**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 |
| 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**

**Planning of Incision**

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

**Margins of Excision**

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

**Sentinel Lymph Node Mapping**

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

**Anatomic Dissection of Borders**

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

**Identification of Nerves**

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

**Suturing Technique**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**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:**

|  |
| --- |
|  |