

PSYCHIATRY CLINICAL EVALUATION FOR CBME RESIDENTS

Procedure for the Conduct of the STACER

The purpose of the Standardized Assessment of Clinical Encounter Report (STACER) is to assess the psychiatry resident's ability to: acquire a comprehensive history from a patient, evaluate their current mental state, interpret the information collected to arrive at a diagnosis, and synthesize the formulation and management plan. The assessing psychiatrist(s) will provide feedback to the Resident.

Residents must successfully complete one STACER by the end of the Foundations stage of Psychiatry, to demonstrate development of clinical skills required to progress to the Core stage of Psychiatry (the evaluation grid is provided in the Psychiatry Clinical Evaluation – Foundations of Psychiatry document).

Residents must successfully complete two further STACERs by the end of the Core stage of Psychiatry, to demonstrate acquisition of skills required for Transition to Practice, when the resident is acting as a junior consultant (the evaluation grid is provided in the Psychiatry Clinical Evaluation – Core of Psychiatry document). Please note that while completion of two STACERs is required to progress to Transition to Practice, it is not a requirement for appearance at the Royal College examination.

The psychiatrist(s) performing the assessment will ensure the selection of an appropriate adult patient, unknown to both the psychiatrist(s) and the resident, and will ensure that the patient understands the process and provides consent. The psychiatrist(s) will also ensure that appropriate time and required supports are made available to facilitate the STACER, which may be done in either in person or virtually.

Organizing the STACER should not be onerous for the evaluating psychiatrist(s), and it should be possible to incorporate it into usual clinical care with minor modifications. Other specific suggestions for the STACER are as follows:

1. The procedure for the STACER must be made known to the resident at least three days before the assessment.
2. Different assessors for each STACER assessment are required. Two assessors may improve the effectiveness and validity of each assessment; however, one assessor is sufficient.
3. The patient will be introduced to the Resident. The assessing psychiatrist(s) will review the process and then turn the encounter over to the Resident. The assessing psychiatrist(s) should not ask questions or interrupt during the encounter nor meet with the patient after the initial assessment unless there is a compelling reason to intervene (e.g. patient safety).
4. In Part I of the STACER, the assessing psychiatrist(s) will observe the resident perform the history and mental state examination. The Resident will be allowed up to fifty minutes for the interview and mental state examination. The assessing psychiatrist(s) will then exit and allow the Resident 10 minutes to reflect and organize their thoughts prior to Part II.
5. Part II of the STACER consists of the resident presenting the history and mental state

examination findings, followed by a synthesis of the obtained data, a working diagnosis with differential (utilizing DSM 5), a diagnostic formulation and a management plan. The assessing psychiatrist(s) may ask probing questions if necessary to clarify the resident's diagnostic and therapeutic reasoning.

6. The assessing psychiatrist(s) must observe and rate the Resident's performance according to the evaluation grid.
7. After the assessment, the assessing psychiatrist(s) must provide feedback on the Resident's performance both verbally and written (see Feedback Form) and sign the form.
8. The Resident must review and sign the feedback form.
9. A copy of the Feedback Form must be kept in the resident's training file. Programs must assess the Resident using the STACER as many times as is necessary to satisfy the Competence Committee that these skills have been acquired.