The authors sought to determine the reliability of a central line checklist in assessing attending physician skill” Hock et al (2017).

Abstract:

Study Objectives: Practicing physicians have been required by the Joint Commission to demonstrate procedural competence on an ongoing basis as part of the Ongoing Professional Practice Evaluation (OPPE) since 2009. Checklist tools have been developed for procedural training and initial demonstration of competence or mastery in emergency medicine, but these have been developed for and studied in resident physicians. Selecting a single tool for ongoing assessment of attending emergency physician competence presents unique challenges in that physicians may develop variations in practice patterns or changes in procedural technique that while still safe for patients may deviate from the selected evaluation tool. The authors sought to determine the reliability of a central line checklist in assessing attending physician skill.

Methods: Study participants were practicing emergency medicine attending physicians. Twenty-three of thirty eligible physicians consented to take part in the study. A simulated scenario was developed to assess skill in placing triple lumen central line catheters. An emergency physician simulation expert rater utilized a checklist previously developed using the Delphi method and validated in emergency medicine resident physicians. The rater also completed an adapted global rating score (ranking 1-5) comprised of six items regarding procedural proficiency and an overall procedural score. Pearson correlation and linear regression were used to compare checklist completion to overall global rating score for each participant.

Results: Participants correctly completed an average of 26 (87%) out of 30 (SD 2.65) items on the checklist. The average global rating score for all participants was 4.33, SD 0.90. The correlation between these items and global rating scores was 0.71 (p<0.01) (figure 1). Based on regression analysis, for every 1 additional item completed on the central line checklist there was 0.24 increase in the overall global rating scores.
Conclusions: When applied in the evaluation of attending physicians, the checklist and global rating scale are highly correlated. This suggests that the checklist may be a reasonable measure of ongoing physician procedural skill that objectively correlates with the subjective impression of the expert rater. Such evaluations are useful in an environment where the ability for objective continuing assessment is increasingly valued.

Reference:

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