THE COLLEGE OF OPTOMETRISTS

General Optical Council

Guidance on Peer Review or Peer Discussion Groups

What are peer review and discussion groups?

The following is a description of a method of running peer review (where practitioners bring their own cases) or peer discussion groups (where practitioners undertake a structured case-based discussion using example cases), that has been used successfully over a number of years in various clinical professions.

They are groups of, ideally, six to eight clinical practitioners (although the group can be composed of a minimum of four practitioners) who meet to present cases that they have found interesting, unusual, or puzzling, in order to share and learn from each other in an open, supportive setting. It is also possible to structure the discussion around a patient scenario presented by the group facilitator.

The case presentation is followed by a group discussion. All the members of the group contribute their thoughts about the case and discuss them.

Where membership of groups remains the same over time this can help members to build up trust.

It is useful to have a group consisting of members with diverse backgrounds in clinical practice and different levels of experience so that everyone can gain something from the session. It is important that all the participants have some experience of the topic being discussed so that they can offer that experience to the group.

What is the purpose?

The purpose is to improve standards of patient care, particularly clinical decision making, communication skills and record keeping skills, by discussing cases with a small group of fellow clinicians.

Different practitioners may approach clinical and ethical problems in different ways. Discussing the various approaches among peers stimulates interest and broadens perspectives. Simply put, clinicians can learn from each other.

What are the benefits?

Joint working: The other members of the group can often spot issues or alternative approaches that the presenting clinician may not have considered and together they can work out a good approach to the case in question.

Improving clinical practice for future patients: All can learn from attending a peer review or peer discussion session: When using a real case, the presenter can learn alternative approaches to the case in question (which may still be current), and the other participants can learn from it and think about how they would have dealt with that particular case, applying what they have learnt in their dealings with future patients.

Support: Over time, participation in the group should help members feel supported. It can reduce feelings of isolation, particularly for optometrists who cannot discuss cases with other optometrists day-to-day.

Building confidence: Participants will feel more confident in dealing with difficult situations. It will update their knowledge and skills and give them an opportunity to share ideas.

How do the groups work?

Each group should have a facilitator. The facilitator will ensure that the presenter can complete the presentation of the case without interruption and that all members of the group make a contribution.

He or she will also create an atmosphere which makes members feel that the group is a safe place to talk about their feelings and their performance in a particular case. Peer review or peer discussion groups cannot work without trust and openness (or willingness to be open).

All members of the group should listen to the other members and respect their views. No member of the group should ask intrusive personal questions of the others, nor should they make negative or derogatory comments about the way the presenter handled the case or about the environment in which he or she works.

Confidentiality

Confidentiality is essential. Cases must be anonymised and no details of the cases discussed should be talked about outside the group. The Chatham House Rule applies: Participants are free to use the information received to help with their own development (as long as details of the case are not discussed outside the group), but neither the identity nor the affiliation of any other participant may be revealed.

It is crucial that an open forum is maintained to enable constructive discussion and participants must be clear that they are not there to criticise or judge each other.

How are the sessions structured?

The first clinician presents his or her case[1]. It should not be a formal presentation with notes. Rather the presenter should set out the facts of the case and then explain why he or she chose the case – what it was that made the case interesting, unusual or puzzling. This will help stimulate discussion.

[1] Or the facilitator if an example case is used.

Then the facilitator will ask if anyone has any factual questions about the case that they need answering to obtain the full picture.

Following this, the members of the group discuss the case, drawing on their own experiences.

The facilitator will ensure that the group members refocus their discussions onto the case if they start to drift into more general territory. He or she may also ask the group to consider the issues from the point of view of the patient, and initiate a discussing about the records that should be kept for the case, or the way a referral should be drafted, if this is appropriate.

The facilitator will leave time at the end for the group to identify any areas of good practice or risks associated with the case and summarise what has been learnt. Then he or she will ask everyone to state briefly what they have learned individually and how they might put it into practice.

Before the end, participants will have time to reflect in writing on what they have learned, how they will put it into practice and whether they need to follow up with further learning. This will allow them to transfer that reflection to the GOC's CET system and mean that the session has continued value for them.

Participants will have a chance to comment on whether they found the session helpful and whether it fulfilled their objectives so, if necessary, it can be adapted for next time.

What types of cases to include?
Cases should allow plenty of scope for discussion and should be amenable to change or improvement so that all participants can learn from the discussion and reflect on how they could apply what they have learnt to their own practice. Presenters should choose cases that they found interesting, unusual or puzzling.

Examples might include:

- A patient who presented with unexplained symptoms
- A patient with whom communication was a challenge
- A patient whom you were not sure whether to refer or not
- A patient with unusual pathology
- Unexpected progression in conditions – eg rapid or unexpected progression of cataract or refractive error, and possible causes for these
- Non-tolerance cases
- A patient who is borderline for driving
- A 12 year old who wants to see you on his or her own