A RATING INSTRUMENT TO ASSESS AMBULATORY WOMEN’S HEALTH PROCEDURAL SKILLS

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INTRODUCTION

Background:
• Ambulatory Women’s Health Procedures (AWHPs) are essential primary care services few family physicians provide.
• CCFP licensing exam does not examine the candidates’ procedural skills competence.
• Family Medicine (FM) teaching lacks validated tools to provide feedback to learners or to measure learner’s progression towards competence of procedural skills.
• The two most commonly used rating instruments of technical skills are Procedure Specific Checklist (PSC) focused on content knowledge & Global Rating Scale (GRS) focused on psychomotor skills.

Objectives: To develop checklists and rating scales for four AWHPs & provide validity evidence for their use in FM as tools for formative & summative purposes.

METHODS

Content Development

• Procedures Selected: Intrauterine Device (IUD) insertion, endometrial biopsy, punch biopsy of vulva & routine pessary care as per CCFP2021 mandatory procedures list.
• A validated GRS designed for technical skills for hysterectomy was modified to accommodate AWHPs.
• We developed the original PSCs based on empirical standards of practice & literature review.
• A modified Delphi method was used to reach consensus on items for the final PSCs. 
• 16 Academic family physicians (AFP) & OB-GYNs from 9 universities & 6 provinces participated using an 8-point scale to rank the importance of each item.
• We established a priori to include or exclude items (Table 1).
• Consensus was reached after 2 rounds.

Response Process Relationship to other Variables

• The 2 rating instruments were piloted by 19 AFPs raters using videos of 2 FM trainees from PGY1 & PGY2.
• Raters were asked to consider for both formative & summative purposes.
• Percentage PSC and GRS average scores was calculated for each procedure & correlated with the year of resident’s training (Figures 1 & 2).
• Raters evaluated the 2 instruments on 6 anchors using a 6-point Likert scale (Figure 3).

RESULTS

• PSC items were well received & consensus reached on most items after 2 rounds (Table 1).
• No item was viewed unimportant enough to be excluded from PSCs.
• PSC scores did not correlate with the trainees’ level of training (Figure 1).
• GRS scores correlated with the trainees’ level of training (Figure 2).
• Both instruments received high average overall scores of ≥31/36 for all 4 procedures.

DISCUSSION & CONCLUSION

• We developed Canadian consensus on PSCs to provide formative feedback to FM trainees for 4 AWHPs.
• Preliminary validation results are consistent with the literature: PSCs’ detailed content knowledge structure is more suitable as a formative feedback tool whereas GRS psychomotor skill structure is more amenable to summative feedback.
• The overwhelming approval of the tool by faculty raters indicates acceptability & feasibility for our next study.
• Further validity evidence for internal construct, relationship to other variables & consequence of our tools is underway.

REFERENCES

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