The Texas A&M KSTAR Peer Reviewed Chart Presentation: A Tool for Office-Based Assessments?

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OBJECTIVES

- Review our experience to date with the peer-reviewed chart exercise
- Describe the peer reviewed charts and the process used in physician assessments
- Outline the domains we believe this tool addresses, some of which may be unique
- Discuss some of pros and cons of using this approach
- Describe KSTAR assessment/process
- Outline our impressions and findings to date
- Discuss validity and inter-rater reliability
- Future plans: gather more data, collaborate, publish

Origin of Peer Reviewed Chart Presentation

- KSTAR is a division of the Rural and Community Health Institute (RCHI) – a patient safety organization that developed and maintains a large peer review program for hospitals in Texas
- The founders of the institute and KSTAR felt that charts from the peer review division might be very good fodder for physician assessments
- Charts submitted for peer review are always de-identified (redacted) and are reviewed by a physician committee
- Peer review is done for many (but not all) specialties
- All charts come with the findings and conclusions from peer review (the “expert opinion” of the care rendered)

How Charts are Chosen and Used

- There is a chart database that can be searched based on medical diagnoses
- Charts are approved for use after they have been reviewed by the medical director(s) for appropriateness and variety of content (charts with broad appeal are preferred)
- KSTAR Committee (the assessors and lead facilitator) have access to the peer review findings/opinion, and they also review and learn the charts themselves
- The same charts are used repeatedly
- Most charts are inpatient charts, but we do have some outpatient charts

Process

- Charts are mailed to examinees 2-3 weeks prior to their assessment
- They are told to review the charts and to be ready to discuss the care given by first presenting the case as if they were handing off care to a colleague, then they are given an opportunity to critique the care given
- Examinees can bring one page of notes per chart to cue their memory
- The facilitator (a medical director) also asks questions regarding the cases (but the presenter does most of the talking)
- The interview is recorded and is subsequently viewed by all members on the KSTAR Committee
- The KSTAR committee convenes (by conference call) to discuss the entire assessment (including the chart presentation), and comes to consensus on findings

Initial Rating Form for Domains Evaluated

Rated on a scale of 1 to 9 performance (1-3 low, 4-6 medium, 7-9 high) + comments

1) organized, finds cardinal features, presents understandably
2) Used information for the entire chart
3) Demonstrates professional manner with listener
4) Interprets clinical work-up and decision appropriately
5) Comments show awareness of systems-factors
6) Comfortable with uncertainties of the case
7) Objective and free of bias from personal beliefs
8) Reflects on and uses own personal experiences
9) Demonstrates professional curiosity
10) Global performance score

Derived from: Epstein, R. **Mindful Practice**. *JAMA. 1999;282(9): 833-839.*

Broader View of Categories (AKA: The World According to Dr. Steele)

- **Presentation Skills**: *Mind organization/prioritization, quality and conciseness of "hand off", and… was it professional?*
- **Quality of Chart Review:** *Uses information from the entire chart, finds cardinal features, interprets clinical work-up and decisions appropriately*
- **The Critique:** *Identifies both good and problem areas of the cases, making suggestions for improved care; considers system-factors involved, tries to be objective/free of bias, demonstrates curiosity, comfortable with uncertainties*
- **The Discussion:** *Remembers things left out if cued, answers questions reasonably when asked by facilitator*
- **Overall score:** ***The Global Summation (1-9)***

What Core Competencies Might This Address?

- **Patient Care:** recognition of optimal and suboptimal care, suggestions for improved care
- **Communication:** mind organization of the presentation; quality of the "hand-off", tactful/diplomatic
- **Medical knowledge:** as determined by presentation and questions from facilitator; quality of differential diagnosis
- **Professionalism:** do they recognize lapses of itwhen evident in the charts, and is the presentation itself professional?
- **Systems-based practice**: do they recognize how workplace factors and other systems issues contribute to outcomes?
- **Practice-based improvement**: does peer review encourage this? (this exercise is continued through the mini-residency at John Peter Smith Hospital in Fort Worth, TX)

How is this Tool Unique?

- Probes organization and communication in a way not done by other commonly used tools
- It is an open-book “test”, the examinees prepare for this before they arrive (most of the time!), and they usually spend a lot of time and effort doing on it
- It is portable – a number of tools are not (standardized patients, standardized tests, some computer testing)
- Most of the examinees seem more at ease with this, likely because they have prepared for it; some even say they enjoyed it and learned a lot from it (unprompted)
- Integrates elements of PEER review into assessment and remedial education in a formative/educational way

The Pros and Cons of the Peer Reviewed Chart Presentation

PROS

- Gives unique information
- Portable
- Less threatening than chart-stimulated recall and some other tools
- Plenty of charts available, little additional cost
- Charts have an expert opinion (concordance to script?)
- Using same charts on other assessment lends toward some standardization

CONS

- A bit labor intensive *at first*- the assessors have to get to know the material
- There is a lot of information in each chart
- Not the examinee's own chart (might not matter, though)
- Charts are not available for all specialties

Other Tools Used at KSTAR Two-Day Assessment

(Note: all assessments take place in a simulation center and are recorded, even written testing)

- Interview: (Why you ended up at KSTAR)
- Two or More Standardized Patients
- Standardized Patient Review (discussion with facilitator)
- **Peer Reviewed Chart Presentation (5-6 charts, 90 minutes)**
- MicroCog screen for cognitive abilities
- Primum/CCS with Transaction Stimulated Recall
- PLAS Pharmacology
- PLAS Subject Exams (i.e. family medicine, ambulatory)
- PLAS Ethics and Communication Exam

KSTAR Committee Process

- The KSTAR committee is comprised of the physician assessors and lead coordinator, and nurse coordinator (quality specialist)
- There are usually four to five assessors, depending on specialty assessed
- Most assessors are remote from the testing site (from three states, five cities)
- All view the standardized patients and facilitated interviews
- A committee call/meeting is scheduled and led by the lead facilitator (medical director)
- Each component is discussed, rated, and then considered within the context of the core competencies (this process tends to moderate physician ratings to form consensus)
- Final report is generated, then sent out to assessors for review

Inter-Rater Reliability/Validity
Peer Reviewed Chart Presentation

- Currently doing a prospective study (started in the last year)
- Each assessor utilized for each assessment (including facilitator) gives a score for each test/tool used **AFTER** viewing the recorded encounters, but **PRIOR** to the KSTAR Committee call where the entire assessment is discussed and consensus is made (core competencies are considered)
- The score for each test is one value on a 1-9 scale (1=low)
- The score is submitted in a blinded way (each assessor has a random number identifier) by Survey Monkey
- Face validity seems strong to us
- Part of the exercise may be validated, at least somewhat, by a concordance to script (Peer Review Opinion vs Examinees Findings)

Next Steps: The Data!

- Need to gather more data prospectively to increase our "*n*"
- We have recorded data that can be mined, but that could be labor-intensive
- Sharing/collaboration with other entities to increase number?
- We are open to the idea of sharing our charts and process with other programs – maybe in exchange for some data that can be used for research?

Summary

- Reviewed our experience to date
- Described the peer-reviewed charts, how they are chosen and used in assessments
- Outlined what this domains this tool addresses/assesses, some of them are unique
- Reviewed the advantages and disadvantages of the tool
- Described the KSTAR assessment and committee process to understand how ratings and consensus are attained
- Impressions and findings to date
- Discussed inter-rater reliability/validity issues, and need for ongoing data collection and collaboration

Questions and Comments?

Please feel free to contact me.

A peer chart is available for you to examine here at the conference.

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