Submission Id: 3477

Title

Development of performance rating instruments for ambulatory women's health procedural skills in family medicine

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Women's health procedures are essential services few family medicine (FM) residents provide upon graduation. Improving training and confirming these skills' acquisition is crucial for safe health care delivery. Objective: The objective of this study was to develop and provide preliminary validity evidence for two performance rating instruments for intrauterine device insertion, endometrial biopsy, punch biopsy of the vulva, and routine pessary care. Study Design: Modified Delphi consensus and descriptive prospective study. Setting: Nine Canadian universities. Participants: Academic family physicians and gynaecologists. Instrument/Intervention: Procedure-specific checklists were developed based on empirical evidence and content expert opinion. Academic family physicians (n=12) and gynecologists (n=4)participated in a modified Delphi to finalize the items for the checklists. Consensus was defined as a priori. A previously validated global rating scale was modified to accommodate women's health procedures in ambulatory settings. Academic family physicians (n=19) piloted the procedure-specific checklists and the global rating scales. They rated two videos (one first-year and one second-year FM resident) performing the four procedures while blinded to their level of training. They also evaluated the ease of use and acceptability of two instruments. Average scores for the procedure-specific checklists and the global rating scales for each procedure were calculated and correlated with the year of training for each procedure. Results: Consensus on items for the final checklists was reached after two rounds of a modified Delphi. Although Procedure-specific checklists' scores did not correlate with the level of training, the global rating scales' scores did. Both instruments received high average overall scores (31/36) for ease of use and acceptability for all four procedures. Conclusion: We designed performance rating instruments for four women's health procedures and provided evidence for content validity through rigorous checklist development informed by the literature and a panel of Canadian experts. Piloting the instruments demonstrated validity for the response process, with raters describing the scales as easy to use and understand. The positive correlation of the global rating scale with training year provides preliminary data on validity for relation to other variables. These instruments may facilitate the training and assessment of FM residents.