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عنوان:

طراحی، اجرا و ارزشیابی نظارت بالینی در آموزش کارورزان بخش کودکان دانشگاه علوم پزشکی اصفهان

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طراحی، اجرا و ارزشیابی نظارت بالینی در آموزش کارورزان بخش کودکان دانشگاه علوم پزشکی اصفهان

چکیده

مقدمه:.نظارت بالینی، از ارکان اساسی آموزش پزشکی به شمار می‌رود. مدل‌های متعددی در این راستا ارائه شده‌اند، مدل‌های نظارت بالینی با ارائه بازخورد و حمایت از دانشجویان، منجر به ارتقای دانش، مهارت و خودکارآمدی آنان، بهبود کیفیت مراقبت‌های ارائه شده به بیماران می‌گردد. لذا، این مطالعه با هدف طراحی، اجرا و ارزشیابی نظارت بالینی در آموزش کارورزان بخش کودکان دوره پزشکی عمومی انجام شد.

مواد و روش‌ها: این مطالعه، مطالعه توسعه‌ای بود. در سه مرحله طراحی، اجرا، و ارزشیابی طراحی شد. در مرحله طراحی با استفاده از مطالعه کتابخانه‌ای، و جلسات گروه کانونی چارچوب اجرایی مدل نظارت بالینی طراحی گردید. مرحله اجرا و ارزشیابی طی دو مطالعه نیم تجربیِ یک گروهی، و دو گروهی پیش – پس‌آزمون طراحی و اجرا شد. مطالعه اول، طراحی و اجرا و ارزشیابی برنامه توانمندسازی اساتید بالینی بود، مشارکت‌کنندگان آن ۲۰ استاد در دسترس گروه کودکان دانشگاه علوم پزشکی اصفهان بودند. در طراحی آموزشی، از مدل نظارت بالینی پروکتور و الگوی طراحی آموزشی اشور استفاده شد. برنامه طی ۳ روز به صورت مجازی برگزار گردید. برای سنجش دانش و نگرش آن‌ها نسبت به نظارت بالینی از پرسشنامه خودگزارش‌دهی محقق ساخته استفاده شد. در مطالعه دوم مدل نظارت بالینی پروکتور اجرا شد. در این مطالعه ۵۶ کارورز بخش کودکان که دوره کارورزی خود را در پاییز و زمستان ۲۰۲۲ در دانشگاه علوم پزشکی اصفهان ایران آغاز کرده بودند، شرکت کردند. نمونه‌گیری به روش در دسترس انجام شد. در این پژوهش، یک گروه از کارورزان تحت نظارت بالینی مبتنی بر مدل پروکتور(گروه مداخله) قرار گرفتند و گروه دیگر نظارت‌های معمول(گروه کنترل) را دریافت کردند. تمام شرکت‌کنندگان قبل و بعد از مداخله، پرسشنامه خودکارآمدی مهارت‌های بالینی کارورزان بخش کودکان را تکمیل کردند، و برای اطمینان از اجرای مناسب نظارت بالینی از مشاهده مستقیم و تکمبل چک لیست مشاهده استفاده شد. تجزیه تحلیل داده ها با استفاده از آزمون های پارامتریک، و آمارهای توصیفی انجام شد.

یافته‌ها: در مرحله طراحی مدل نظارت بالینی پروکتور، با روش غیر مستقیم و مستقیم، و ساختار گروهی به عنوان مدل نظارت بالینی انتخاب شد. یافته های مطالعه اول (برنامه توانمندسازی اعضای هیأت علمی)نشان داد، میانگین نمره خود گزارش‌دهی دانش قبل:۲/۳۱±۵/۵۵، بعد: ۱/۵۳±۸/۲۵) و نگرش (قبل: ۰/۵۲±۴/۰۷، بعد: ۰/۴۸±۴/۲۸) اساتید نسبت به نظارت بالینی، بعد از برنامه توانمندسازی نسبت به قبل آن به طور معناداری افزایش داشت. یافته های مطالعه دوم (مدل نظارت بالینی پروکتور) نشان داد، در گروه مداخله، میانگین نمره خودکارآمدی قبل و بعد از مطالعه، در همه حیطه ها بجز حیطه مهارت بالینی- تست‌های آزمایشگاهی تفاوت معناداری داشت ($p<۰/۰۵$). در گروه کنترل، میانگین نمره خودکارآمدی قبل و بعد از مطالعه، در حیطه مهارت بالینی- انجام اقدامات عملی؛ مهارت‌های تصمیم گیری، استدلال و حل مسئله، و نمره کل خودکارآمدی تفاوت معناداری داشت($p<۰/۰۵$). در سایر حیطه تفاوت معناداری مشاهده نشد($p>۰/۰۵$). اندازه اثر مداخله بعد از مطالعه، در حیطه مهارت

بالینی- انجام اقدامات عملی(d =۰/۷۵)، و حیطه مهارت بالینی- شرح حال، معاینه، و ثبت اطلاعات(d =۰/۵۶)، مراقبت بیمار (تشخیص، درمان و بازتوانی)(d =۱/۱۰)، مهارت‌های تصمیم‌گیری، استدلال بالینی و حل مسئله(d =۰/۸۰)، و خودکارآمدی کلی در حد بالا بود(d =۰/۹۴). علاوه‌بر این، میانگین نمره حیطه های مختلف خود کارآمدی و نمره کل خود کارآمدی، بعد از مطالعه، بین دو گروه اختلاف معناداری نداشت. تفاوت میانگین نمره خودکارآمدی بین دو گروه، در حیطه مراقبت بیمار (تشخیص، درمان و بازتوانی)، معنادار بود. به علاوه ۹۰/۶۳ درصد اساتید اجزای مدل نظارت بالینی پروکتور را به کار بردند.

نتیجه‌گیری: برگزاری برنامه‌های توانمندسازی نظارت‌بالینی به صورت برنامه‌ریزی شده و بر اساس مدل مشخص منجر به ارتقای دانش، نگرش و عملکرد اساتید در نظارت‌بالینی می‌شود. علاوه بر این، مدل نظارت بالینی پروکتور، با فراهم نمودن محیطی حمایتی و یادگیری تعاملی، به دانشجویان پزشکی کمک می‌کند دانش نظری خود را به مهارت‌های عملی تبدیل کرده و با افزایش خودکارآمدی به پزشکان بالینی کارآمد تبدیل شوند.

کلیدواژه‌ها: مدل، نظارت بالینی، آموزش پزشکی، کارورز، هیات علمی، دانش و نگرش، خودکارآمدی

فهرست مطالب

فهرست جدول‌ها

فهرست شکل‌ها

فهرست منابع

۱. فهرست منابع

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Design, Implementation, and Evaluation of Clinical Supervision in Pediatric Intern Training at Isfahan University of Medical Sciences.

Abstract

Introduction: Clinical supervision is a fundamental of medical education. Numerous models have been proposed in this regard. Clinical supervision models, by providing feedback and support to trainees, lead to the enhancement of their knowledge, skills, and self-efficacy, ultimately improving the quality of patient care delivered. Therefore, this study aimed to design, implement, and evaluate clinical supervision in the training of pediatric interns in the general medicine curriculum

Methods: This study was a developmental study. It was designed in three phases: design, implementation, and evaluation. In the design phase, the operational framework of the clinical supervision model was developed using a literature review and focus group sessions. The implementation and evaluation phases were designed and conducted through two quasi-experimental studies: a one-group pre-test/post-test design and a two-group pre-test/post-test design.The first study involved the design, implementation, and evaluation of a faculty development program for clinical teachers, with the participants comprising 20 available faculty members from the Department of Pediatrics at Isfahan University of Medical Sciences. In the instructional design, Proctor's clinical supervision model and the ASSURE instructional design model were utilized. The program was conducted virtually over three days.To evaluate their knowledge and attitude towards clinical supervision, a researcher-developed self-report questionnaire was utilized. In the second study, Proctor's clinical supervision model was implemented.In this study, 56 pediatric interns who commenced their internship in the fall and winter of 2022 at Isfahan University of Medical Sciences, Iran, participated. Sampling was conducted using a convenience sampling method. In this study, one group of interns underwent clinical supervision based on Proctor's model (intervention group), while the other group received standard supervision (control group). All participants completed the Pediatric Intern Clinical Skills Self-Efficacy Questionnaire before and after the intervention, and direct observation with completion of an observation checklist was utilized to ensure proper implementation of clinical supervision. Data analysis was performed using parametric tests and descriptive statistics**.**

Results: In the design phase, Proctor's clinical supervision model, utilizing indirect and direct methods with a group structure, was selected as the clinical supervision model. The findings of the first study (faculty development program) revealed a statistically significant increase in the mean self-reported knowledge score (pre: 5.55 ± 2.31, post: 8.25 ± 1.53) and attitude score (pre: 4.07 ± 0.52, post: 4.28 ± 0.48) of the faculty members towards clinical supervision after the faculty development program compared to before. The findings of the second study (Proctor's clinical supervision model) demonstrated that in the intervention group, the mean self-efficacy score before and after the study showed a statistically significant difference ($p<0.05$) in all domains except the clinical skills domain related to laboratory tests. In the control group, the mean self-efficacy score before and after the study showed a statistically significant difference ($p < 0.05$) in the clinical skills domain related to performing practical procedures, decision-making, reasoning, and problem-solving skills, and the overall self-efficacy score. No statistically significant difference ($p > 0.05$) was observed in other domains.The effect size of the intervention after the study was high in the clinical skills domain related to performing practical procedures, the clinical skills domain

related to history taking, physical examination, and documentation, patient care (diagnosis, treatment, and rehabilitation), decision-making, clinical reasoning, and problem-solving skills, and overall self-efficacy.Furthermore, there was no statistically significant difference ($p > 0.05$) between the two groups in the mean scores of the various self-efficacy domains and the overall self-efficacy score after the study. However, the difference in the mean self-efficacy score between the two groups was statistically significant ($p<0.05$) in the patient care domain (diagnosis, treatment, and rehabilitation).Furthermore, 90.63% of the faculty members implemented the components of Proctor's clinical supervision model.

Conclusion: The implementation of planned, model-based clinical supervision faculty development programs leads to the enhancement of faculty knowledge, attitude, and performance in clinical supervision. Furthermore, Proctor's clinical supervision model, by providing a supportive and interactive learning environment, assists medical students in translating their theoretical knowledge into practical skills and, by enhancing self-efficacy, enables them to become competent clinical physicians.

Keywords: Model, Clinical Supervision, Medical Education, Intern, Faculty, Knowledge and Attitude, Self-Efficacy

Department of Medical Education

A Thesis Submitted in Partial Fulfillment of the Requirement

for the Degree of PhD in Medical Education

:Title

Design, Implementation, and Evaluation of Clinical Supervision in Pediatric Intern Training at Isfahan University of Medical Sciences

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