A Systematic Review: The Effect of Clinical Supervision on Patient and Residency Education Outcomes.

Reference:
Farnan JM1, Petty LA1, Georgitis E1, 2, Martin S1, Chiu E3, Prochaska M1, Arora VM1. Systematic review of the effect of clinical supervision on patient and residency outcomes. Academic Medicine. 87(4):428-42

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Tags
Clinical domain
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Background

Following a 2008 Institute of Medicine report on medical errors, the ACGME required the development of policies about resident supervision by faculty members, and for assessing senior trainees’ ability to supervise junior residents. This highlighted the tension between patient safety, trainee education and clinical care and raised concerns about ‘graded responsibility’ and inadequate supervision. This is not new: the level of supervision varies by specialty, context and task, and the physical presence of a supervising faculty physician has been mandated in some situations for a number of years.

Purpose

To perform a literature review to determine the effects of supervision on education and patient outcomes; and to look for differences based on whether, how and what type of supervision occurs.

Type of paper

Systematic review

Key Points on the Methods

The authors used a standard approach, the PRISMA statement, as the framework. It was rigorously done. Inclusion criteria: PGY1 or higher; Canadian or American
residency programs; controlled study e.g. RCT; supervision-related intervention in any context; with patient or education outcomes. They used a standardized abstraction tool and a previously validated tool to assess education quality, and defined the types of supervision.

**Key Outcomes**

24 of over 1400 articles were finally selected, from a wide range of disciplines, settings, type of supervision, study design and outcome. Greater supervision had a positive effect on clinical outcomes: complications, illness severity, change of diagnosis, change of therapy, guideline adherence and resource use. Greater supervision also had effects on skills, test results, learner satisfaction and cost of education.

**Key Conclusions**

The authors conclude that enhanced supervision improves outcomes in a variety of ways in the majority of settings, especially when major procedures are being supervised. However there was little evidence that night time supervision ‘works’. Not surprisingly, the amount of supervision needed depended on the level of the resident.

**Spare Keys – other take home points for clinician educators**

The authors modeled how to do a rigorous systematic review. And CE’s should remember to consult their librarian if they wish to do a literature review, and to do large projects like this in a research team.