| Tentative or awkward movements, *often* did not visualize tips of instrument or clips poorly placed |  | Competent use of instruments, *occasionally* appeared awkward or did not visualize instrument tips |  | Fluid movements with instruments *consistently* using appropriate force, keeping tips in view, and placing clips securely |  |
|  |  |  |  |  |  |

**Respect for Tissue**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| *Frequent* unnecessary tissue force or damage by inappropriate instrument use |  | Careful tissue handling, *occasional* inadvertent damage |  | *Consistently* handled tissue carefully (appropriately), minimal tissue damage |  |
|  |  |  |  |  |  |

**Time and Motion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| Many unnecessary moves |  | Efficient time and motion, some unnecessary moves |  | Clear economy of motion, and maximum efficiency |  |
|  |  |  |  |  |  |

**Operation Flow**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Poor**  **1** | **Fair**  **2** | **Good**  **3** | **Very Good 4** | **Excellent**  **5** | **NA** |
| Frequent lack of forward progression; frequently stopped operating and seemed unsure of next move |  | Some forward planning, reasonable procedure progression |  | Obviously planned course of operation and anticipation of next steps |  |
|  |  |  |  |  |  |

**Overall Performance (not included in calculation of mean score)**

Rating of very good or higher indicates technically proficient performance (i.e., resident is ready to perform operation independently, assuming resident consistently performs at this level)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
|  |  |  |  |  |

**Please indicate the weaknesses in this resident’s performance:**

|  |
| --- |
|  |

**Please indicate the strengths in this resident’s performance:**

|  |
| --- |
|  |