

## PALM Peer Review Guidelines

Peer reviews are typically planned to follow scheduled PALM meetings when time permits. PALM members will keep their own documentation of when they meet for peer review, including the date, number of midwives present, number of cases reviewed, and number of hours. Note-taking during peer review is discouraged.

Licensed Midwives who are PALM Members are encouraged to attend in person peer review. Licensed Apprentices who are PALM members may be invited to attend peer review at the discretion of each Midwife presenting cases. Licensed Apprentices should not discuss births they have attended unless the preceptor who was at that birth is also present.

Peer review will begin once these three items have been met:

1. Minimum of 3 Licensed Midwives who are current PALMs members representing individual practices present;
2. Peer review must take place in person, remote participation will not be allowed;
3. One Licensed Midwife will be designated as a coordinator and time keeper.

At the beginning of any peer review session, the coordinator should be read the following statements aloud and be agreed on by all participants and observers:

1. All information disclosed during peer review is to be kept confidential. This extends to information about the client, about the midwife, and about anything that is discussed during the review session.
2. The intention of peer review is not punitive or critical, but supportive and educational
3. Positive feedback is encouraged; concerns should be raised respectfully, but with the assumption that feedback is welcome
4. While a midwife presents a case, everyone remains quiet; questions are asked after the midwife has finished.
5. The midwife may request feedback on specific elements of the case or ask for examples of similar cases experienced by the other midwives
6. The other participants may offer advice or personal experience, or make recommendations for alternative approaches to those described by the midwife.

After this opening, any new members or participants should introduce themselves, giving some information on their background, experience, and location. Each participant should state how many cases she has brought to review and how much time she expects to take for the presentation. The coordinator, with feedback from the group, may prioritize or set time limits for each presentation.

Cases brought for review include those that required referral or transport, had a complication or other concern, moved beyond the midwife's own practice guidelines (and solution, such as Informed Consent), or involved interesting situations. These may be cases that have already delivered or left care, or those that are still ongoing. Information presented should include gravity and parity, obstetrical and childbearing history, psycho-social concerns, relevant lab work or test results, significant information from the pregnancy, birth, or postpartum period, information from consultations with other providers, and the current care plan.

***At the end of the session, everyone is reminded again of the confidentiality agreement.***