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Key words: peer review, clinical faculty, peer assessment, practice faculty

Abstract
Objectives: To describe the evolving process and evaluate the perceived value of peer review for clinical faculty.
Methods: Using a 5-point Likert scale, clinical faculty rated the value of an electronic peer review process by completing an electronic 30 item survey across six areas of clinical faculty practice-related activity. Based on feedback, modifications were made and faculty were re-surveyed the following year. **Results:** Initially, 78% of faculty found peer review to be beneficial, mostly in the area of practice development and portions of practice dissemination. After modifications, 45% found peer review to be beneficial.
Conclusions: Clinical faculty are challenged to leverage their practice into teaching and scholarly activities; however, clinical faculty often need feedback to accomplish this. Although the peer review process was designed to address perceived needs of clinical faculty, the process is dynamic and needs further refinement. Overall, clinical faculty find value in a peer review process. This evaluation of peer review illustrates the challenges to provide feedback across six key areas of clinical faculty activity.

Introduction

Clinical faculty, sometimes referred to as adjunct or practice faculty, have gained recognition in current health care professional educational programs by providing practice relevant, context based education. It is often clinical faculty who are most fluent in clinical practice guidelines, contemporary practice application, and national standards of care that are vital to the education of health care students. A growing number of pharmacy schools are recognizing that preparing, developing and supporting the success of these faculty members as both clinicians and teacher-scholars is key to achieving their academic mission. The 2009 American College of Clinical Pharmacy (ACCP) White Paper titled *Essential Components of a Faculty Development Program for Pharmacy Practice Faculty* states, "Pharmacy practice faculty are likely to benefit from a comprehensive faculty development program due to the complex nature of their position, incomplete training in select areas, and multiple demands on their time."[1] Articles have been published supporting this appeal by describing techniques to both support[2] and develop[3] clinical faculty in a variety of health care institutions.

One development strategy is the use of a peer review system. This approach can provide an independent perspective from fellow academic practitioners experiencing similar expectations. Peer review has been used to provide feedback to faculty in a variety of academic domains. Publications on the implementation and acceptance of peer observation and evaluation of a discrete didactic classroom lecture are common[4,5]. DiVall et al. advocated for a formal faculty peer observation system as a means to engage faculty as well as provide them with concrete suggestions for improving their didactic teaching.[6] They describe benefits to students, and subsequently to the instructors, as increased use of active learning and improved lecture content, presentation style, and classroom atmosphere. Examples of peer review to improve the quality of care provided by medical clinicians can also be found. Chan et al. found that a computerized peer review of faculty housed on a centralized database could be effective in reducing medical malpractice claim rates;[7] while Evans, Aiking and Edwards demonstrated how peer review could be used to increase the appropriateness of referrals to medical specialties.[8]

At a University of Toronto medical school, O'Brodovich and Beyene recognized three aspects of academic success by utilizing peer review to improve, evaluate and reward both tenured and non-tenured faculty in terms of clinical practice, didactic education and research.[9] Faculty submitted a separate dossier for each area which was reviewed by separate advisory committees to determine faculty performance for the purpose of promotion. Utilizing this system they were able to show that there was no statistical difference in the probability of promotion for either tenured or non-tenured faculty.

Previous research provides insight into the potential of peer review to evaluate didactic teaching, as well as improve clinical patient care. Although there is a strong interest among universities to retain and develop clinical faculty, considerably less information exists specifically looking at how a peer review process could assist in the achievement of

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clinical, instructional, scholarly, and/or administrative success. Therefore, the following project was designed to describe the evolving process of a systematic clinical faculty peer review and to assess its ability to assist in developing professional success. Specifically, the objectives of this research were to (a) provide a rationale for additional feedback for clinical faculty, (b) describe the process and evolution for peer review development, and (c) assess the perceived value clinical faculty find in a peer review of practice.

Methods
Design and Evolution of the Peer Review Process
Historically, clinical faculty at the University of Minnesota College of Pharmacy underwent anywhere from one to three separate annual reviews (pharmacy department, adjunct department, and collegiate department) through an electronic collegiate faculty activity report (FAR) system. Half of the departments conducted departmental peer reviews of their faculty as well. Despite this, collegiate and clinical faculty had concerns with the lack of feedback on practice activities and responsibilities as it related to promotion. In 2009, a new collegiate structure and additional funding allowed for the creation of an Associate Dean of Clinical Affairs position and a pharmacy faculty practice group (PFPG) with advisory board to help develop a clinical faculty support system (see Appendix 1).

Previously, clinical faculty attempted to incorporate their clinical activities into the FAR; however, several practice specific measures (i.e. number of patient visits, reimbursement for services, etc.) were not appropriate for the standard reporting categories (i.e. teaching, service, scholarship, professional development, etc.). Whether they included practice specific measures into their FAR, clinical faculty described a lack of constructive feedback on their practice activities (i.e. experiential teaching). The PFPG advisory group created a peer evaluation of practice for the clinical faculty to address the lack of practice-based feedback. Utilizing the existing electronic collegiate FAR system, a new category for reporting practice-related activities was created with a correlating rubric for performing a peer review.

For the first two years, the PFPG advisory board reviewed all clinical faculty who had collegiate expectations for practice (n = 16). Clinical faculty were evaluated, utilizing a single 3-point Likert scale question on whether the clinical faculty member was meeting, exceeding, or not meeting expectations, on three broad questions regarding patient care delivery, practice management, and influencing pharmacotherapy knowledge. A general comment field was provided at the end of the survey, but no other guidelines or parameters were

provided by the rubric. These individual peer review results were compiled and shared with the clinical faculty. The cumulative (i.e., rankings) and individual results were available to the Department Heads, Associate Dean, and Dean. The peer review was used as an additional guide for performance and merit review recommendations and discussed during annual reviews.

Informally, the clinical faculty group found value in the comments and questioned the helpfulness of a meeting expectations score. PFPG advisory board members, who reviewed all clinical faculty, felt the review process was personally beneficial as a means to stimulate new practice and experiential teaching ideas, though they also commented that scores were challenging to assign without knowledge of other non-practice-based faculty expectations. The advisory board ultimately recommended that all PFPG faculty participate as reviewers to receive this personal benefit in being the reviewer. During the third year of peer review, PFPG faculty were split alphabetically with the first half reviewing all PFPG members while the second half were slated to review the following year.

Perceived Value and Evaluation of the Peer Review Process
After the first non –advisory board PFPG peer review cycle, a formal evaluation of the peer review process perceived value was conducted. Study investigators defined professional success as meeting or exceeding six areas of clinical faculty practice-related activity: (1) practic development, (2) practice innovation, (3) practice dissemination, (4) clinician development, (5) clinical service, and (6) experiential teaching (see Table 1).

One month after receiving their peer review evaluation electronically and after their annual meeting with the Associate Dean for Clinical Affairs and corresponding Department Head, PFPG members were surveyed. The electronic survey consisted of 30 items covering the defined six areas of clinical faculty practice-related activity. Perceived benefit of the peer review process by all the reviewed faculty were assessed using a 5-point Likert scale (strongly agree, agree, neutral, disagree, strongly disagree) and text comments were also collected.

The survey results were analyzed and modifications to the peer review rubric were subsequently made. The following year, the second half of the clinical faculty reviewed all clinical faculty using the revised peer review rubric tool. All clinical faculty were re-surveyed on the attitudes and perceived benefit.

Results

Peer Review Evaluation Survey One

In the first post-review survey respondents included 14 out of 18 (78%) clinical faculty across three departments with a mean academic career length of six years. Eleven held the rank of assistant professor and three of associate professor. Clinical faculty spent an average time in clinic of 2.4 days per week. Survey demographics are further delineated in Table 2. More than 50% agreed that the peer review process provided constructive feedback on the overall development of their individual practice site as well as insight on the management and patient care activity development, as detailed in Table 3. Individual clinical faculty reported that peer review assisted them in identifying innovative initiatives at their site which could be shared through publications, presentations, or other scholarly activities. Fifty percent agreed or strongly agreed that the peer review process further demonstrated the value and importance in disseminating their clinical practice with peers. Sixty-four percent did not find the peer review beneficial in providing avenues for sharing this information.

Fifty percent of respondents reported no beneficial impact of the peer review on their practice innovation. Individual clinicians varied in their opinion whether the peer review provided avenues for personal development as a clinician, new idea generation or encouragement to pursue certifications such as Certified Geriatric Pharmacist (CGP), Board Certified Pharmacotherapy Specialist (BCPS) or Certified Diabetes Educator (CDE). Clinical faculty were split on being provided constructive criticism towards their development as a clinician, with 43% agreeing and 43% disagreeing.

The majority of respondents took a neutral position on impact of peer review on development with outreach or community service-related foci. The clinical faculty assessment of the value of a peer review without actual site visits of experiential teaching was mixed. Most clinical faculty either disagreed or were neutral regarding the role of peer review in providing constructive feedback to development as a clinician-teacher. In regard to promotion, 43% of respondents did not agree that the peer review provided guidance to set and achieve goals or build confidence for promotion.

Overall, 64% of the clinical faculty agreed or strongly agreed the peer review report was beneficial. Commentary from the survey documented common themes of valuing the reviewer role including benefits to reviewing others' practices on paper, desiring more specific feedback, appreciating a peer

practitioner perspective, and generating of ideas from others' experiences and sites.

Peer Review Evaluation Survey Two

For the second post-review survey, respondents included 12 out of 18 (67%) and were similar to the first survey. See Table 2 for details. Results were similar to the first post-review survey (Table 3). Some differences include more clinical faculty disagreeing or strongly disagreeing that the peer-review: 1) provided feedback on incorporating new patients and patient populations into their practice, 2) motivated clinical faculty to pursue additional trainings and certifications, and 3) helped the clinical faculty identify personal skills and expertise areas needed for service.

Less clinical faculty disagreed or strongly disagreed (43% to 18%) that the peer-review helped the clinical faculty set and achieve goals to be on track for promotion. Slightly more clinical faculty agreed or strongly agreed that the peer-review demonstrated the importance of publishing, presenting and sharing the clinical practice with peers (50% to 60%). Overall impression of the peer-review fell from 64% finding benefit to 45%.

Comment themes included appreciating written comments over numbers, creating ideas for additional scholarship and practice improvement, wanting specific ideas for practice and scholarly dissemination, wanting a more personal evaluation to determine next steps as clinical faculty and limited practice picture based on reporting tool.

On survey two, clinical faculty were asked to report additional answers. Clinical faculty individually spent an average of 54 minutes reviewing each peer. Survey two also asked clinical faculty to make suggestions for future iterations. Feedback was mixed on the use of six domains of clinical faculty activity, and some recommended condensing domains. Having the opportunity to receive feedback from other clinical faculty was highly valued, and having the opportunity to review other clinical faculty was especially valuable. However, there was concern that parts of the peer review, including evaluation of teaching, were better covered by departmental review. Many clinical faculty preferred a peer review process that would allow them to present their work to a smaller group of clinical faculty for feedback and guidance.

Discussion

In the current literature, this is among the first peer-review process of clinical faculty that encompasses teaching, scholarship, and service as they relates to clinical practice. Unlike other processes that may focus only on review of

teaching [4,5,6] or practice [7,8] , this process aims to provide feedback on all academic responsibilities for clinical faculty. Most importantly, feedback is provided by peers who are also faced with the challenge of balancing practice responsibilities with teaching, scholarship and service.

Overall, respondents felt the peer review process was beneficial. Clinical faculty were surveyed to determine how well the peer review process provided feedback on six areas of clinical faculty practice-related expectations—practice development, practice innovation, practice dissemination, clinical development, clinical service, and experiential teaching. Areas of greatest perceived benefit were practice development while areas of least perceived benefit were experiential teaching and practice innovation. These mixed results may illustrate the difficulties in documenting in our current reporting system in a way that promotes valuable feedback from others and is likely dependent on the amount of detail provided by the reviewed clinical faculty.

An unexpected strength of this process evolution was that peer reviewers reported value in reviewing other peer's FARs. Although completing the peer-review process was time-consuming, clinical faculty felt the experience of serving as a reviewer helped them evaluate their own practice and their relative progress towards promotion. They reported that reviewing FARs stimulated ideas for teaching, scholarship, and practice development within their own site. Some clinical faculty felt that serving as a reviewer was as beneficial as being reviewed.

While clinical faculty see benefit in the peer review of practice, limitations with how this evaluation fits into the overall collegiate faculty evaluation system exist. The official collegiate annual FAR is not organized using these same six areas. The annual FAR includes sections on teaching, scholarship, service and practice. The practice section is further broken down into sections related to influencing pharmacotherapy knowledge, practice management and patient care delivery. The peer review process only gave reviewers access to the practice section of the annual faculty activity report. As a result, clinical faculty were challenged to document all aspects of practice related activity, including scholarship and teaching, into this one section. Clinical faculty expressed frustration over this issue as it results in documenting the same activities in multiple sections of the annual faculty activity report. Likewise, the peer review rubric used was not explicitly organized using the six areas of clinical faculty practice-related expectations. The inconsistencies among the annual FAR, the peer review rubric, and the survey used may also be why clinical faculty

did not perceive greater value in six areas of practice-related activity.

A further limitation of this evolved process is that assigned peer-reviewers change annually and only one year of activity is reviewed at a time. As a result, it is not as possible for reviewers to provide feedback on clinical faculty progression. The annual FARs do not typically describe progression in teaching, scholarship, service or practice. To gauge progression toward promotion, clinical faculty rely on the guidance of mentors and department chairs. The current peer review of practice is not designed to provide feedback on progression.

Feedback from clinical faculty has informed the development of this process. Clinical faculty felt that peer review feedback from other clinical faculty as compared to non-clinical faculty was more meaningful because of a shared understanding of responsibilities. Meeting teaching, scholarship, and service expectations can be especially challenging for a clinical faculty who has practice responsibilities. A successful clinical faculty will likely have synergistic overlap of practice responsibilities with teaching, scholarship, and service responsibilities; however, this overlap can be complex. Feedback from clinical faculty, who face the same challenges balancing these responsibilities, may provide a needed perspective. At the same time, practice sites vary from ambulatory to institutional, and the role of the clinical faculty at those sites varies as well. Constructive feedback can be limited when clinical faculty are reviewing a practice that is very different form their own. This barrier was addressed by requiring clinical faculty to provide a description of their practice, percent of time assigned to practice, and percent time assigned to other faculty roles in the clinical faculty activity report.

Results of this survey were presented to the PFPG advisory group and the original peer review rubric was modified based on feedback. Future iterations of the peer review process may include a smaller group with individual clinical faculty presentations to garner more specific feedback and address time concerns. Additionally, clinical site visits could be included into the peer review to impact the ability of reviewers to comment on the experiential teaching component of the review.

Conclusion
Clinical faculty are continually challenged by the multiple demands on their time and the lack of feedback to support their unique practice-related roles. Peer review has the potential to assist in developing academic success in clinical practice, scholarship or research endeavors, experiential

teaching, and administrative or service pursuits. Departmental reviews alone may not specifically address practice-related activity evaluation as provided by peer clinical faculty. Development of practice peer review is a dynamic process and needs to be shaped by feedback from clinical faculty. Finding ways to accurately report practice-related activities and assess clinical faculty on these six areas of clinical faculty activity is challenging and needs further refinement. Overall, clinical faculty find value in the peer review process as both reviewer and as the reviewed.

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Table 1: Six Areas of Clinical Faculty Practice-Related Expectations for Peer Review	
Area	**Description**
Practice Development	The continued ability to expand or improve practice and provision of services. Examples include recognition as a provider within the care system, development of algorithms of care, refill protocols, prescriptive authority, team care, and rounding services.
Practice Innovation	Creative practice applications, use of the pharmacist in the clinical setting in a new and different way, or expanded role of the pharmacist beyond what was previously found / used in the specific clinical site.
Clinician Development	Activities to advance an area of personal skill development. Board certification or other practice or area-specific certifications are pertinent. Seminars, conference attendance, training sessions or other activities contribute here.
Practice Dissemination	Scholarly activity contributions in forms of round table presentations, poster sessions, podium presentations, journal submissions, book chapters, etc.
Experiential Teaching	Evidence of contribution often includes number of IPPE or APPE students, teaching as related to IPPE or APPE students, teaching to residents (pharmacy, medicine), developing new curriculum, teaching delivery models, student or resident evaluations, etc.
Clinical Service	Contribution to the development or advancement of clinical services; i.e., warfarin clinics, patient care or P&T committees, health fairs, outreach programs, community-based education programs, etc. Making the face of the University of Minnesota College of Pharmacy visible in various public settings through live programs or services.

Table 2: Survey Demographics			
Characteristics	Survey One, n=14	Survey Two, n=12	PFPG Total, n=18
Gender:			
• Male	4	3	4
• Female	10	9	14
Rank:			
• Assistant professor	11	9	15
• Associate professor	3	3	3
• Professor	0	0	0
College of Pharmacy Department:			
• Pharmaceutical Care & Health Systems	6	5	8
• Experimental and Clinical Pharmacy	1	2	4
• Pharmacy Practice and Pharmaceutical Sciences	7	5	6
Mean faculty appointment length	6 years (range 2 to 10+)	7 years (range 2 to 10+)	n/a
Average number of days in practice/week	2.4 days (range 1 to 4)	2.5 days (range 0.5 to 4)	n/a

Table 3: Survey Results

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Practice Development						
The PFPG peer review report provides constructive feedback on the overall development of my practice	Survey One	0%	7%	29%	64%	0%
	Survey Two	9%	0%	27%	64%	0%
The PFPG peer-review report on my practice provides me with valuable insight on the management of my practice.	Survey One	0%	29%	21%	50%	0%
	Survey Two	9%	9%	45%	36%	0%
The PFPG peer-review report provides me valuable insight on my patient care activities.	Survey One	0%	21%	29%	50%	0%
	Survey Two	9%	0%	55%	36%	0%
Practice Innovation						
The PFPG peer-review report provides me with constructive feedback on incorporating new patients and/or patient populations into my practice.	Survey One	7%	36%	36%	21%	0%
	Survey Two	9%	45%	18%	27%	0%
The PFPG peer-review report provides me with constructive feedback on incorporating new providers and/or health care collaborators into my practice.	Survey One	7%	36%	36%	21%	0%
	Survey Two	9%	36%	55%	0%	0%
The PFPG peer-review report provides me with valuable ideas on the potential for new pharmacist-led services within my practice.	Survey One	7%	36%	36%	21%	0%
	Survey Two	9%	27%	55%	0%	9%
Practice Dissemination						
The PFPG peer-review report helps me to recognize innovative practice initiatives from my clinical site that could be published or shared.	Survey One	7%	14%	29%	36%	14%
	Survey Two	9%	18%	27%	36%	9%
The PFPG peer-review report provides me new publishing resources for my clinical practice findings.	Survey One	7%	57%	21%	14%	0%
	Survey Two	9%	55%	18%	18%	0%

The PFPG peer-review report demonstrates to me the importance of publishing, presenting, and sharing my clinical practice with my peers.	Survey One	0%	29%	21%	43%	7%
	Survey Two	10%	10%	20%	60%	0%
Clinician Development						
The PFPG peer-review report provides me with new ideas on how to improve my development as a clinician.	Survey One	0%	36%	21%	43%	0%
	Survey Two	9%	36%	45%	9%	0%
The PFPG peer-review report motivates me to pursue additional trainings and certifications.	Survey One	0%	29%	36%	21%	14%
	Survey Two	9%	55%	27%	9%	0%
The PFPG peer-review report provides me with constructive feedback on my development as a clinician.	Survey One	0%	43%	14%	43%	0%
	Survey Two	9%	27%	45%	18%	0%
Clinical Service						
The PFPG peer-review report motivates me to further enhance/develop a clinical service or outreach project (i.e. health fair, community education, internal quality improvement, etc.).	Survey One	0%	32%	43%	29%	7%
	Survey Two	9%	27%	9%	55%	0%
The PFPG peer-review report helps me identify personal skills and expertise areas needed for service to the practice in various committees, boards, or organizations.	Survey One	7%	29%	50%	14%	0%
	Survey Two	9%	64%	18%	9%	0%
The PFPG peer-review report provides me with constructive feedback to improve on the clinical services I provide.	Survey One	0%	23%	31%	46%	0%
	Survey Two	0%	27%	18%	55%	0%
Experiential Teaching						
The PFPG peer-review report provides me with constructive feedback on my experiential goals/objectives, topics, learning activities and assessments for my experiential teaching.	Survey One	0%	36%	29%	36%	0%
	Survey Two	18%	18%	45%	18%	0%
The PFPG peer-review report provides me with constructive feedback on effective educational delivery styles (i.e. how to improve my experiential teaching).	Survey One	7%	36%	43%	14%	0%
	Survey	18%	36%	27%	18%	0%

	Two					
The PFPG peer-review report provides me with valuable new ideas for experiential goals/objectives, topics, learning activities, and assessments (i.e. feedback on what to teach).	Survey One	0%	43%	29%	29%	0%
	Survey Two	18%	36%	27%	18%	0%
Promotion						
The PFPG peer-review report helps me set and achieve goals so that I feel like I'm on track to be promoted.	Survey One	0%	43%	21%	29%	7%
	Survey Two	18%	0%	55%	18%	9%
The PFPG peer-review report builds my confidence that I may be promoted.	Survey One	0%	43%	29%	21%	7%
	Survey Two	18%	0%	45%	36%	0%
The feedback I receive from the PFPG peer-review report positively guides my trajectory towards promotion.	Survey One	0%	29%	29%	36%	7%
	Survey Two	18%	9%	55%	18%	0%
Overall Impression						
The peer-review report is beneficial for me.	Survey One	0%	14%	21%	50%	14%
	Survey Two	9%	9%	36%	36%	9%

Appendix A: Evolution of Peer Review Process

In 2009, a new collegiate structure and Associate Dean of Clinical Affairs formed the pharmacy faculty practice group (PFPG) with advisory board.

In 2010: PFPG creates peer review process. PFPG board of advisors reviews all clinical faculty and provides evaluation.

In 2012: PFPG board of advisors employ new system where half of the PFPG to perform the peer review process of all.

In 2012: Study initiated to understand the percieved benefit of the peer review process. PFPG given survey one. Data reviewed.

In 2013: Second half of PFPG perform the peer review process using revised rubric based on survey 1. PFPG given survey two. Data reviewed.