

# Departmental peer-review systems as a leadership tool in acute care medicine: current evidence and practical implications

Markus M. Luedi,<sup>1</sup> Charles J. Fox,<sup>2</sup> Ghali E. Ghali,<sup>3</sup> Elyse M. Cornett,<sup>2</sup> and Ophélie Loup<sup>4</sup>

<sup>1</sup> Bern University Hospital Inselspital, Department of Anaesthesiology and Pain Medicine, University of Bern, Bern, Switzerland, <sup>2</sup> Louisiana State University Health Sciences Center, Department of Anaesthesiology, Shreveport LA, USA, <sup>3</sup> Louisiana State University Health Sciences Center, Department of Oral and Maxillofacial Surgery, Shreveport LA, USA and <sup>4</sup> Bern University Hospital Inselspital, Department of Cardiac Surgery, University of Bern, Bern, Switzerland

## Background

Guidelines, practice advisories and checklists, significantly advanced patient safety in acute care medicine. While the institutionalization of various hierarchic top-down feedback mechanism became standard in the perioperative setting over the past years, we are only just about to learn about non-hierarchic peer-review systems, i.e. horizontal assessments from co-workers of similar knowledge and expertise. We aimed at reviewing available evidence about peer-review in acute care medicine and the respective practical implications as a departmental management tool.<sup>1</sup>

## Methods

We screened PubMed, EBSCO, Embase, JSTOR, Web of Science and WISO and reviewed respective publications considering “peer-review”, i.e. by definition an assessment of someone’s performance by a coworker of similar ability and status to define and modify a department’s mission- and vision statement.

## Reference and suggested reading

<sup>1</sup> Loup O and Luedi MM. Peer review in perioperative medicine. In: “Catastrophic Perioperative Complications and Management – A Comprehensive Textbook” Eds.: Fox CJ, Ghali GE, and Cornett EM Cambridge University Press. 2018

## Results

While respective evidence is abundant in management sciences, the topic has not been studied in acute care medicine. Evidence deriving from management sciences indicates that peer-review systems can easily and successfully be implemented in management systems with peer review-adverse cultures. Including peer-review when defining and adjusting a department’s mission and vision can help to improve dysfunctional work environments with an supportive environment. It appears that the dimensions “compliance with departmental strategy”, “personality traits” and “professional performance” can be monitored and reviewed in both acute situation and retrospectively. Benchmarking with defined goals can further help to improve departmental performance by aligning individuals’ performances with the department’s mission, vision, and values.

## Conclusion

Aiming at increasing both individuals’ and departments’ performance, the implementation of peer-review systems offer a valuable management tool in more and more complex multinational and multigenerational workplace settings. Leadership and peers in acute care medicine must be aware that change does not happen automatically but has to be led strategically.



| HR Tool   | Setting   |
|---|---|
| Traditional (end of year) performance evaluation                    | Top down tool for evaluating an employee according to job descriptions, expected performance goals and defined measures and goals considering various dimensions. Easy to objectify but difficult to apply for non standard settings. |
| Feedback<br>A conversation on "a view to narrowing the gap between" | Established and well recognized teaching tool in clinical training to reinforce good and improve poor performance.  |