MacPeds

The STACER: Philosophy and Protocols
Introduction:

The purpose of this document is to outline the approach taken in the McMaster pediatric residency program with respect to the Standardized Assessment of a Clinical Encounter component of the Royal College of physicians and surgeons of Canada certification examination process.

Background:

The Royal College of Physicians and Surgeons of Canada initiated the Standardized Assessment of a Clinical Encounter (STACER) as part of a sweeping reorganization of the pediatric specialty examination. In an attempt to balance the Royal College’s need for information regarding a candidate’s performance in completing an observed history and physical examination with the necessity to eliminate the use of non-standardized patients in the formal examination process, the responsibility for formally assessing and reporting upon these skills was transferred to the individual residency training programs.

The Royal College developed a standardized assessment and reporting form, which is accompanied by a basic outline of the process of the examination and the expected standard of performance.

Successful completion of a STACER is required in order to allow a candidate to sit the comprehensive component of the Royal College examination in pediatrics.

Since the introduction of the STACER, residency program directors have met to adopt the Royal College’s official recommendations for the STACER and to standardize aspects of the examination process across the country. Despite this, residency programs across the country have evolved various processes by which they ensure completion of the STACER. McMaster’s approach to this issue is outlined below.

Guiding Philosophy:

The approach to the STACER at McMaster has been guided by the acknowledgment that the history and physical examination is the most important component of a clinical patient encounter and that optimal patient care cannot be provided unless a high-quality clinical assessment is performed. The ability to synthesize information provided during the encounter and to adapt the history and physical examination to the specific patient situation is a key component of a high-quality clinical assessment. Establishing a balance between appropriately prioritizing the issues important to the family and child and those flagged, as a priority by the clinician is also an important outcome of the clinical encounter.

A robust examination process requires that each candidate has the most highly standardized experience possible. Outside influences, which could affect the outcome of the examination, must be minimized to the greatest practical degree. The candidates must have a complete understanding of the expectations and desired outcomes for the examination. Given that a "mastery approach" has been recommended by the Royal College, providing feedback to unsuccessful candidates is also considered to be an important part of the ongoing process.

The STACER Examination Board:

In order to optimize and standardize the examination, a formal examination board for the STACER at McMaster has been formed. These volunteer appointments are for 2-3 years. Board members at the time of joining the board commit to attending the fall and spring examination sessions to the degree that other commitments allow. They agree to meet with candidates after the examination and provide them with feedback on their performance. They also provide recommendations to the exam board chair regarding possible improvements of the process. Experienced examiners are always paired with less experienced
faculty during the examination. The board meets twice annually, typically around the time of the actual examination sessions.

In order to maximize examiner objectivity and standardization for the candidates, exam board members are excluded from participating in practice STACER examinations with residents at the PGY2 and PGY3 level.

**Patient selection:**

Patients and their families are recruited in an ongoing way by faculty at the Children’s Hospital. The chair of the STACER examination board makes regular requests to the clinical faculty for suggested patients. As per the Royal College documentation, patients with no more than three major medical and/or social problems of sufficient complexity to require the care of a general consultant pediatrician are approached. Faculty are also asked to consider the child and caregiver’s ability to provide a comprehensive history.

A parent who consents to be contacted is telephoned by the examination board chair or delegate to describe the process, timing and expectations. A $60 stipend is offered if the child is able to complete one examination run and $100 if two examination runs are completed.

New patients are recruited in an ongoing fashion to ensure that each examination session includes different patients.

**The Examination Session:**

At McMaster, two STACER examination sessions are held each academic year, one in October and another one in March. The examination is held in one of the outpatient areas of the McMaster Children’s Hospital. Typically, each session comprises two "runs" of the examination.

Each run of the examination comprises a 60-minute history and physical examination observed by two examiners. The examiners provide time prompts after 30 and 55 minutes have passed. The timer is paused if there are any unanticipated difficulties with the patient or equipment. The timer is also paused to allow the patient to gown. When 60 minutes have passed, the candidate is asked to end the encounter. The child and caregiver are excused from the room and the candidate is left alone in the room for 10 minutes to prepare to make a presentation to the examiners.

After 10 minutes, the examiners return to the room and the candidate is asked to summarize the salient aspects of the history and physical examination and to provide a prioritized patient problem list. If there is an acute, undifferentiated problem, the candidate may provide a brief differential diagnosis for this problem. The examiners provide no prompts or feedback during this portion of the examination.

**Preparation of Examiners:**

Two examiners are assigned to each candidate. The examiners are provided with a recent clinical summary of the patient’s medical problems. They are each provided with a set of the Royal College examination forms as well as a digital timer and clipboards.

Prior to beginning the examination, each examiner is reminded of the timing for the examination, the expectations of the candidates and the post-examination process (described below). The examiners are reminded not to discuss their opinion regarding the candidates’ performance with their co-examiner. They are also asked to keep the identity of the candidates they examine confidential from the other examiners to allow for greater objectivity during the post-examination deliberations.
If a second run of the examination is to occur for a second group of candidates, the examiner/patient assignments are changed to prevent the second candidate with that patient from being disadvantaged due to the examiners being familiar with the patient and to prevent unfair comparisons between the candidates.

**Room Preparation:**

Each clinic room to be used for a STACER is prepared by ensuring sufficient seating for two examiners, the candidate, the patient and any accompanying family members. An appropriately sized gown and a sheet are provided.

The following equipment is provided in each room:

- Blood pressure cuff (manual or automated), ophthalmoscope, otoscope with tips, measuring tape, growth chart.

Patients arrive approximately 20 minutes ahead of the candidates. A nurse measures the height and weight of the child and records it on a piece of paper and leaves this in the examination room along with an appropriate growth chart.

The examiners have an opportunity to meet the patient and caregivers and to arrange the room for optimal assessment of the candidate’s performance and the comfort of the patient. The examination room door is then closed in anticipation of the candidate’s arrival.

**Candidate Preparation:**

The candidates arrive approximately 10 minutes before the examination. The examination board chair meets with the candidates, reviews the timing of the examination and the post-examination process. Candidate questions are solicited and answered. The candidates are then taken to the examination rooms.

The examination begins with a signal from the examination organizer, the beginning of the timer and entry of the candidate into the examination room.

**Post-examination Process:**

After the candidate is excused, each examiner is asked to make an independent adjudication of whether the candidate performed at the level of a consulting general pediatrician.

A meeting of the examiners is held after completion of the examination process.

First, the chair polls the examiners to determine if there were any process related difficulties, which may have disadvantaged a candidate. A discussion regarding any concerns is then initiated and this information is used during any subsequent discussion of examination performance by that candidate.

The examination board chair asks each examiner to indicate whether or not he/she feels that the candidates that they examined were successful or unsuccessful. If both examiners agree, the chair tabulates the result. If there is a discrepancy between the two examiners, while maintaining confidentiality regarding the candidate’s identity, each examiner presents to the other board members a summary of the assessment and reasons for having reached the reported conclusion. The examination board members have an opportunity to ask questions and when all questions have been sufficiently answered, a vote is taken by anonymous ballot of all exam board members, excluding the chair. In the event of a tie, the exam board chair votes. Once the outcome of the examination for each candidate has been decided upon, the examiners are asked to complete the final page of the assessment form with as much detail as possible as this is the document required to accompany the FITER to the Royal College.
Following the examination, the exam board chair communicates the results individually to each candidate, copying this report to the residency program director. Candidates are encouraged to contact their examiners for feedback regarding their performance and, if unsuccessful, to receive guidance on future attempts. The board chair also is available to each candidate to meet and discuss the results of the examination.

**Practice STACER examinations:**

The residency program at McMaster provides several opportunities during each rotation for residents to be observed during clinical encounters. Each resident is required to have a mini-CEX completed on each rotation. While these are important formative evaluations, they are too limited in scope to prepare a resident for the STACER examination process. As such, most residents desire an opportunity to practice a full STACER with a faculty member.

The examination board chair arranges practice STACER sessions for each resident twice-yearly beginning in the PGY1 year. The board chair reviews the annual rotation schedule for the program, identifies which rotation are likely to be able to accommodate the request and the education resource faculty member for the rotation is contacted and a request to arrange a STACER for the resident when on that rotation is made. The proposed examiner is provided with information regarding the goals and objectives of the practice as well as a copy of the Royal College examination forms.

In order to minimize the possible impact of examiner bias at the time of the STACER session, examination board members are excluded from supervising practice STACERs for residents in the PGY2 and PGY3 year.

With the above noted restriction, residents are free to arrange further practice STACERs in addition to those arranged by the program.

**Number of Attempts:**

Residents have their first STACER starting in the fall of their third year. Residents are allowed a maximum of three attempts. Residents who are unsuccessful after three attempts are managed in the following way:

1. Residents going on to fellowship training in their fourth year: with the permission of the resident, this information will be forward fed to the specialty program director. It will be up-to that program to decide what strategies or remediation plan will be implemented for the resident. The specialty program will need to ensure a STACER is completed successfully.
2. Residents staying for a General Pediatric fourth year: The program will put in a remediation plan before allowing any further STACER attempts. Decision to hold back the resident from the comprehensive pediatric exams will be a program decision after taking into account other assessments done on the program.