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

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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 decades, 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.1

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

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 a 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.

References

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