**Operative Performance Rating System (OPRS)**

**LAPAROSCOPIC COLECTOMY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | | 3 | |
| Minimal direction by attending. Resident performs all steps and directs the surgical team independently with minimum or no direction from the attending, to either the resident or to the surgical team. | Some direction by attending. Resident performs all steps but the attending provides occasional direction to the resident and /or to the surgical team. | | Substantial direction by attending. Resident performs all steps but the attending provides constant direction to the resident and surgical team. | |
|  | |  | |  | |

**Procedure-Specific Criteria**

**Port Placement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | 2  Fair | 1  Poor | NA |
| Optimal positioning of ports for excellent camera view and orientation/angles of working instruments; safe and efficient placement |  | Functional but somewhat awkward port positioning;  generally safe technique but some difficulty inserting ports |  | Poor choice of port position; unsafe technique in insertion or removal |  |
|  |  |  |  |  |  |

**Exposure**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | 2  Fair | 1  Poor | | NA | |
| Efficient establishment and maintenance of appropriate pneumoperitoneum, camera angles and retraction |  | Occasional loss of exposure (slowing procedure somewhat but not affecting outcome) due to intermittent loss of pneumoperitoneum, inefficient camera guidance, or direction of retraction |  | | Continued lack of exposure to the point of significant delays or potential patient harm | |  |
|  |  |  |  |  | |  | |

**Identification and Assessment of Pathology/Disease Process**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 5  Excellent | | 4  Very Good | | 3  Good | 2  Fair | 1  Poor | NA |
| Excellent identification of lesion, affected area of bowel, or metastases by visualization or palpation | | |  | Required some direction to identify segment of bowel for resection, perceived extent of disease with guidance |  | Complete reliance on faculty instruction for identification of lesions and associated findings (metastases, local inflammation, infection, etc.) |  |
|  |  | | |  |  |  |  |

**Dissection**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | | 2  Fair | 1  Poor | NA |
| Meticulous and efficient independent dissection of bowel segment from peritoneal attachments, adhesions or adjacent organs |  | | Reasonable development of planes of dissection but needed moderate guidance to maintain progress and protect adjacent structures |  | Unable to safely dissect or mobilize affected segment of bowel. Injured adjacent structures |  |
|  |  |  | |  |  |  |

**Extent of Resection**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | 2  Fair | 1  Poor | NA | |
| Appropriately selected optimal proximal and distal resection sites (adequate margins for cancer, inflammation or perforation), expert handling of mesentery to maintain blood supply and achieve adequate lymphadenectomy (if applicable) |  | Required some assistance in selecting optimal points of resection to safely remove disease |  | Selected resection sites that would have left residual disease (would have removed too much healthy bowel, or would have left grossly ischemic bowel ends for anastomosis or stoma creation) | |  |
|  |  |  |  |  |  | |

**Prevention of Contamination**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | 2  Fair | 1  Poor | NA |
| Independently displayed meticulous preventive measures against intraperitoneal contamination (e.g., took measures to manage the operative field, removal of specimen and soiled instruments) |  | Needed some guidance to contain contamination but demonstrated most appropriate techniques to minimize soiling |  | Poor technique resulted in avoidable gross contamination from bowel contents |  |
|  |  |  |  |  |  |

**Creation of Anastomosis (stapled or hand-sewn) OR stoma**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | 2  Fair | 1  Poor | NA |
| Independently established excellent appostion of bowel layers and proper orientation of bowel ends to prevent torsion of the mesentery OR excellent position and creation of stoma |  | Some guidance needed in creating anastomosis due to concern for apposition of layers, tension on the anastomosis, or orientation of the bowel OR some guidance needed for position/creation of stoma to avoid tension and allow for proper maturation |  | Complete reliance on faculty for appropriate mucosal apposition, avoidance of tension, or torsion |  |
|  |  |  |  |  |  |

**General Criteria**

**Instrument Handling**

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

**Respect for Tissue**

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

**Time and Motion**

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

**Operation Flow**

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

**Overall Performance**

Rating of 4 or higher indicates technically proficient performance (i.e., resident is ready to perform operation independently, assuming resident consistently performs at this level)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5  Excellent | 4  Very Good | 3  Good | 2  Fair | 1  Poor | NA |
|  |  |  |  |  |  |

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

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| --- |
|  |

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

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| --- |
|  |