**Operative Performance Rating System (OPRS)**

**TOTAL/SKIN-SPARING MASTECTOMY WITH AXILLARY MANAGEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 |
| 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.

**Placement of Incision**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Poor 1 | Fair 2 | Good 3 | Very Good 4 | Excellent 5 | NA |
| Poor incision planning |  | Adequate incision planning |  | Marked incision to allow appropriate orientation, adequate tumor clearance and skin excision |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantial Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 | NA |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Elevation of Flaps**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Poor 1 | Fair 2 | Good 3 | Very Good 4 | Excellent 5 | NA |
| Poor technique in flap elevation |  | Efficient flap elevation with occasional failures to stay in proper plane |  | Rapid and efficient flap elevation with 3 to 8 mm flap thickness |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantial Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 | NA |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Sentinel Node Identification & Dissection**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantial Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 | 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 Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 | 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 Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 | NA |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Flap Closure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Poor 1 | Fair 2 | Good 3 | Very Good 4 | Excellent 5 | NA |
| Poor flap closure without attention to appropriate tension |  | Good flap closure and attention to appropriate flap tension |  | Excellent flap closure and attention to appropriate flap tension without redundancy |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Substantial Direction1 | 2 | Some Direction3 | 4 | Minimal Direction5 | 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:**

|  |
| --- |
|  |