**Operative Performance Rating System (OPRS)**

**PARATHYROIDECTOMY**

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

**Exposure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5Excellent | 4Very Good | 3Good | 2Fair | 1Poor | NA |
| **Excellent incision planning and precise flap elevation in correct plane** |  | **Satisfactory incision planning and appropriate tissue plane for flap elevation most of the time** |  | **Poor planning of incision and flap elevation** |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Mobilization of Thyroid**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5Excellent | 4Very Good | 3Good | 2Fair | 1Poor | NA |
| **Precise and efficient mobilization with careful handling of vessels** |  | **Satisfactory mobilization of lobe with occasional inefficient handling of vessels** |  | **Poor technique demonstrated in mobilization of thyroid lobe** |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Recurrent Laryngeal Nerve**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5Excellent | 4Very Good | 3Good | 2Fair | 1Poor | NA |
| **Superb knowledge of anatomy, appropriate caution showed in identification and preserving of nerve** |  | **Knowledge of anatomy, some lapses in technique to avoid injury** |  | **Poor knowledge of anatomy and technique in preservation** |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Identification of Parathyroid Glands**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5Excellent | 4Very Good | 3Good | 2Fair | 1Poor | NA |
| **Excellent knowledge of gland, careful, meticulous dissection** |  | **Satisfactory understanding of anatomy, occasionally insufficient and/or aggressive dissection** |  | **Poor knowledge of anatomy and dissection** |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Parathyroidectomy – Use of Available Technology**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5Excellent | 4Very Good | 3Good | 2Fair | 1Poor | NA |
| **Aware of all available technology and its appropriate use** |  | **Aware of most technology and some understanding of its appropriate use** |  | **Poor knowledge of technology and its appropriate use** |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Selection of Gland for Preservation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 5Excellent | 4Very Good | 3Good | 2Fair | 1Poor | NA |
| Excellent understanding of criteria for gland preservation and appropriate size of remnant |  | Aware of some criteria for gland preservation |  | Unaware of criteria to select gland to be preserved |  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**General Criteria**

**Instrument Handling**

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

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

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

**Operation Flow**

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

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |