Peer Feedback: Learning From Each Other

Peer feedback is not the same as a performance appraisal or peer evaluation. Peer feedback, as one of the personal practice review requirements for renewing your CRNBC registration each year, is a discussion between colleagues. When seeking peer feedback, you want your colleague to discuss your self-assessment (based on the CRNBC Professional Standards for Registered Nurses and Nurse Practitioners), your strengths and those areas you feel you want to improve.

Peer feedback is a way to get additional insight about your practice and validate your point of view. For example, you might discover that you were too critical in your self-assessment. Another point of view could help you to be more objective. A peer can also assist you to identify strengths or gaps in your practice that you are not able to identify yourself.

Getting feedback is a valuable experience. Sharing your ideas with a peer, either verbally or in writing, assists you in identifying areas where you both can share professional development activities related to your practice.

The peer feedback process is confidential. You are the only person who receives this feedback. You should not submit this feedback to CRNBC or anyone else.

SELECTING A PEER

Be creative in choosing a peer to help you assess your practice. Because you are responsible for selecting your peer, you have the opportunity to choose someone whose opinion you respect and whose judgment you trust. Ideally your peer should be a registered nurse in the same role as you and with whom you work. However, it may be difficult to find a registered nurse in a similar role, in which case you might, for example, choose a registered nurse who has a different role with whom you interact regularly or with whom you have done committee work or who is in the same professional interest group as you. Alternatively you could choose someone you work with who is not a registered nurse, but who you feel is able to comment on your professional practice.

It’s a good idea to start thinking about who will provide peer feedback shortly after you’ve completed your self-assessment. This way, the information will still be fresh in your mind. And yet, many times feedback is received and given in unplanned and spontaneous moments. Regardless of when you receive peer feedback, it is a validating and learning experience.

Additional information about peer feedback can be found in A Short Guide to Meeting Continuing Competence Requirements (available in PDF Format from the CRNBC website www.crnbc.ca).

Peer feedback should be a learning and growth opportunity. Here are some suggestions to help you in asking for feedback from a peer, receiving feedback and giving feedback.

ASKING FOR FEEDBACK
1. Prepare the information you want to discuss with your peer.
2. Select a time and place without distractions for your conversation.
3. Briefly indicate what you would like to cover and why it’s important.
4. Discuss and review some of your practice experiences.
5. Use your self-assessment to guide the discussion. Be specific about your abilities, identified strengths and areas for growth, learning and enhancement.
6. You may want to share ideas about learning activities and even plan to address them together or with a group.

RECEIVING FEEDBACK
1. Prepare the information from your self-assessment so that you can be specific and focused during the conversation.
2. Take time to listen, understand and consider what is being said by rephrasing and being interested in the other person’s point of view.
3. Ask questions and be curious about how your peer sees you. Ask for suggestions on how to enhance your practice and grow professionally.
4. Two questions you might want to keep in mind when asking your peer for feedback: What do I do best? Is there some aspect of my practice I can improve?
5. Show appreciation for the feedback you receive. Giving feedback is not an easy thing to do.

GIVING FEEDBACK
1. Check your reasons for accepting the invitation to give feedback.
2. Make sure you understand what your peer is asking for by restating the request in your own words.
3. Direct your feedback toward what is specifically asked for to meet your peer’s needs.
4. Be specific in your comments. Be guided by your peer and her/his self-assessment in your feedback. Be supportive and constructive in your comments.

5. Although your peer requested the feedback, remember to be attentive to feelings and non-verbal cues expressed by each of you. This can be done by asking “is it okay” during the conversation.

6. Be thoughtful in your comments and tone.

7. Provide time for the exchange of comments to create an opportunity for validating and exploring practice strengths, needs and ideas.

Now that you have assessed your practice and received peer feedback about your practice, it is time to develop a learning plan. The learning plan focuses on the learning needs you have identified. The skills and knowledge derived from professional development activities might not affect your practice immediately, but rather some time after the learning experience and in an entirely unpredictable manner and place. Looking at the influence of learning on your nursing practice is empowering and validating.

Peer Feedback: Sample 1

This exchange demonstrates the peer feedback process between registered nurse colleagues on a medical/surgical unit.

Sandy (Registered Nurse): Hi, Jamie. Would you be willing to talk to me about some of my work? Is this a good time to ask you? I think this feedback will take about 20 minutes. (A little nervous and hoping that this is not a good time)

Jamie (Registered Nurse): Okay, but I’ve never really done this, so I hope it will be helpful. Anyway, I think you are a great nurse and I’ve always relied on you. Oh no, maybe I’m too biased and I won’t be helpful. (She sounds a little ambivalent.)

Sandy: I’m sure you’ll only tell me the good stuff. (Both laugh.)

Well, I brought that short guide about feedback. Do you want a few minutes to read it?

Jamie: That would be good. (She reads the points outlined in the guide.) This is helpful. What would you like to talk about? (A little apprehensive.)

Sandy: In combination with that short guide self-assessment, I’ve done some thinking about what I’ve been doing and feeling at work lately. In the past few months, have you noticed that we are getting more patients with really hard-to-deal-with suicide issues? And those two recent patients . . .

Jamie: They were discharged and in just a few weeks they were back in here again. I’m getting really frustrated.

Sandy: Me too. So I’ve been thinking about trying to get a better understanding of these patients and how I relate to them. Sometimes I just want to ignore them. Sometimes I’m frustrated by not knowing what to say. Later I just get angry or apathetic. What’s the use in putting patients “back together” when they just do it again. (Sandy’s thinking about Standard 2, Specialized Body of Knowledge; Standard 3, Competent Application of Knowledge; and Standard 5, Provision of Service in the Public Interest.)

Jamie: I think you’re doing okay. We all have problems with giving these patients care.

Sandy: I know. In doing this self-assessment, I wanted to be open and figure out if I, or staff on the unit, could be doing something else. (Sandy’s thinking about Standard 5.1 and 5.3, Provision of Service in the Public Interest – communicating and collaborating.)

Jamie: I can see why, especially when you seem to get most of these patients. I think you’re doing well with this group. I remember how frustrated you got when that really difficult patient started yelling and going AWOL. You became even more frustrated and annoyed because we couldn’t get discharge planning organized and then the patient . . . Even if it was frustrating, I still think you are doing a great job in these very tough situations.

Sandy: Thanks. That’s good to hear. I think it might be a good idea to get a mental health nurse expert to come to the unit and review or talk about suicide to get a better understanding of how to relate, communicate and respond to difficult patients. I’d also like to get an update on suicide assessments, and maybe some motivational communication techniques. I hear these are good to use. We also need to identify good places to refer these patients to.

Jamie: I think I may need this too. Maybe we can try to organize it for our group. I’m getting ahead of myself. First, let’s talk to the group and then see what would work for them. (They talk some more and then . . .)

Sandy: I thought this feedback was going to be hard to ask for and get.

Jamie: I hope I was helpful.

Sandy: Yes, you did very well Jamie. I really didn’t know that you thought I was handling it well. Thanks.
Peer Feedback: Sample 2

This conversation illustrates a registered nurse asking for and receiving feedback from a colleague who is not a registered nurse.

BJ (Registered Nurse works alone in the community): I have done my self-assessment and want to go over it with you. It will take some time, about 20 to 30 minutes. What do you think Kellie?

Kellie (Social Worker): Why me? What do you mean by “self-assessment.” Doesn’t your manager have to do your performance evaluations?

BJ: We work together and I trust your opinions even though we may argue and differ sometimes. (Laughter) It’s okay, I’ll tell you if you’re being too tough on me. In nursing, we have to do a self-assessment and get peer feedback, identify some learning needs and activities and look at how these actions influence our practice. We do the self-assessment as a professional development exercise and as part of our annual registration renewal process. Performance appraisals are job-related and are done by someone in supervisory, management or administrative roles. This is very personal and it’s a component of my registration renewal each year.

Kellie: Okay, what do I do?

BJ: To start, would you to look over the peer feedback points in this guide? (Kellie spends some time doing this). I identified three major areas I want to focus on. I marked them off in Standards 2, 4 and 5 in green. (She shows Kellie the booklet, A Short Guide to Meeting Continuing Competence Requirements. Kellie and BJ refer to the booklet throughout this peer feedback session.). I think I could do a better job in communicating and sharing information with the community. I set up programs, but few people seem to respond and come. I sometimes feel like I’m up against the wall. What do you think? I know the programs are good. If only people came out to them.

Kellie: You’re right, your programs are great. You are so careful when developing them. You spend a lot on them and use excellent resources. I find your work really helpful. I also agree that people in the community don’t come. But why? You know Standard 5 you showed me? Well, I think this may be your next challenge — how to collaborate and communicate. Can I ask you some more questions? (A “yes” nod from BJ) How do you plan and get community participation? You may need to look at this part of your program preparations. Community participation and development is a large part of program development and delivery. I’m not sure if you’re doing enough of this up front work. (BJ looks uncomfortable and is quiet.) Is this okay feedback?

BJ: Yes, it is. So you think up front work? I keep going back to Standards 2.5 and 4.7 (developing therapeutic and professional relationships) and Standard 5 (Provision of Service in the Public Interest), and maybe it is a new challenge for me. What is my relationship with this community? How do I get the community involved? I had only a couple of courses in community development in school and that was a while ago. I may need to look into this area. This is a different type of community than where I worked in before. Do you think you can guide me in some of these attempts?

Kellie: Sure. (They continue to discuss the issues and then later . . .)

BJ: Peer feedback is a good thing to do. You were very helpful and honest. Thanks Kellie!

Kellie: After all that, how do you think I’m doing? I think you should give me some feedback too.

BJ: Good, I thought you’d never ask. (Laughter) You have to be more specific with what you want feedback on. Can you tell me about social workers’ practice standards?
Peer Feedback: Sample 3

The following is an exchange among peers at a staff meeting/workshop to look at professional development or education activities for the following year. The staff have previously decided to use the personal practice review requirements as outlined in A Short Guide to Meeting Continuing Competence Requirements to develop learning resources. The clinician receives spontaneous feedback from a group of colleagues and is able to respond to that feedback, recognizing that feedback is an ongoing cyclical process.

Bobbie (Clinician): Last year for our ongoing clinical updates and education days, we looked at what kinds of professional development we wanted by using the guide. We took time to do our self-assessments and talk about our practice and some of our issues on the unit. So, last year, besides the regular and mandatory clinical updates like central lines and TPN, we added two workshops on pacemakers and balloon pumps. How was that?

Jane (Staff RN): I don’t know what it was like for anyone else, but I went to the session and didn’t have to use that information for about three months and I forgot it all by then. Thank goodness Anne was here to help me. What would happen if she wasn’t around? (Jane looks angry.)

Bobbie: Are you saying we shouldn’t have these sessions?

Dianne (Staff RN): No, but we need someone or something else at the time. I wouldn’t feel competent if I couldn’t practice and keep up.

Bobbie: You know, this is really good feedback for me. (Bobbie thinks about Standard 3.4 and Standard 3.6: Teaches using methods that facilitate learning.) So what you are telling me is that I’ve got to provide a number of different ways in which you can easily get the information?

Anne (Staff RN): Yes, like a manual or a unit specific clinical data resource that we can easily access and print off the computer and bring to the bedside. But when can it be done? And do we all need an inservice on how to use the Intranet? My skills are okay, but some staff will need an inservice.

Bobbie: You need this soon, right? A number of the procedures are already available online. Maybe I should have these two procedures put online too and get access for the staff as soon as possible. What kind of schedule do you think we should develop? What else do you think might be of help? (Bobbie is thinking about this feedback and Standard 5. The group continues to discuss this issue.)

Bobbie: In looking at the plans for the next few months, let’s look at the Short Guide. I guess most of you have gone over it and reviewed your self-assessment. Last year we were nervous and apprehensive about giving and getting peer feedback. You had asked that this year we first talk about feedback. I will put the peer feedback pointers on the overhead so we can review them.

The group talks over the feedback process and this leads to a discussion on how staff members relate to each other, the changes on the unit and the education needs of the staff. The conversation continues while Bobbie makes notes on the flip chart to help identify some of the professional development activities for the next few months.