Peer Learning Sample Policies

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# Basic Sample Policy

1. **Culture:** Peer learning supports a culture of learning and minimizing blame. Guiding principles are:
   1. All radiologists are encouraged to submit peer feedback.
   2. When appropriate, feedback is respectfully provided to individual radiologists and focused on supporting growth.
   3. When shared within the practice, learning opportunities are discussed without judgment in a manner focused on group learning and improvement.
2. **Goal**: The goal of peer learning is improvement of services. The peer learning program will establish trust, and be a forum for open, transparent, professional and education-oriented discussions aiming to align care provided and ensure consistent high quality.
3. **Definition of Peer Learning opportunities:** Peer learning cases address actual or potential performance issues, including both discrepancies and “great calls.” Cases are identified during routine work, case conferences, event reports, or by other sources.
4. **Description of program structure and organization:** 
   1. **Roles and responsibilities:** 
      1. Peer Learning Leader
         1. Promote the peer learning program to all radiologists
         2. Develop and maintain peer learning workflows
         3. Train radiologists in expectations and process for submitting learning opportunities
         4. Receive and review learning opportunity submissions
         5. Facilitate peer learning programming
         6. When appropriate, discuss learning opportunities with individual radiologists
         7. Facilitate CME accreditation, if desired
         8. Prepare Peer Learning Annual Report
         9. Support the translation of learning opportunity submissions into quality improvement
         10. Create and maintain records of the peer learning conferences, including attendance lists and learning opportunity summaries
         11. Leader is generally a radiologist, but not required to be so
      2. Radiologists
         1. Interpret exams with an awareness of possible learning or improvement opportunities
         2. Submit learning opportunities when identified during routine exam interpretation or when otherwise encountered
         3. Engage in peer learning programming
   2. **Peer Learning Workflows:** 
      1. Learning opportunity submission process:
      2. Radiologists will identify peer learning cases during routine work and will upload case information to an encrypted sharefile
      3. Review of learning opportunities:
         1. The peer learning leader(s) will review cases submitted to the encrypted sharefile monthly and select 5 cases to be used during the next peer learning conference. The peer learning leader will communicate feedback to the original interpreting physicians as needed.
      4. Peer learning programming:
         1. Peer learning conferences will be scheduled bi-monthly with opportunities for in-person and virtual attendance.
   3. **Define targets:**
      1. Expectations for participation by radiologists in peer learning submissions and in learning activity participation are as follows:
         1. Radiologists will be expected to attend a minimum of 3 peer learning conferences/year.
         2. Each radiologist will be expected to submit at least 1 learning opportunity per month.
      2. Expectations for number of peer learning activities to be offered by the peer learning program are as follows:
         1. A minimum of 6 peer learning conferences will be held per year, preferably bi-monthly
   4. **Quality Improvement:** 
      1. The peer learning leader and radiologists will meet with administration on a quarterly basis to propose potential practice improvement opportunities based on the peer learning conference outcomes.
   5. **Reporting:** 
      1. Peer learning submissions and activity content will not be provided to credentialling to be used for individual practitioner’s performance evaluation.
      2. Records of peer learning conferences with attendance and anonymized summaries of learning opportunities will be maintained
   6. **Annual Report:** 
      1. Annual peer learning program accomplishments are documented. Peer learning program performance metrics will consist of attendance at program events, and submission of learning opportunities. Each annual summary will include:
         1. Total number of exams submitted as peer learning opportunities
         2. Number and percent of radiologists meeting the peer learning attendance requirement
         3. Number and percent of radiologists meeting the submission requirement
         4. Number of peer learning conferences offered, total number of cases presented, and whether these met the minimum target.
         5. List of quality improvement activities initiated due to peer learning submissions and discussions.

# Advanced Peer Learning Policy

**Culture:** Peer learning supports a culture of learning and minimizing blame. Guiding principles are:

* All radiologists are encouraged to submit peer feedback.
* Feedback is identified by peers and brought back to individual radiologists by a peer learning leader in a respectful fashion to improve their practice.
* Peer learning opportunities are presented to sections and/or the whole department in an anonymous way by of the section chief or designee in a non-judgmental fashion focused on group learning and improvement.

**Goal:** The goal of peer learning is improvement of services. That goal relies on the establishment of trust, and the free exchange of feedback in a constructive and professional manner. Constructive feedback on the quality of daily work as radiologists is paramount for keeping patients safe, reducing the risk of litigation, and creating an environment of learning.

**Definition of Peer Learning opportunities:** Peer learning cases address actual or potential performance issues, including both discrepancies and “great calls.” Cases are identified during routine work, case conferences, event reports, or by other sources.

**Description of program structure and organization:**

1. **Roles and responsibilities:**
   1. **Peer Learning Program Leaders:**
      1. Director of Peer Learning: The responsible radiologist or other leader responsible overall for the peer learning program. The Director of Peer Learning is supervised by the Vice Chair for Quality and Safety.
         1. Promote the peer learning program to all radiologists
         2. Develop and maintain peer learning workflows
         3. Train radiologists in expectations and process for submitting learning opportunities
         4. Oversee peer learning programming, identifying and implementing best practices
         5. Support the translation of learning opportunity submissions into quality improvement
         6. Coordinate whole-department peer learning conferences focused on systems issues and improvements
         7. Prepare peer learning annual report
         8. Leader is generally a radiologist, but not required to be so
      2. Subspecialty Peer Learning Program Managers (in our department these are the section chiefs)
         1. Receive and review learning opportunity submissions
         2. When appropriate, discuss learning opportunities with individual radiologists
         3. Coordinate and develop content for subspeciality peer learning conferences
         4. Translate learning opportunity submissions into quality improvement.
   2. **Radiologists**
      1. Interpret exams with an awareness of possible learning or improvement opportunities
      2. Submit learning opportunities when identified during routine exam interpretation or when otherwise encountered
      3. Engage in peer learning programming
   3. **Administrative Support:**
      1. Main responsibility is to support radiology experts and run the logistics of the program
         1. Scheduling of peer learning conferences
         2. Create and maintain records of the peer learning conference, including attendance lists and learning opportunity summaries
         3. Work with CME coordinator to obtain CME approval for conferences.
         4. Assist in annual report creation.

**Workflow:**

Peer Learning case submission process encourages all radiologists to identify cases with clinically significant follow-up and securely route feedback to the initial interpreting radiologist. Such cases are often identified by routine clinical consults, case presentations, multidisciplinary conferences, tumor boards, and other routine clinical workflow outside of the randomly generated peer review cases. We strongly encourage submission of cases with outstanding image interpretation, “good pickups,” examples of effective communication, exceptional report quality, etc as well.

We utilize a custom software tool and database. Radiologists designate cases having learning opportunities as they are discovered during routine care. The reviewing physician enters the case into the software program and all information automatically populates. Cases are classified by modality, subspecialty, and finding type and routed to section chiefs. Section chiefs review the submissions and may decide to share the case with the original reporting radiologist. All designated cases for peer learning are anonymized, such that radiologists or patient involved can no longer be identified.

The case may or may not be flagged for inclusion in an upcoming peer learning conference. The section chiefs decide which cases merit presentation in the departmental conferences. The purpose of these conferences is to facilitate peer learning from failures and excellent performance of other radiologists. The intent is to prevent repetition of preventable errors, to keep patients safe, and reduce the liability risk of radiologists. Cases of system failure are designated for department-level conferences.

Peer learning conferences occur regularly throughout the year at the section and at the department level, with targets detailed below. Peer learning conferences are broadcast via HIPAA secure video conferencing to off-site locations. Participation is recorded for each conference by the responsible section chief or designee in charge of the conference (or by designated administrative personnel). The software is used for conference preparation and execution and serves as a secure storage for the cases that are discussed. The conference record in the software system serves as a record of the content of each meeting.

**Define targets:** Expectations for participation by target radiologists in peer learning submissions and in learning activity participation are as follows:

* Minimum attendance per staff member: 6 conferences, (2 department-wide, 3 subspecialty conferences relevant to the staff members’ scope of practice)
* Encouraged attendance: 10 conferences (4 department-wide, 4 subspecialty conferences relevant to the staff members scope of practice).
* Minimum requirement: 1 submission per work week per full-time radiologist, prorated for part-time radiologists.
* Minimum standards for offered peer learning program activities are defined below per calendar year. These have been determined to ensure enough opportunity for practice members to review and learn from the content.

|  |  |
| --- | --- |
| Division | # Conferences offered |
| Abdominal | 4 |
| Chest | 4 |
| MSK | 4 |
| Neuro | 4 |
| Pediatrics | 4 |
| Emergency | 4 |
| Department-wide | 4 |
| **Total** | **28** |

**Quality Improvement:** We have a process of coordination between personnel to translate findings from peer learning activities into dedicated quality improvement efforts. This involves direct coordination between the Director of Peer Learning and the Vice Chair of Quality and Safety, who also oversees departmental Quality Improvement projects, with the support of a Radiology QA Manager. The project database is managed by the Radiology QA Manager.

**Reporting:** The peer learning program is committed to sequestering peer learning activity content from individual practitioner’s performance evaluation. Participation in the peer learning program will be included in the evaluation of professionalism, but performance data will not be created out of peer learning data. The Vice Chair of Quality and Safety makes the following documents available to the Chair of the Health System Quality Committee to ensure that the Department of Radiology is meeting agreed upon performance measures: Records of the peer learning conferences, including attendance lists and teaching points and annual report described below.

**Annual Report:** Annual Peer Learning program accomplishments are documented, including

* + - 1. Total number of exams submitted as peer learning opportunities
      2. Number and percent of radiologists meeting the peer learning attendance requirement
      3. Number and percent of radiologists meeting the submission requirement
      4. Number of peer learning conferences offered, total number of cases presented, and whether these met the minimum target.
      5. List of quality improvement activities initiated due to peer learning submissions and discussions.