Measuring the Intensity of Resident Supervision in the Department of Veterans Affairs: the Resident Supervision Index

Reference:

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PubMed URL

Tags

Clinical domain
Scholar

Educational domain
Clinical Teaching

Background

While educators, learners, and health care decision-makers would all agree that clinical supervision is a critical activity, no validated index of clinical supervision exists.
Purpose

The Veterans Administration healthcare system in the US commissioned a panel to develop and validate an instrument that would allow systemic evaluation of clinical supervision.

Type of paper

- Research: Observational

Key Points on the Methods

The authors developed and operationalized a definition clinical supervision based on the published literature and expert consensus. This was then further developed into a Resident Supervision Index in the form of a survey instrument. The instrument was then pilot tested by volunteer trainees and supervisors in ambulatory clinics at one centre, administered by trained research assistants. The same instrument was then re-administered for 86% of the encounters in a mean of 1.4 days.

The index (known as RSI) detailed the time spent in the encounter, setting for discussion, reason for the encounter, impact on resident learning, impact on history/physical/diagnosis/management, for two types of encounters, either: resident-attending or resident-attending-patient. Other domains of medical education or physician competence were not measured.

Feasibility and test-retest reliability and interrater reliability were evaluated.

Key Outcomes

Face validity was a function of the experts coming to consensus on the RSI. The field-tested instrument was successful at documenting 98% of the 148 eligible encounters (60 residents and 37 supervisors) via research assistants. Test-retest intraclass correlations were 0.93 & 0.88 for residents and supervisors. Interrater reliability (between learner and attending physician) was an ICC of 0.69 for time spent.

Key Conclusions

*The authors conclude*... that the RSI is a novel, valid, and useful instrument to measure clinical supervision.

The results are restricted by the single-site design and generalizability to the real-world may be limited because of the sheer amount of paperwork involved to assess each encounter this way. Having a research assistant available to be dedicated to this data collection and follow up is clearly not feasible.
Nevertheless, this paper is a useful addition to the armamentarium of clinician educators who conduct research on clinical supervision. Managers and health services researchers could also find this useful.