

# **Performance Management (peer review of junior medical staff and medical students)**

**Assoc Prof Wayne Ramsey AM**  
Senior Fellow in Clinical Governance  
ACT Health/ANUMS

# Performance Management

- The goal of performance management is to ensure that all health professionals employed by an institution are able to fulfil their designated role
- There is now widespread acceptance that potentially poor performance needs to be recognised and addressed in a prompt and consistent manner

# Performance Management

- Studies have demonstrated a strong correlation between people management practices and hospital performance in clinical terms
- The greater the extent and the more sophisticated the level of appraisals across all staff groups, the lower the patient mortality.

(West, M. A. (2000). Reflexivity, revolution, and innovation in work teams (pp. 1-29). In M. M. Beyerlein, D. A. Johnson, & S. T. Beyerlein (Eds.). *Product development teams*. Stamford, CA: JAI Press.)

# Performance management – Competencies

- A robust performance management framework is based on an agreed set of competencies
- However there is no readily agreed definition of competence that includes all key aspects of medical practice.

# Performance management – Competencies

- US:
  - Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice
- UK
  - Good Clinical Care; Maintaining Good Medical Practice; Teaching and Training; Relationships with Patients; Working with Colleagues; Probity and Health.

# Performance management – Competencies

- Postgraduate Medical Council of New South Wales
  - Clinical (incl., Knowledge, Skills, Judgement)
  - Communication (incl., Teamwork Skills, Communication with Patients and their Families)
  - Personal and Professional (incl., Professional Responsibility, Awareness of Limitations, Professional Obligations, Teaching/Learning, Time Management, Medical Records)

# Performance management – Competencies

- ANUMS
  - Medical Science;
  - Clinical Skills;
  - Population Health; and
  - Personal and Professional Development

# Performance management - Assessment

- Many assessment formats under-emphasise some important domains including professionalism
- The tools most commonly used to assess the professional behaviour of medical students and junior medical staff include standard checklists, written comments and comments from formal evaluation sessions that are completed by a supervisor and/or other staff

## Peer review

- Peer review is a system of review that uses reviewers who are the professional equals of an individual or group of people, who are also responsible for directing or participating in an activity.
- The process of peer review depends on the context and may be structured or unstructured.
- It can involve an individual or group exchange of information and may occur spontaneously, or in a planned setting

## Peer review

- In a clinical context, the process of peer review is usually concerned with clinical practice improvement.
- The Royal Australasian College of Surgeons has recently developed guidelines to peer review entitled: “Guidelines on Surgical Audit and Peer Review” (Royal Australasian College of Surgeons, 2001)

## Peer review

- In other contexts, peer review is used as a performance appraisal tool
- It has been demonstrated that peer ratings are accurate and reliable measures of physician performance (Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *The Journal of the American Medical Association*, 287, 226-235.)

## Peer review

- Epstein and Hundert (2002) also noted that anonymous medical student assessments of professionalism have:
  - raised awareness of professional behaviour,
  - fostered further reflection,
  - helped students identify specific mutable behaviours and
  - have been accepted by students.

## Peer review – the process

- Determining the criteria for assessment requires agreement by peers to be reviewed
- Epstein and Hundert (2002) argue that students should be assessed by at least eight of their classmates to achieve anonymity
- The rating occurs blind to each other.
- The criteria are assessed against a five-point rating scale

## Peer review – the process

- Excellent
  - Impeccable and difficult to fault
- Very Good
  - Few, if any, lapses
- Average
  - Generally sound in most situations
- Marginal
  - Occasional lapses, minimally acceptable
- Poor
  - Frequent lapses, unacceptable behaviour

## Peer review – Assessment

- Each person being reviewed must receive a minimum grading of “Average” for each criterion to pass the assessment.
- If they receive a “Marginal” score on more than one criterion, or a single “Unacceptable” score, they are counselled.
- If they receive more than one “Unacceptable” score, the rating of the peer reviewers is confirmed to ensure the validity of the rating and if justified disciplinary action is considered.

## Peer review – Feedback

- At ANUMS students each receive their pooled individual rating score.
- Each group are collectively debriefed after receipt of their individual pooled results to facilitate any necessary discussion that might come from the experience.

# Application

- ANUMS has successfully applied peer review to Year One as a formative assessment.
- It will be used as a summative assessment at the end of Year Two
- A pilot project has been conducted with a group of interns and RMO's at TCH

## Conclusion

- It is hoped to role out peer review as a form of performance appraisal to other groups of medical staff at TCH over the next year.