

Survey of Faculty Perceptions Regarding a Peer Review System

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Purpose: Virtually all radiologists participate in peer review, but to our knowledge, this is the first detailed study of their opinions toward various aspects of the process.

Methods: The study qualified for quality assurance exemption from the institutional review board. A questionnaire sent to all radiology faculty at our institution assessed their views about peer review in general, as well as case selection and scoring, consensus section review for rating and presentation of errors, and impact on radiologist performance.

Results: Of 52 questionnaires sent, 50 were completed (response rate, 96.2%). Of these, 44% agreed that our RADPEER-like system is a waste of time, and 58% believed it is done merely to meet hospital/regulatory requirements. Conversely, 46% agreed that peer review improves radiologist performance, 32% agreed that it decreases medical error, and 42% believed that peer review results are valuable to protect radiologists in cases referred to the medical board. A large majority perform all peer reviews close to the deadline, and substantial minorities frequently or almost always select more than one previous examination for a single medical record number (28%), consciously select “less time intensive” cases (22%), and intentionally avoid cases requiring more time to peer review (30%).

Discussion: Almost one-half of respondents agreed that peer review has value, but as currently performed is a waste of time. The method for selecting cases raises serious questions regarding selection bias. A new approach is needed that stresses education of all radiologists by learning from the mistakes of others.

Key Words: Peer review, performance improvement

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INTRODUCTION

The Joint Commission guidelines [1] state that practitioners are expected to “demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patient care and the education of others.” At most institutions, ongoing professional practice evaluation of radiologist performance includes a process of peer review based on a template first described by Donnelly [2]. Peer review should provide an unbiased, fair, and balanced evaluation of radiologist performance to identify opportunities for additional education, error reduction, and self-improvement [3]. Ideally, it should be nonpunitive, have minimal effect on workflow, and allow easy participation [3]. Although one article [4] reported that a “significant percentage” of faculty members viewed peer review as a “time-consuming bureaucratic process

to create more paperwork” rather than a means to improve medical care, to our knowledge there has been no detailed study of the opinions of radiologists toward various specific aspects of peer review. Therefore, we undertook a study to assess the views of radiologists at a large urban medical center toward our peer review discrepancy system, which has been mandatory for more than 6 years.

METHODS

The institutional review board determined that this study qualified for the quality assurance exemption.

A questionnaire was sent to 52 members of the radiology faculty to determine their views about our local peer review system. Very similar to the ACR’s RADPEER™ product, it has been in place for more than 6 years and mandates that each radiologist submit a number of cases equal to 2.5% of each radiologist’s prior year’s volume (with a maximum of 300 cases). Questions for the survey were generated by the authors to assess views related to peer review in general, as well as methods used for case selection and scoring, opinions regarding consensus section review conferences for

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rating and presentation of errors, communication and management of detected errors, and effects or impact of peer review on individual radiologist performance. Anonymous responses were collected through Survey Monkey (<http://www.surveymonkey.com>). Many questions consisted of statements with possible ratings using a 5-point Likert scale (1 = strongly disagree, 2 = mildly/moderately disagree, 3 = neither agree nor disagree, 4 = mildly/moderately agree, 5 = strongly agree; or 1 = never, 2 = rarely, 3 = sometimes, 4 = frequently, 5 = almost always). The survey also included multiple-choice questions, several of which permitted checking all answers that apply, so that the totals add up to more than 100%; free-text answers; and optional questions seeking demographic information.

Descriptive statistics were calculated for all questions in the survey. For Likert scales, calculations were made of the percentages of those who agreed (categories 1 and 2), disagreed (categories 4 and 5), or were neutral (category 3) regarding each statement. A mean rating was calculated for each statement by adding together the products of the number of each category and the number of respondents who selected it, and then dividing this by the total number of respondents.

RESULTS

Of 52 questionnaires sent, 50 were completed (response rate, 96.2%). Of the 50 respondents, 44% agreed with the statement that peer review as performed using the RADPEER-like process in our department is a waste of time, 58% thought that peer review is done merely to meet hospital/regulatory requirements, and 42% believed that peer review results are valuable to protect radiologists when there is an issue requiring reporting to the local State Board of Registration in Medicine (Table 1). Also, 46% of respondents thought that peer review improves radiologist performance. However, only 32% agreed that peer review decreases medical error, whereas 40% disagreed with that statement. Smaller percentages agreed that peer review results could lead to decreased compensation (24%) or loss of a job (16%) or be used against them if they were ever a defendant in a malpractice suit (30%). Finally, 46% of

respondents agreed that they only participated in the peer review program because they were forced to do so, and only 8% thought that their section colleagues liked the current system.

Case Submission

Only 34% of respondents were satisfied with the process of secure electronic case submission, with 52% thinking it not user-friendly. Just 12% have developed a personal reminder system to review cases, with 40% depending on an e-mail reminder and 36% admitting that they attend to peer review duties only after receiving a warning letter from the department chair to all faculty members who are not on a pace to meet their quotas. Although 20% perform peer review on a regular basis by looking at a small number of cases at the start of each day, 76% admit to peer reviewing a substantial number of cases only when close to the annual deadline for case submissions.

A minority of respondents (28%) frequently or almost always select more than one previous examination for a single medical record number, consciously select certain types of "less time-intensive" cases (plain films, ultrasound, screening mammography) to peer review (22%), and intentionally avoid more time-consuming cases, such as body MRI and torso CT (30%) (Table 2). When peer reviewing a cross-sectional study, 84% look at more than one series (one-third evaluate all series), and the same percentage looks at more than one window setting (one-quarter evaluate all window settings). Only 8% report frequently or almost always reviewing their own cases or entering a peer review of one (agree with interpretation and report/no discrepancy noted) without looking at the previous dictation. Although only 4% of respondents admitted to sometimes purposely targeting another faculty member to give a bad review, 24% thought that colleagues had submitted peer review cases to hurt them.

Of the 35 respondents who had been informed of an error by someone peer reviewing one of their cases, 88.6% (n = 31) reported that it had been done in an instructive manner, whereas 34.3% (n = 12) related that they had been informed of an error at least once in an unprofessional way.

Table 1. Responses to general statements about peer review

Statement About Peer Review	Agreed (%)	Disagreed (%)	Neutral (%)	Mean Rating
Waste of time	44	22	34	3.30
Merely done to meet hospital and regulatory requirements	58	30	12	3.42
Protective of radiologists before state medical board	42	24	34	3.30
Improves radiologist performance	46	28	26	3.23
Decreases medical error	32	40	28	2.94
Could lead to decreased compensation	24	60	16	2.38
Could lead to loss of job	16	56	28	2.54
Could be used against me if a defendant in a malpractice suit	30	48	22	2.65
Only participate because forced to	46	26	28	3.24
Think my colleagues like the current system	8	62	30	2.14

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