



Psychiatry UNIVERSITY OF TORONTO

Postgraduate Education

Exit STACER Procedures

The Patient

- must be aged 18 years or older
- must be capable to give consent for the examination process
- must be appropriate for the examination process:
 - willing to be interviewed for 50 minutes
 - able to understand and respond to questions
 - able to participate safely in an outpatient setting
 - willing to have a focused physical examination, if appropriate (e.g., for EPS)
- must be unknown to the resident and the examiners

The Resident

- is not currently primarily training at the site of the examination

The Examiner

- must be chosen by the program director or their designate
- must have attended a STACER Examiner training session within the past 5 years
- must not be a current or immediate-past primary or psychotherapy supervisor of the resident

Room Set-up

- the patient and the resident should be provided with chairs so that they can face each other
- both examiners are present in the room for the entire interview and presentation sections
- tissues and water should be made available close to the patient and resident
- A resident may bring with them to the examination paper and writing implements (ie. pens, pencils), but no exam templates or reference materials will be permitted
- a clock does not have to be present in the room
 - thus the resident and examiners must bring their own timepieces

Prior to the Start of the Exam

- the examiners and resident should introduce themselves to each other
- the examiners should ask the resident if they are aware of the exam procedure and answer any questions the resident has about the exam procedure
- the examiners should specifically remind the resident that:
 1. the interview will run for 50 minutes, at which point the examiners will announce “50 minutes” – no additional warnings are provided
 2. the examiners will terminate the interview at 55 minutes
 3. the presentation section of the exam will commence at 60 minutes
 4. the presentation section will run for 20 minutes, at which point the examiners will announce “20 minutes” – no additional warnings are provided
 5. the examiners will terminate the presentation section at 25 minutes and begin asking questions

- the resident is permitted to adjust the room set-up to their preference

Exam Procedure – Interview Section (total time 60 minutes; maximum 55 minutes for the interview)

- the patient is brought into the room by the examiners and introduced to the resident (with the patient’s first and last names)
- it is the resident’s responsibility to review the exam procedure
- the time commences when the residents initiates the explanation of the exam procedure to the patient
- the examiners may make notes on the *STACER Feedback Form*
- if patients bring materials into the exam (e.g., medication lists, pill bottles), the resident may make use of these
 - the resident may note down the details and may ask further questions related to the materials
- the examiners do not speak during the course of the 50-minute interview
 - if the patient directly addresses the examiners, they should politely redirect the patient to speak with the resident
- at 50 minutes, the examiners announce “50 minutes” – **no additional warnings are provided**
 - the examiners **cannot** clarify the time elapsed/available before the 50-minute mark if the resident has forgotten to note the start time of the exam
- if the resident has not concluded the interview by 55 minutes, the examiners will terminate the interview by saying “We will have to end the interview at this time.”
- the examiners can thank the patient for participating
- the patient may leave on their own or be escorted back to the inpatient ward as appropriate to their circumstance
 - if there is an acute safety concern by the end of the interview, it is firstly the resident’s responsibility to identify this issue and indicate an appropriate course of action
 - if the resident does not identify a safety concern or does not indicate an appropriate course of action, the examiners may then initiate a course of action
- the examiners then both leave the room until the 60-minute mark of the exam
- the examiners can speak to each other about the resident’s interview performance while they are out of the room

Exam Procedure – Presentation Section (total time 20-25 minutes)

- the examiners return to the room at 60 minutes
- the examiners should then prompt the resident to make their presentation with the following prompts (a prompt can be omitted if the resident spontaneously begins the next section):
 1. “Please present your summary of this patient’s history.”
 2. “Please present the patient’s mental status examination.”
 3. “Please present your diagnostic impression, including your differential diagnosis.”
 4. “Please present your formulation of this patient.”
 5. “Please present your management plan for this patient if you were to take over their care.”

- during the course of the presentation, the examiners should refrain from indicating any overt agreement or disagreement with the resident's presentation
- the examiners should not prompt the resident around any omissions other than the standard prompts listed above
- at 20 minutes, the examiners announce "20 minutes" – **no additional warnings are provided**
- if the resident has not concluded the presentation section by 25 minutes, the examiners will terminate the presentation section by saying "We will have to end the presentation section at this time." The examiners will then proceed to ask questions.
- if the resident finishes their presentation at any point prior to 25 minutes, the examiners can also proceed to ask questions

Exam Procedure – Examiner Questions

- the purpose of asking questions is to allow the examiners to determine whether the resident meets the passing standard or not
- the examiners SHOULD ask questions about:
 - aspects of the patient's history that are unclear
 - aspects of the resident's presentation that are unclear
 - areas of omission in the interview or presentation
 - the resident's awareness and understanding of problems in the interview process
 - issues of diagnosis and differential diagnosis that are unclear
 - aspects of the resident's presentation that are not clearly supported by the interview or are inaccurate in terms of current evidence
 - issues that are relevant to the patient's case
- the examiners SHOULD NOT:
 - indicate their agreement or disagreement with any of the resident's responses
 - if the resident's response is unclear or incorrect, the examiners can follow up with further questions on this topic
 - ask leading questions
 - ask questions that go beyond the expectations for a competent general psychiatrist in a community practice
- the examiner questions must end no later than 1 hour and 45 minutes after the exam commenced (45 minutes after the presentation section commenced)

Passing Standards

- to pass the Exit STACER, the resident must perform at the level of a **competent** general psychiatrist in a community practice:
 - able to develop an adequate alliance that allows for accurate assessment
 - able to perform an assessment that is comprehensive enough to lead to accurate assessment
 - able to make an accurate provisional diagnosis
 - able to identify key possibilities in a differential diagnosis
 - able to assess the patient's safety
 - able to develop enough of an understanding of the patient to generate reasonable hypotheses about their current presentation and to direct future treatment directions

- able to develop an appropriate treatment plan that is evidence-based, meets current standards of practice, and is specific to the patient's needs
- the emphasis overall is on competency, **not excellence**
- there are no issues that would necessarily constitute an automatic failure – each area of concern needs to be considered in the context of the patient's specific presentation and the resident's overall performance
 - omissions may be justifiable with specific patients in specific circumstances – the resident should be able to explain their reasoning for the omissions
 - some form of risk assessment is necessary with all patients – however the depth and extent of this assessment can vary with specific patients in specific circumstances
- the decision to pass or fail is based on considering the resident's total performance in the interview and in the presentation and questions sections
 - stronger performance in some sections can compensate for weaker performance in other sections
 - there is no “borderline” category for passing – passes should be clear passes, given that the passing standard is competency
 - marginal performances should be considered as grounds for failure

Exam Procedure – Exam Result and Feedback

- the resident leaves the room for a few minutes to allow the examiners to confer about their decision and feedback to the resident
- the examiners should agree on the decision to pass or fail the resident and on the key points of feedback for the resident
- the examiners invite the resident back into the room
- the examiners first provide the resident with the overall exam result:
 - “Your performance on this STACER exam met expectations”
 - “Your performance on this STACER exam did not meet expectations”
- the examiners then initiate a discussion with the resident about their feedback on the resident's performance
- this feedback SHOULD:
 - be delivered in a supportive manner
 - encourage the resident to self-assess their own performance
 - support or identify areas of strength in the resident's performance
 - support or identify weaknesses in the resident's performance
 - specifically identifying the reasons for failure if applicable
 - provide specific examples that illustrate these strengths and weaknesses
 - identify specific ways in which the resident can work on these weaknesses
- the examiners complete one *STACER Assessment Form*
- both examiners and the resident sign the completed *STACER Assessment Form*
- the *STACER Assessment Form* and each *STACER Feedback form* are submitted to your local education administrator, who will forward it to the residency program office

What happens if a resident fails an Exit STACER

- the resident meets with the STACER Coordinator to review their performance

- repeat Exit STACERs are booked
- options for additional support and training are offered in the case of repeated failures