Peer Review Guidelines

Receive structured constructive feedback on your clinical performance, either by:

# **Observation of clinical practice**

Structured one on one peer review activity by a peer of your choice, either face to face or by video. After an initial discussion with the reviewer on scope of practice, learning needs and any specific requests for focused feedback, the reviewer observes consultations (with the patients consent) and provides feedback for reflection and discussion between the reviewer and the peer.

* 1. Video observation is only appropriate where all the consultations will occur in one room and where connection speeds are adequate
  2. Audio only observation is not acceptable because it cannot assess non-verbal communication and examination components

# **Case based discussion**

Either one on one or in small group learning format, case-based discussions use de-identified cases to analyse clinical reasoning and decision making. Cases can be discussed face to face or via distance education options including video link, social media and ACRRM Communities of Practice.

This is an overarching guideline/ process for different peer review activities with specific templates for the following areas:

* Medical (including ATSI, Adult Internal Medicine, Population Health, Remote Medicine, Primary Care, General Practice, Mental Health, Paediatrics)
* Anaesthetics
* Emergency Medicine
* Obstetrics
* Surgery

# Planning Guide

**Observation of Clinical Practice**

Face to face or via video link

# **People**

* The peer reviewer, qualifications, registration number (if required), name, address, phone, email
* The clinical support team, receptionist, practice manager, clinic nurse, clerk & clinical director

# **Place**

* Address, including specifics re parking, clinic or ward number etc.
* Suitably located space and chair for the observer or suitably laid out equipment for video recording
* Specified times including initial discussion time, (recommend 15 minutes), observed consultation time (recommend 2.5 - 3 hours) and follow up discussion (recommend 30- 45 minutes)

# **Preparation**

* Ensure that the clinical support team are notified of the date and time of the Peer Review session
* Ensure clinical support team notify patients when booking appointments, and on arrival that an observer will be present and that they are tasked with getting consents signed or verbal consent recorded in the patient notes
* Test the video recording prior to actual observed consultations
* Sign at reception and signed consent forms prior to consultation starting
* Reflect on scope of practice and learning needs, to be discussed during initial discussion time with observer
* Remind reception the day before and the day of the Peer Review visit.

# **Process**

* Initial discussion time with the Reviewer to cover scope of practice, medical background, history at current practice, learning needs, any specific requests for focused feedback
* Consent is preferably signed at reception and verbally confirmed prior to entering consultation room
* Observer does not contribute to the consultations
* Observer leaves at any stage if patient consent is not given, is limited or withdrawn
* If there is a shortage of patients, Random Case Analysis discussions can be substituted (or demonstration of techniques or use of equipment in procedural specialties e.g., anaesthetics, emergency, obstetrics, surgery)
* Observer summarises observations onto the appropriate Peer Review Observation Form
* Immediately after the observed consultations, the Candidate and the Peer Reviewer have uninterrupted time in a private location to reflect on and discuss the Reviewer’s observations. The Candidate’s learning needs, and any other relevant issues will be discussed.
* A summary of the discussion and recommended actions or activities will be added to the appropriate Peer Review Observation Form and signed by both parties.
* The form can be emailed to the candidate for signing and submission to ACRRM when the review is via video, not face to face.
* The form will be used as evidence by the candidate for CPD recording.

# **Paperwork**

* Learning Needs Analysis form
* Consent form
* Planning checklist
* Peer Review of Practice – Observation Form (templates vary according to area of practice)

# **Case Based Discussion**

1. Small group learning format, either face to face or via video link, social media or phone
2. Visual options are preferred if possible.
3. Minimum two participant peers
4. Patient confidentiality is maintained, and Chatham House rules apply
5. Cases must be of medium to high complexity or focus on safety
   1. Medium Complexity: the case has one or more problems, requires a detailed history and multisystem examination, the diagnosis is not straight forward or there are management challenges
   2. High Complexity: complex problems, uncertain diagnosis with a wide differential, clinical reasoning challenges re most appropriate investigations, management
   3. Safety: near miss or critical incident case reviews

# **People**

* + - Minimum 2, maximum 10 peer group participants
    - Nominate a peer facilitator
    - A coordinator is optional and may be nonclinical, or a participant or the facilitator

# **Place**

* + - Face to face venue where patient confidentiality during the discussion is maintained

e.g., clinic or conference room

* + - Video link
    - ACRRM Communities of Practice
    - Closed social media discussion group
    - Teleconference – N.B. Phone is least preferred option because it limits sharing of data during the discussion e.g., ECGs, radiology images etc., but the reports can be sent prior to the meeting so this may be practical in remote areas where internet is unreliable. If using this option, consider sharing participant bios prior to the meeting to help strengthen peer connections and facilitate open, honest discussion and feedback
    - Agreed, specified, sanctioned time for the meeting/s, usually 1-2 hrs. per meeting

# **Preparation**

* + - Undertake Learning Needs Assessment
    - Select minimum 6 cases of medium to high complexity per participant
    - Outline learning objectives for each case

# **Process**

* + - Coordinator schedules which cases will be discussed on which dates
    - Deidentified cases are distributed to all group members by the doctor undertaking peer review (presenter) prior to the meeting
    - All group members receive a reminder prior to the meeting
    - Presenting doctor outlines a case and the linked learning objectives.
    - Facilitator keeps discussion on track during the meeting and prompts reflection and discussion as needed
    - A number of cases may be discussed in the allocated time, by one or more presenters
    - Each presenter completes a case discussion form for each case discussed at the meeting
    - The completed case discussion forms are signed by the facilitator and returned to the presenter
    - Presenter and facilitator can claim CPD credit by uploading the activity into their PD portfolio. Case discussion forms or reflective notes are evidence of completion.

# **Paperwork**

* + - Case discussion form
    - Aspects to consider during case presentation
    - Tips for facilitating reflection, discussion and future action planning